Management of the Rhesus Negative Mother

Antenatal

- At the first antenatal visit, all mothers should have their blood group and Rh factor determined. If they are Rh negative they should also have an indirect Coombs test. If the indirect Coombs test is negative, the mother has not been sensitized (anti-D-isoimmunisation has not taken place).
- In order to prevent sensitization taking place, the UK RCOG Guidelines for Rh negative mothers state that the indirect Coombs test should be repeated routinely at 28 weeks and again at 34 weeks gestation and if still negative at these visits, RhoGam (anti-D immunoglobulin) should be offered in a dose of 500iu IM.
- The recommendations for specific sensitizing events are as follows:
  - In Rh negative mothers, RhoGam does not need to be routinely given with threatened or spontaneous abortions at less than 12 weeks gestations. However, if curettage is performed or if there is antepartum haemorrhage or abortion between 12 and 20 weeks gestation, 250iu RhoGam IM should be given. If abortion or haemorrhage occurs after 20 weeks gestation, 500iu RhoGam IM should be given. Following these potentially sensitizing events RhoGam should ideally be given within 72 hours but can be given up to 10 days after the event.
  - If at any time the indirect Coombs test is positive, this suggests that sensitization has taken place. A senior obstetrician must be informed and the pregnancy evaluated for isoimmunisation. This involves checking the type of antibody found (only IgG is important as it crosses the placenta, IgM does not) and measuring antibody titres every four weeks to determine when to deliver. If however the mother already has a history of a previous affected baby, antibody titres are unnecessary and amniotic fluid spectrophotometry should be performed from 28 weeks (Liley Method) to determine how affected the fetus is.

Labour and Delivery

- All mothers admitted to labor and delivery should have their blood group and Rh factor checked if this has not already been done during their antenatal care. If they are Rh negative, they should have an indirect Coombs test.
- If the indirect Coombs test is negative, the mother has not been sensitized (anti-D-isoimmunisation has not taken place) and the newborn should be checked at birth for its Rh factor. If the baby is also Rh negative, the mother does not need RhoGam.
- All Rh negative mothers who are indirect Coombs test negative with Rh positive infants should receive Rho-Gam (anti-D immunoglobulin) 500iu IM within 72 hours of delivery.
- Notify the obstetrician and the pediatrician if the indirect Combs test is positive. This means that the mother has been sensitized and the baby could be at risk of haemolytic disease. It also means that Rhogam should not be given as it is not useful once sensitization has taken place.