

Anti-D injection for pregnant women with a Rhesus Negative blood group

Information for patients

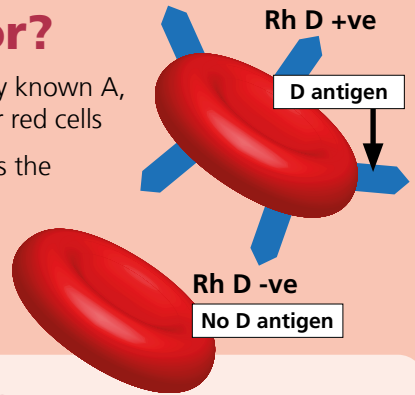


What is the Rh D factor?

Everyone has a blood group, the most commonly known A, B, O, AB due to substances (or antigens) on their red cells

Another important difference in people's blood is the D type, belonging to the Rh Blood Group

People with the D antigen are known as Rh D positive, while people without are known as Rh D negative.



Why is this important?

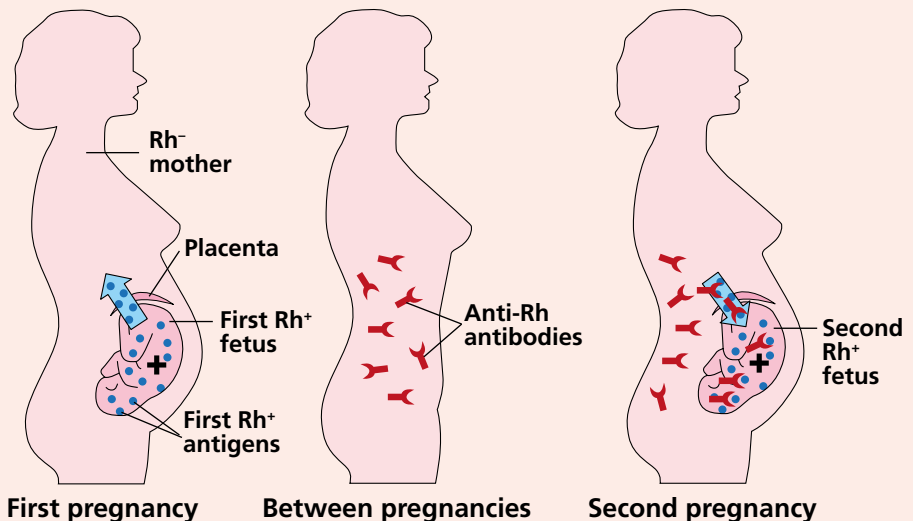
A baby inherits its blood group from both its parents. In pregnancy, sometimes a small amount of baby's blood crosses into the mother blood.

If the mother is Rh D negative while the baby is Rh D positive, her body senses something foreign and creates antibodies against the D antigen. This is called 'sensitisation'.

The first pregnancy is not usually affected by this, however, future pregnancies are at risk.

In the future pregnancies, mother's antibodies can cross the placenta and destroy the baby's red blood cells. This is called 'haemolytic disease of the foetus and the newborn'.

This can be mild, such as jaundice of the newborn and/or anaemia, however, there can be additional developmental problems, or even death.



When can sensitisation occur?

- Vaginal bleeding during pregnancy.
- Miscarriage.
- Termination of pregnancy.
- Any procedures such as amniocentesis (taking fluid from around the baby for genetic testing), chorionic villus sampling (taking samples from the placenta for genetic testing) or external cephalic version (turning baby round from a breech position to head down position).
- Ectopic pregnancy (a pregnancy developing outside the womb).
- Abdominal trauma such as a fall or a road traffic accident.
- During labour.

So how can we prevent sensitisation (prophylaxis)?

We give anti-D immunoglobulin to prevent the mother's body from forming the antibodies against the D antigen.

What is anti-D immunoglobulin and is it safe?

Anti-D immunoglobulin is a blood product produced from blood plasma of carefully selected donors.

It is given as an injection (usually into the muscle of the upper arm).

It is routinely offered:

1. Between **28-34 weeks** to Rh D negative mothers (with a Rh D positive child).
2. After sensitising events.
3. After delivery.

It is safe to use and will not affect your unborn child.

Risks of having the injection are exceedingly rare but include a risk of an allergic reaction – mothers are carefully monitored immediately after the injection and if a reaction occurs it can be managed.

The risk of infection transmission is rare due to the safety screening procedure, however, the risk cannot be completely ruled out.

I am rhesus negative but had fetal DNA testing and my baby is also rhesus negative – do I still need anti-D?

In this case you do not require anti-D but you should always confirm this with the team taking care of you.

For further information please ask your nurse, midwife or doctor.

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

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To be completed by the Communications office
Leaflet code: PIL202508-02-ADI
Created: October 2023 / Revised: August 2025 /
Review Date: August 2027