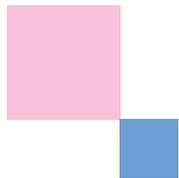


■ **What are the risks of Anti-D immunoglobulin?**

You may experience some localised soreness at the injection site. You may also experience fever, headache, or flu-like symptoms after the injection. Very rarely, Anti-D immunoglobulin can cause an allergic reaction. Early warning signs include rashes, chest tightness, and wheezing. Please seek medical help immediately if you develop these symptoms.



Useful telephone number

Central Appointments

6294-4050



KK Women's and
Children's Hospital
SingHealth

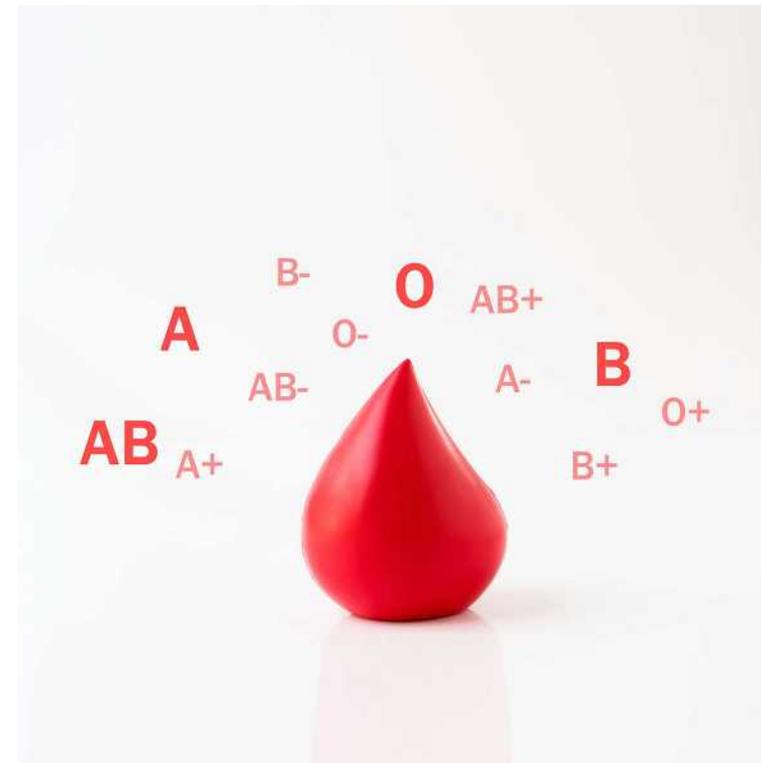
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Singapore 229899
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The Use of Anti-D Immunoglobulin for Rhesus D Prophylaxis

Information for women with a
Rhesus-Negative blood group

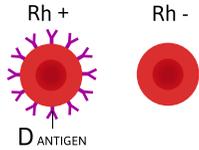


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What does it mean to be Rhesus-Negative?

Human red blood cells carry many substances called antigens on their surfaces. Women who are Rhesus D positive have a substance called D-antigen on the surface of their red blood cells. Rhesus D negative women do not have any D-antigen present. Whether a person is Rhesus-Positive or Rhesus-Negative is determined by their genes. It is inherited from a parent.

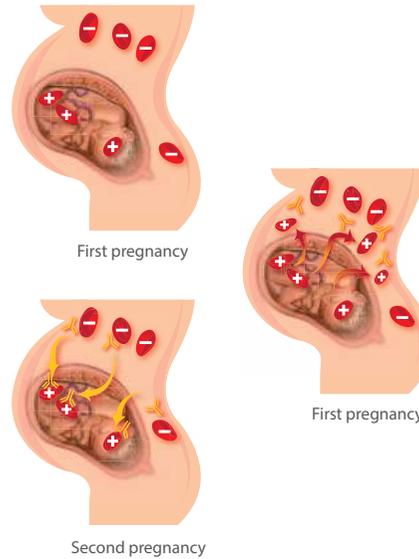


A simple blood test can tell whether you are Rhesus-Positive or Rhesus-Negative. This test is part of your routine blood tests done during your pregnancy.

How does being Rhesus-Negative affect your pregnancy?

Problems can arise when a Rhesus-Negative mother carries a baby who is Rhesus-Positive. The baby may be Rhesus-Positive if the father is Rhesus-Positive. During pregnancy and delivery, small amounts of your baby's blood will cross into your blood stream. If your baby is Rhesus-Positive, your body will produce antibodies to fight the D-antigen that is present in the baby's blood. This process is known as sensitisation. Rarely, sensitisation can also occur after a previous miscarriage or ectopic pregnancy, or if you have received a transfusion of Rhesus-Positive blood by mistake (although this is extremely rare). After sensitisation, a memory of these antibodies is retained in the mother's system.

Sensitisation usually does not affect your first pregnancy. If the next baby is also Rhesus-Positive, a large number of these antibodies can enter the baby's blood stream and attack the baby's red blood cells.



This can cause harm to the baby and result in a condition called haemolytic disease of the fetus and newborn, which results in anaemia, jaundice, severe brain damage, or even death of the baby.

How can I prevent these antibodies from causing problems in future pregnancies?

Anti-D immunoglobulin is an intramuscular injection which can prevent a Rhesus-negative mother from producing antibodies against Rhesus-Positive blood cells.

When is Anti-D Immunoglobulin given?

Anti-D immunoglobulin is usually administered at around the 28th week of pregnancy to pregnant Rhesus-Negative women who are not already sensitised. Sensitisation is checked by a blood test that is done at the beginning of pregnancy and 1-2 weeks prior to administration of Anti-D immunoglobulin at the 28th week of pregnancy.

After childbirth, if your baby is found to be Rhesus-Positive, you will be given another Anti-D immunoglobulin injection, usually within 72 hours of the birth.

In addition, you are advised to have an Anti-D immunoglobulin injection following a potentially sensitising event, which is when there is a high risk of your blood and the blood of your baby becoming mixed. Anti-D immunoglobulin should be given as soon as possible and within 72 hours of a sensitising event. Examples of sensitising events include:

- Bleeding that occurs after 12 weeks gestation
- Any pregnancy loss including miscarriage and stillbirth
- After termination of pregnancy, molar pregnancy and ectopic pregnancy
- After an amniocentesis or chorionic villous sampling (tests to check for genetic or chromosomal conditions)
- Any abdominal trauma (such as a road traffic accident) over 12 weeks gestation

When do I NOT need to have Anti-D immunoglobulin?

Your doctor should discuss with you the situations where Anti-D immunoglobulin injection would be neither necessary nor cost effective. Such situations might include those where a woman:

- Has opted to be sterilised after the birth of the baby
- Is certain that the father of the baby is Rhesus-Negative
- Has already developed anti-D antibodies that have been detected by a blood test / are already sensitised