



For more information, see [Rh Immune Globulin Work-up Policy & Procedure.](#)

At first prenatal visit, check blood type and antibody screen in all patients.

Rh negative?

No

• Blood Type on newborn after birth only as indicated.
• No further testing of the patient for blood type.

Yes

• Note diagnosis on Problem List.
• Educate the patient.

At 28 weeks

• Obtain labs on RHIG Workup (Antenatal) Power Plan.
• Give RHIG (Rhogam®) 300 mcg IM after antibody screen.

When Patient is in Labor

Obtain blood type and antibody screen on admission.

After Delivery

• Obtain ABO and Rh on newborn.
• Obtain fetal screen on mother.

Newborn Rh positive?

No

No further workup or treatment.

Yes

Fetal screen positive?

Yes

• Give the mother RHIG (Rhogam®) 300 mcg x2 doses (for total 600 mcg) Immune Globulin.
• Send Kleinhauer-Betke (KB) test.
• Consult OB/GYN.
• Give additional doses based on KB results.

No

Give the mother RHIG (Rhogam®) 300 mcg IM.

Other Situations Which Require anti-D Immune Globulin

- Miscarriage/Abortion
- Stillbirth
- Ectopic Pregnancy
- Maternal Trauma: consult OB/GYN.
- Threatened abortion
- Maternal hemorrhage in 2nd or 3rd trimester
- External cephalic version
- Amniocentesis

The dose is always 300 mcg at YKDRH due to blood bank stocking.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by Clinical Guidelines Committee 11/27/22.

Click [here](#) to see the supplemental resources for this guideline.

If comments about this guideline, please contact David.Compton@ykhc.org.