

Obstetrics and Gynaecology: Emergency Gynaecology Unit (EGU)

Anti-D Immunoglobulin Injection

Information for Women under 20 weeks' gestation with a Rhesus Negative blood group.

What is Anti-D?

Anti-D immunoglobulin (a concentrated antibody preparation) is made from the clear part of the blood, called plasma, collected from blood donors. It is given to you by an injection into your muscle.

Why is Anti-D used?

You and your baby may have different blood groups and during pregnancy small amounts of the baby's blood can enter your bloodstream. If your blood group is Rhesus Negative and there is a possibility that your baby's blood group is Rhesus Positive, you are advised to have an injection of Anti-D. This is because the presence of baby's blood can cause you to have an immune response, leading you to produce small amounts of antibodies. This process is called sensitisation. This is most likely to happen in the 3rd trimester and during delivery, but it can also happen after certain events in pregnancy such as bleeding, abdominal trauma and miscarriage.

Whilst sensitisation has no adverse health effects for you and usually does not affect the pregnancy during which it occurs, it is likely to cause an immune response in any future pregnancies if Anti-D is not given. This is called Rhesus disease and is a condition where antibodies in your blood



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can destroy your baby's blood cells. This is also known as Haemolytic Disease of the Fetus and Newborn (HDFN). Whilst rare, if it does happen it can cause symptoms in both unborn and newborn babies, ranging from mild jaundice to, in severe cases, miscarriage or stillbirth.

Anti-D helps to avoid the process of sensitisation, meaning that your blood won't produce antibodies and Rhesus disease can be prevented.

When is Anti-D given?

If you are Rhesus negative, you are advised to have an injection of Anti-D at times when there is a high risk of your blood and the blood of your baby becoming mixed.

For example:

- If bleeding occurs in a pregnancy over 12 weeks' gestation
- After an amniocentesis or CVS (tests to check for genetic or chromosomal conditions)
- After surgical treatment of early miscarriage (including molar pregnancy)
- After medical or surgical treatment of ectopic pregnancy
- Any pregnancy loss over 12 weeks' gestation
- Any abdominal trauma (such as a road traffic accident) over 12 weeks' gestation

Following potentially sensitising events, Anti D should be given as soon as possible and always within 72 hours. If this deadline isn't met then some protection may be offered if it is given up to 10 days after the event.

What are the risks of Anti-D?

There may be some localised soreness at the injection site.

All donated blood used in obtaining Anti-D is carefully screened for spreadable infections.

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If you do not wish to receive Anti-D, or if you feel that you need further information and advice, please speak to your midwife, obstetrician or hospital staff.

Websites for reference:

British Committee for Standards in Haematology (BCSH) Guideline on Anti-D administration in pregnancy (2014). www.rcog.org.uk

NICE Guidance (2008) Routine antenatal Anti-D prophylaxis for women who are Rhesus D Negative. www.nice.org.uk

Rhesus disease – Prevention (2021). www.nhs.uk

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