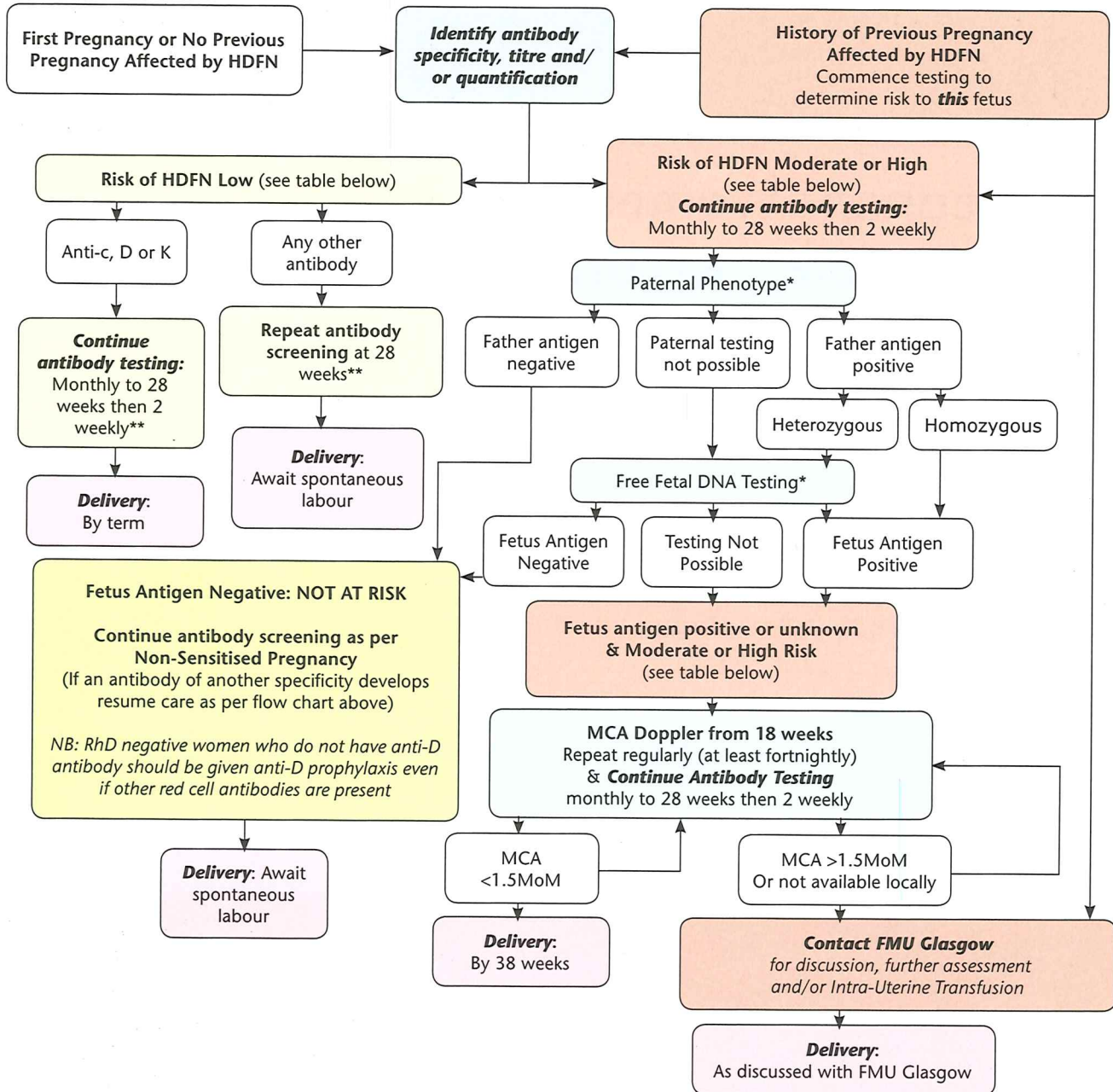


Summary of Clinical Care for Pregnant Women with Red Cell Antibodies

To be used in conjunction with Scottish National Guidance for Pregnant Women with Red Cell Antibodies.



Risk for Fetal Anaemia	Antibody Specificity & Level			
	Anti-D (iu/ml)	Anti-c (iu/ml)	Anti-K (Titre)	Other antibody(ies) (Titre)
Low	0-4	0-7.5	Less than 1in8	Less than 1in32
Moderate	4-15	7.5-20	-	-
High	15 or above	20 or above	1in8 or above	>1in32

NB: The presence of any red cell antibody impacts significantly on provision of suitable blood for maternal transfusion. The hospital blood bank should always be made aware, as far in advance as possible, of planned delivery and/or admission in labour. Blood bank should also be informed if there is increased risk of maternal haemorrhage eg. placenta praevia.

* Fetal & Paternal DNA testing will not be possible for some antibodies, the fetus should be considered 'at risk' in those cases.

** If antibody testing at any stage indicates a moderate or high risk of HDFN, then the care pathway for higher risk pregnancy should be followed thereafter.

If in doubt please call FMU Glasgow for advice: 0141 232 4339