



The Royal College of Obstetricians & Gynaecologists have endorsed the recommendations of NICE Guidelines for anti-D injections in pregnancy. These can be viewed at www.rcog.org.uk and www.nice.org.uk

Note: If you already have anti-D in your blood (usually from a previous pregnancy), then you may not need any anti D injections.



WHERE CAN I FIND OUT MORE INFORMATION?

- The doctors and midwives at your antenatal clinic will be able to provide more information
- The National Childbirth Trust, Scotland
www.nct.org.uk
Telephone 0131 260 9201
- NHS 24
www.nhs24.com
Telephone 0845 4242424

Should you believe that you may need anti-D please contact your doctor / midwife:

Contact numbers:

This publication can also be made available in large print, braille (English only), audio tape and in different languages. If you would like further information contact The Public Affairs Department
Tel. 0141 357 7752

Ref. No. : CPIL2006(2)
Version 2.0
Date Published November 08



This leaflet is for you if you are Rhesus negative and pregnant.

Its purpose is to describe why you may be advised to have (anti-D) injections during your pregnancy, and after your baby's birth. This has been common practice in the UK for more than 20 years.

You will also be offered the *choice* of an additional anti-D injection at around 28 weeks of your pregnancy.

WHAT DOES RHESUS NEGATIVE MEAN?

The Rhesus D factor (RhD) is an inherited factor found on blood cells. People who do not have this substance on their red blood cells are known as Rhesus negative. 15% of people in Scotland are Rhesus negative.

SO, WHY DOES THIS MATTER?

In most cases, it does not matter. However, if your baby's blood group happens to be Rhesus positive (which is quite likely) and your blood group is Rhesus negative, problems may occur. At times during pregnancy and delivery, small amounts of your baby's blood may enter your blood. Your body may make molecules (called antibodies) to your baby's Rhesus positive red blood cells. This happens to about 15 in every 1,000 Rhesus negative women. It may happen during pregnancy following a miscarriage or if you develop bleeding in pregnancy for any reason.

These antibodies don't cause problems in the current pregnancy, but in a few cases, may do so in future pregnancies. The antibodies may cross into the baby's blood and destroy the red blood cells. If this is severe, the baby can become very anaemic, this is called Rhesus disease (haemolytic disease of the newborn or HDN). In the unlikely event that this happens, treatment is almost always successful.

HOW CAN I STOP THESE ANTIBODIES CAUSING PROBLEMS IN FUTURE PREGNANCIES?

It is possible to prevent formation of these harmful antibodies by giving injections of anti-D. The anti-D covers the surface of any of the baby's blood cells that may be found in your bloodstream, and reduces the chance of your body making these antibodies. Each injection is made up of less than half a teaspoonful of clear fluid and is injected into a muscle, often the one at the top of your arm or thigh. It takes only a few seconds to give the injection, and is no more uncomfortable than the slight discomfort you feel when you have a blood sample taken.

HOW OFTEN DO I NEED THESE ANTI-D INJECTIONS?

If you have problems during your pregnancy, such as bleeding, or undergo tests such as amniocentesis (where some of the fluid around the baby is taken out to do other tests), you will be advised to have anti-D injections at the time these events happen. This is because we know that some of your baby's blood cells will cross into your bloodstream after these events. Anti-D is needed at these times in order to reduce the chance of your body making antibodies against your baby's blood cells.

As a very small number of women can develop antibodies without having any obvious problems such as bleeding during their pregnancy, you will be offered the choice of having an injection of anti-D at approximately 28 weeks. This may reduce the risk of developing antibodies to your baby's blood from 15 in 1,000 to less than 2 in 1,000 chances.

In some circumstances, you may not wish / need to have this injection at 28 weeks. Please ask your midwife or doctor about this.



DO I STILL NEED AN INJECTION AFTER MY BABY IS BORN?

Probably, yes. More of your baby's blood can get into your bloodstream during the birth. After delivery the baby's blood group is tested. If your baby is Rhesus negative, you do not need any more anti-D injections because you can only form antibodies against Rhesus positive cells.

If your baby is Rhesus positive, this will confirm that you will be able to form antibodies against your baby's blood cells, and you will be advised to have a further anti-D injection. Usually, you will need only one injection at this time, however if a lot of your baby's blood has passed into your bloodstream, more than one injection may be necessary. Your blood will be tested after delivery to find out if more than one injection is needed.

WILL I NEED THESE INJECTIONS WITH OTHER PREGNANCIES?

Yes. The anti-D injections disappear after a few months. Extra protection is needed for every pregnancy.

ARE THERE ANY RISKS TO THESE INJECTIONS?

The anti-D injections are made from donated blood plasma, and as with any other blood product can very rarely transmit infection. To minimise this, all donations are tested and during manufacture the plasma is treated to further reduce the risk of infection.

Non UK plasma is used for the manufacture of this product to minimise the risk of transmission of variant CJD (BSE).

