Alloimmunization

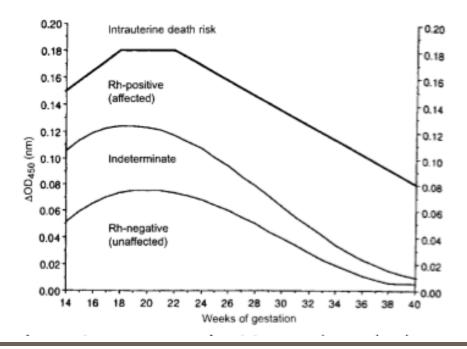
Physical Examination / Labs:

Mom is rh negative and asymptomatic

Orders:

Diagnosis	Orders
Antibody +	 □ Antibody titer □ Father of baby type and screen □ PUBS or amniocentesis for fetal blood type
Titer 1:16 or less	☐ Perform titers q 4 weeks
Titer >1:32, or second Immunized pregnancy, Kell antibody	 □ Weekly to bi-weekly MCA Doppler 18 weeks if previously affected pregnancy 24 weeks others □ If MCA > 1.5 MOM do amniocentesis for OD450, plot on Liley curve Transfuse in zone 3 Deliver if zone 3 and lungs mature Repeat amniocentesis q 10d – 2 weeks if zone one or two □ Include fetal lung maturity studies if >32 weeks □ Consider phenobarbital 30mg po tid x 1 week □ NICU consultation □ NST/AFI at 32 weeks

Liley curve:



CC: None

Updated: 8/2/2011

History:

- Previous blood transfusion
- History of infant with hydrops

Necessary Documentation:

- Obstetrics history, including hemorrhage, external version, when she received rhogam
- > Type and screen
- > Antibody titer
- ➤ Ultrasound: MCA, r/o hydrops

Notes:

- No need to continue testing if father of baby does not have antigen in question
- Severity of response in Kell sensitized patients does not correlate to titer
- Antibodies associated with HDFN:
 - o Rh: D, E, c, C, $C^{w,e}$
 - o Kell: K_{1, Kp}a, k, Jsa, Jsb
 - o Duffy: <u>Fy</u>ª
 - o MNS: <u>M, S,s, N</u>
 - o Kidd: <u>Jk</u>ª
 - o Di^a, Di^b ,PP₁P^k, Far, Good, Lan,LW, Mt^a, U ,Wr ^a, Zd

Alloimmunization 1

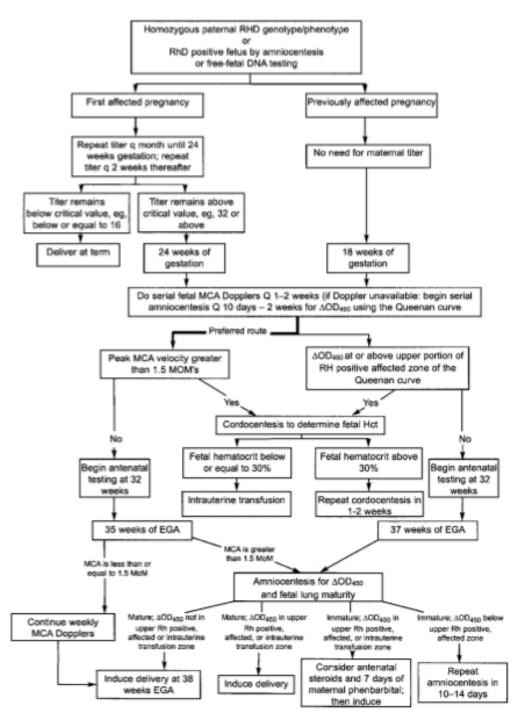


Fig. 6. Algorithm for the overall management of the pregnant patient with RhD alloimmunization. Rh, rhesus; MCA, middle cerebral artery; MoM, multiple of the median; Hct, hematocrit; EGA, estimated gestational age.

Moise. Rhesus Alloimmunization in Pregnancy. Obstet Gynecol 2008.

Reference:

Moise, K. Management of Rhesus Alloimmunization in Pregnancy. Clinical Expert Series. (Obstet Gynecol 2008;112:164–76

Alloimmunization 2

