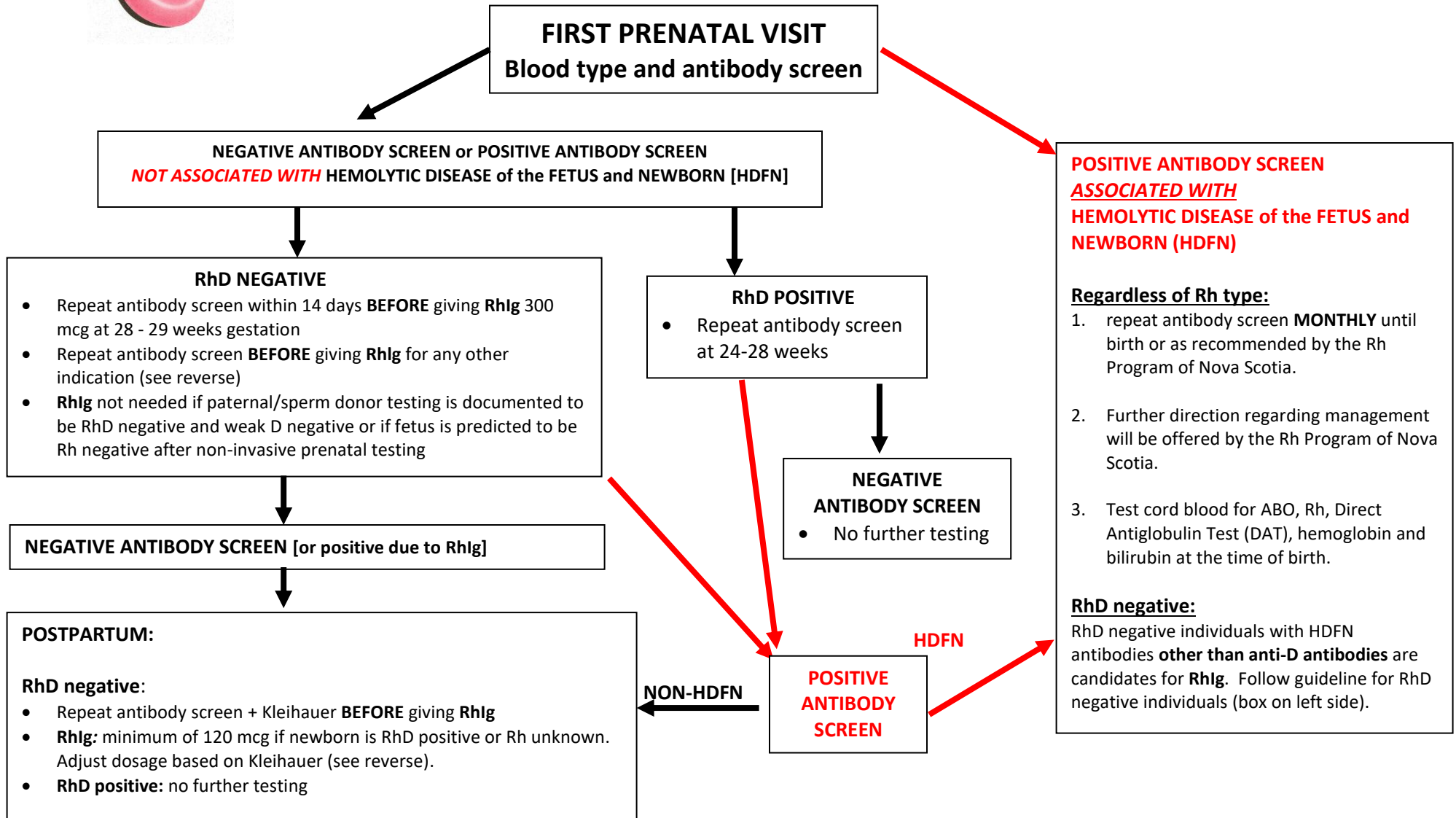




Guideline for Perinatal Antibody Screening and Rh_o(D) immunoglobulin (Rhlg) Administration



See dosage and indications for Rho(D) Immune globulin administration on reverse

Indications for administration of Rho(D) Immune globulin (Rhlg)¹

► **Always confirm RhD negative status and draw type & Screen BEFORE administering Rhlg. Testing is required within the previous 14 days.**

1. **Rhlg** not needed if paternal/sperm donor testing is documented to be RhD negative and weak D negative or if the patient has undergone non-invasive prenatal testing where the fetus is predicted to be Rh negative.
 2. **Administer within 72 hours of event to ensure effectiveness** (outside this window there is a benefit of administering up to 28 days later).
 3. **Rhlg** is a *blood product* that requires a written order and consent form. Recipients should be informed of the risks and benefits of the product and informed consent must be obtained. Refer to pamphlet “*The Rh Factor and Pregnancy*”. All forms are available on the website below or through contacting the Rh Program.
 4. Due to the possibility of a reaction to **Rhlg**, vital signs should be taken pre-administration and recipients advised to stay for 15 to 30 minutes post-injection.
 5. Administer by **DEEP IM or IV Direct route**, to ensure adequate absorption. **Note:** *Volumes of 2 mL or less can be given in the deltoid muscle. Volumes greater than 2 mL can be given in the ventrogluteal or vastus lateralis muscles.*²
 6. Injection reporting forms are available on the website or from the Rh Program. Please mail or fax completed copies to the Rh Program.
- **28 - 29 weeks gestation:** give **300 mcg**. If **Rhlg 300 mcg** was given within prior 3 weeks, may delay injection for up to 6 weeks post Rhlg.
 - **Postpartum when newborn is RhD positive, Rh indeterminate or Rh unknown:** obtain Kleihauer and give minimum of **Rhlg 120 mcg**. May withhold injection if **Rhlg** has been given **within 3 weeks of birth** provided Kleihauer is negative **AND** passive anti-D antibodies (due to Rho(D) Immune globulin) are detected at birth.
 - **Threatened abortion, spontaneous abortion, medical abortion, surgical abortion, surgical ectopic or partial molar pregnancy management:** **Less than 8 weeks (56 days) gestation with confident and reliable pregnancy dating may safely withhold blood testing (type & screen) and Rhlg.**³ From 8 to 12 weeks gestation the epidemiologic literature suggests sensitization risks are low. Depending on clinical circumstances and after appropriate counseling, consider? offer a minimum of **120 mcg**. After 12 weeks gestation give **300 mcg**.
 - **Antenatal bleeding, abdominal trauma, amniocentesis, cordocentesis, chorionic villus sampling (CVS):** 8 to 12 weeks gestation: give minimum **120 mcg**; after 12 weeks gestation: **300 mcg**.
 - For repeat events 6 or more weeks later obtain Kleihauer, antibody screen and give an additional **300 mcg**. For repeat events less than 6 weeks later: may withhold Rhlg when Kleihauer is negative **AND** passive anti-D antibodies (due to Rho(D) Immune globulin) are detected.
 - **External versions:** obtain Kleihauer and give minimum of **120 mcg**
 - **Platelet transfusion if platelet donors are RhD positive:** **120 mcg** covers up to 6 full buffy coat or apheresed transfused platelet units and protects for up to 4-6 weeks.

KLEIHAUER TEST DOSING for fetomaternal hemorrhage (FMH) of RhD positive whole blood:

Maternal circulation estimated whole blood volume = 5000 mL. Administer **12 mcg Rhlg per mL of fetal whole blood.**

120 mcg protects for FMH of **0% to 0.2% of maternal whole blood volume** ($0.002 \times 5000 \text{ mL} = 10 \text{ mL fetal whole blood} \times 12 = 120 \text{ mcg required}$)

300 mcg protects for FMH of **0% to 0.5% of maternal whole blood volume** ($0.005 \times 5000 \text{ mL} = 25 \text{ mL fetal whole blood} \times 12 = 300 \text{ mcg required}$)

Depending on dose calculated above: (1) IM route up to **1200 mcg** every 12 hours or (2) IV route administer up to **600 mcg** every 8 hours until the total dose has been administered. Consult with the Rh Program for further assistance or refer to the product insert under “Dosage and Administration”.

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¹ SOGC Clinical Practice Guideline No. 488: Prevention of RhD Alloimmunization. April 2024

² Perry & Potter. *Clinical Nursing Skills & Techniques*. Elsevier Mosby 10th edition, 2021

³ Guideline on Rh Prophylaxis for Early Pregnancy Complications and Medical Abortions. Rh Program of NS May 2026.