**Rh Negative Mothers**

Rh neg mothers are at risk of developing antibodies to the D antigen of the Rh group of antigens if exposed to Rh positive blood. These prenatal patients are identified by an Rh negative blood type and a negative antibody screen in the prenatal lab panel. The goal is to prevent sensitization to the Rh antigen to lessen harm to future pregnancies.

Most common sensitization occurs from carrying a pregnancy with an Rh positive fetus from an Rh positive father and sensitization can be prevented by administering Rh antibodies IM preferably within 72hrs and up to 2 wks after exposure. The commercial preparation is Rhogam.

50 mcg IM if <12wks

300 mcg IM if >12 wks

Sensitization can occur with delivery, during the latter portion of the pregnancy, or from other events which cause feto-maternal bleeding such as amniocentesis, CVS, cordocentesis, version, trauma, miscarriage/ ectopic/ elective abortion/molar pregnancy, antenatal hemorrhage.

Give Rhogam routinely at 28wks and for any antenatal vaginal bleeding, abdominal trauma, early pregancy loss ( mole, EAB, SAB, ectopic) or invasive procedures detailed above.

Give Rhogam within 3 days postpartum if cord blood shows baby to be RH positive

Give more than standard dose Rhogam in cases of more significant feto-maternal bleeding.

This situation is confirmed with a rosette test on maternal blood.

-if rosette test negative, a standard dose of Rhogam will do

-if rosette positive, more Rhogan is necessary

(dose calculated with a Kleihauer betke test quantitating the fetomat bleed)

Rh negative mothers who have already been sensitized have a positive antibody screen to the D allele of the Rh antigen on the prenatal lab panel-the goal is to identify fetal hemolysis from the transplacental passage of these antibodies from mom to baby

see isoimmunization guideline

**\*\*\*Note that recent administration of Rhogam is probably the most common reason for a positive D antibody on screening labs-get a good history of any potential clinical encounters where the patient may have received Rhogam-patient would not be at risk of hemolysis and would still require Rhogam later during this pregnancy\*\*\***