Barnmorskemottagningar
Patientinformation RhD-profylax översatt till engelska
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Anti-D prophylaxis

This information is for you if your blood type is RhD negative and if the fetus you are carrying has confirmed, or may possibly have, the RhD positive blood type. You may need anti-D prophylaxis during and/or after your pregnancy in order to lower your risk of RhD alloimmunization.

Anti-D prophylaxis consists of immunoglobulin (IgG) against the RhD antigen, that is extracted from the blood plasma of RhD-alloimmunized blood donors. Thanks to anti-D prophylaxis, the rate of RhD alloimmunization has gone down from 14 percent in the 1960s to less than 1 percent today.

At the end of the 1960s, anti-D prophylaxis, administered in connection with delivery to RhD-negative mothers who had given birth to RhD-positive babies, was introduced in Sweden. The introduction of this treatment has been essential in modern obstetrics.

Previously, fetal and neonatal death and lifelong disability in children due to severe RhD alloimmunization were not uncommon.

It can also be very beneficial to administer anti-D prophylaxis during pregnancy. It is harmless for the pregnant woman and her baby and has

been given to several hundred thousand women. During pregnancy, anti-D prophylaxis is given in situations with increased risk of fetal red blood cells leaking into the woman's circulatory system, which may in turn activate her immune defense system. Moreover, anti-D prophylaxis is given to RhD-negative women carrying RhD-positive fetuses if the women are not already RhD-alloimmunized.

Women who are already RhD-alloimmunized do not benefit from anti-D prophylaxis but if it is nonetheless administered in this case there will be no harmful effects for the woman or her baby.

Severe allergic reactions to anti-D prophylaxis are rare, but some women experience itching after the injection.

Anti-D prophylaxis after delivery

The highest risk of alloimmunization due to fetal blood leaking into the maternal circulatory system is related to delivery.

- Anti-D prophylaxis must be administered as soon as possible after delivery, or within 72 hours, to RhD-negative women who have given birth to RhD-positive babies or to babies with unknown blood type.

Anti-D prophylaxis in connection with miscarriage, abortion and ectopic pregnancy

- Anti-D prophylaxis is administered to women whose pregnancies have been terminated surgically (curettage or surgery for ectopic pregnancy).
- RhD-prophylaxis is not necessary after medication abortion or miscarriage before 12 full gestational weeks, or in cases of hydatidiform mole or ectopic pregnancy that do not require surgery.

- RhD-prophylaxis is administered in cases of miscarriage or abortion after gestational week 12 + 0.

Anti-D prophylaxis during the second and third trimesters

The most common reason for RhD alloimmunization, despite anti-D prophylaxis having been administered, is leakage of fetal blood into the maternal circulatory system during the ongoing pregnancy. Passage of a very small amount of red blood cells from fetus to mother is probably normal, but sometimes this is enough for her immune defense system to be activated and for anti-D antibodies to be produced. Administration of anti- D prophylaxis to RhD-negative pregnant women carrying RhD-positive fetuses, at the beginning of the third trimester (gestational week 28-30), can reduce the risk of RhD alloimmunization from around 1 percent to 0.2-0.3 percent. Anti-D prophylaxis should be administered at this time even if the woman has already been given anti-D prophylaxis earlier in pregnancy for some other reason.

Moreover, anti-D prophylaxis is administered to RhD-negative women during pregnancy in the following situations: amniocentesis or chorionic villi biopsy, umbilical cord blood sampling, interventions in the fetus or placenta, external cephalic version for breech, placental complications entailing bleeding and severe trauma to the abdomen, for instance traffic accidents.