

# Anti –D Updates and Clinical Cases

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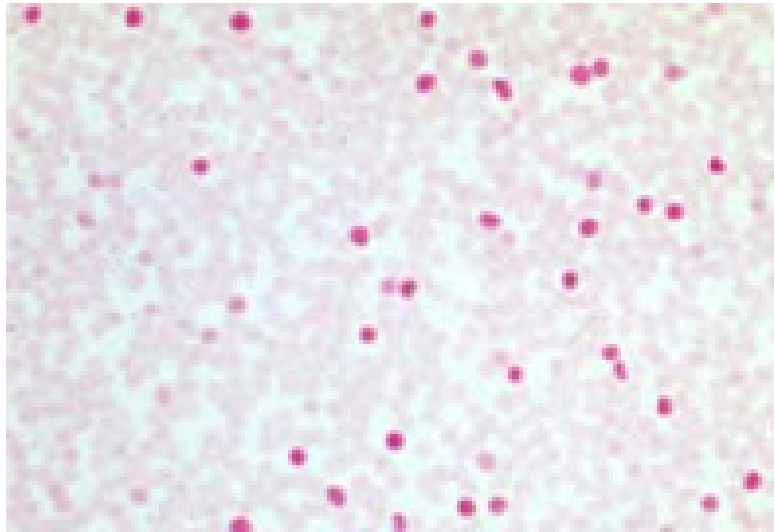
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# Anti-D

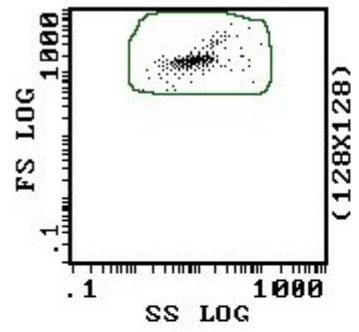
- Why?
- When?
  - Post delivery: time
  - During pregnancy
    - Prophylaxis
    - Post events
- Route of administration

# Tests

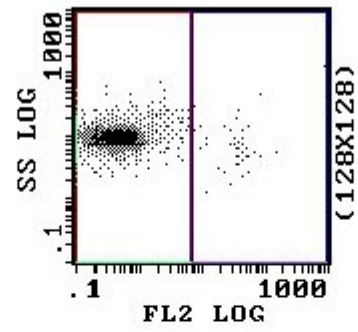
- What type of test?
- When?
- Limitations



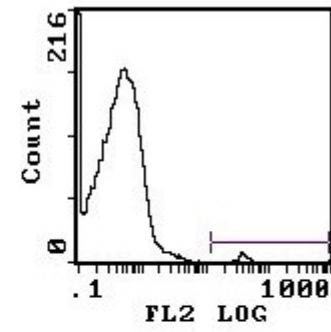
1:



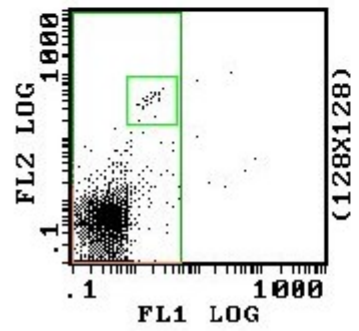
2: A



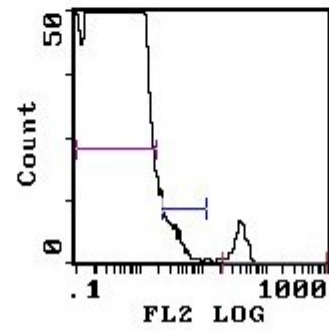
3: A



4: A



5: AE



- A. K. DoB : 13/2/1975
- Pregnant-First baby
- Blood group O RhD negative
- No antibodies found at booking (16 weeks)
- Developed bleeding at 25 weeks of gestation
- FMH quantitation was 3 mls
- She had anti-D 500 IU im

- **If the bleeding was recurrent how often should we give anti-D?**
- **How often should we request FMH investigation?**

- At 28 weeks antenatal serology showed the following results
- Anti-D present
- Quantitation result anti-D 0.1IU/ml
- **Should she receive prophylactic anti-D at this stage?**



- *Anti- D detected at 28 weeks was passive and prophylactic anti-D 1500 IU IM was given.*

- Three weeks later this lady presented with further bleeding.
- **Should she receive any treatment at this stage?**
- **What serological investigations should we request?**
- **What follow up does she need from now on?**

- **JB    DoB 14/07/67**  
**A Rh D negative**
- **Antibody screening: booking and 28 weeks negative.**
- **28 weeks : anti-D 1500 IU im .**
- **Baby was born at 39 weeks.**
- **Baby's blood group A RhD positive. She received anti-D 500 IU im.**
- **FMH assessment: FMH<4 MLS**

- **She developed PPH -required support with several blood products**
- **Massive Blood Loss protocol activated**
- **Further PLT required as her bleeding continued and her PLT count was  $35 \times 10^9$  /l.**
- **RhD negative PLT were not available and the Transfusion lab send us 1 pool of Rh D positive PLT.**

- **Is that acceptable?**
- **What's the complication of that transfusion?**
- **Is there anything we can do to prevent the development of alloantibodies?**
- **What if we have to give her Rh D positive blood?**

- **Ms E.N.**
- **DoB 25/03/69**
- **O RhD negative**
- **Booking and 28 weeks: No antibodies**
- **Anti-D 1500IU im at 28 weeks**
- **Induced at 41 weeks/ the baby was born just after midnight.**
- **Baby's blood group was A RhD positive.**
- **At birth the baby's Hb was 10g/dl. His bilirubin was normal and his DAT negative.**
- **A sample was taken from the mother for FMH and she received anti-D 500 IU im.**

- **The clinical team suspected significant fetomaternal bleeding and they requested FMH test to be performed urgently at 4am.**
- **Question: Is FMH assessment an urgent test?**
- **Could that be delayed and for how long?**
- **The lab performed the test the following morning by Kleihaur and flow cytometry. They report a significant bleeding of 60 mls.**

- **How much ant-D should she have?**
- **Route for administration?**  
**?Follow up ?**
- **If follow up samples are still positive how many extra doses of anti-D can she have?**



- Mrs B. L.
- 4<sup>TH</sup> pregnancy
- A RhD positive
- First 3 babies: no issues
- 28 weeks: Anti-D present
- ?Possible explanation?