

Anti-D

This leaflet aims to give you an overview of anti-D and should answer most of your questions. Please speak to your doctor/nurse if you have any further questions/concerns.

**People With RH Negative Blood
Have THIS In Common!**



Just as every human being is unique, so are the characteristics of your blood. People can belong to one of four blood groups, A, B, AB and O which are carried on the red blood cells. There is another important difference in people's blood called rhesus factor, which is also found in the red blood cells. People who are rhesus positive have a substance known as D antigen on the surface of their red blood cells – they are said to be RhD-positive. People who are rhesus negative do not have the D antigen on their blood cells – they are RhD-negative. It is difficult for us to know the blood group of your baby. If you are rhesus negative and your baby is rhesus positive, then there is a risk of a reaction between yours and baby's blood cells. This may cause the baby to become anemic (low blood count). This is called haemolytic disease in newborn (HDN).

HDN occurs when the blood types of a mother and baby are incompatible.

- Haemolytic disease is a blood problem, the red blood cells break down at a faster rate than normal. Due to this baby's red blood cell count becomes deficient, blood cannot carry enough oxygen from the lungs to all parts of the body, causing organs and tissues to struggle. This condition can be prevented by receiving this medicine. This medicine can stop your antibodies from reacting to your baby's Rh-positive cells.

In the event of potentially sensitizing events listed below an injection of anti-D immunoglobulin is necessary:

- Vaginal bleeding or abdominal trauma/injury in pregnancy 13+ weeks gestation
- Miscarriage > 13 weeks gestation.
- Ectopic pregnancy- surgical intervention at any gestation
- Molar pregnancy- surgical intervention at any gestation
- Termination of pregnancy (abortion)- surgical intervention at any gestation
- Medical termination of pregnancy >10 weeks gestation

To reduce the possible effects of a sensitising event, it is crucial to report any events such as vaginal bleeding or abdominal injury to your health care professional as soon as possible. Anti-D should be given within 72 hours of a sensitising event. The standard dose is 250IU intramuscularly up to 19+6 weeks gestation. However, if this is not available a dose of 500 IU will be administered. An increased dose does not cause any harm. Anti d Ig usually lasts up to 6 weeks.



What is anti-D immunoglobulin?

Anti-D immunoglobulin is made from a part of the blood called plasma that is collected from donors. The production of Anti-D as a blood product, it is very strictly controlled to ensure the chance of a known virus or blood-borne infections being passed from the donor to the person receiving Anti-D is very low.

How is it given?

A trained healthcare professional will administer the injection with your consent, into the muscle in the upper arm.

You may experience mild discomfort during and for a short time following the injection.

This is completely normal and to be expected.



Side effects

Some women may develop a slight short term allergic reaction to anti d immunoglobulin, this can include a rash or flu like symptoms. Please get in touch with your GP or healthcare professional if you have any concerns.

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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Issue Date: 26/09/2023

Reference: Gyn/2023-375-v1

Review Date: 26/09/2026

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