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# Anti RhO D Immunoglobulin for Rh Prophylaxis: Key Practice Points



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## Objective

To provide practical guidance on the use of Anti RhO D immunoglobulin as immunoprophylaxis for prevention of sensitization to the D antigen during pregnancy or at delivery to prevent HDFN.



## Target Audience

These recommendations will guide the gynaecologists in hospitals, reproductive medicine physicians, and general physicians, with the use of anti-D immunoglobulin to prevent HDFN.

# RECOMMENDATIONS FOR SENSITIZING EVENTS REQUIRING ANTI-D PROPHYLAXIS

- As per BCSH and RCOG guidelines, Anti-D immunoglobulin should be administered ideally within 72 hours of the potentially sensitizing event

Potential sensitizing events requiring anti-D prophylaxis

Recommended dose of  
anti-D immunoglobulin

***Before 20 weeks of gestation:*** Significant bleeding during a threatened abortion, spontaneous miscarriage, medical

150mcg\* (750 IU)

termination of pregnancy, surgical termination of preg-

IM in the deltoid

nancy, ectopic pregnancy, hydatidiform mole\*\*, chorion

villus sampling, embryo reduction, amniocentesis, other

invasive fetal procedures

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***After 20 weeks of gestation:*** Abruptio placentae, blunt

trauma, intrauterine fetal demise, external cephalic

version, placenta Previa with bleeding, invasive fetal

procedures

300mcg (1500 IU) IM

in the deltoid



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\*In cases where a 150mcg dose is not available, then a full dose should be given; \*\*In cases of complete mole, Anti-D need not be given.

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