**Purpose**

To describe the policy for detection and administration of Rh immune globulin in pregnant females.

**Policy Statements**

Potential Rh immune globulin (RhIG) candidates will be evaluated for RhIG if:

* They are Rh-neg with no allo anti-D
* Rh-neg and the fetus is Rh-positive

Potential Rh immune globulin candidates are:

* Pregnancy termination through delivery or abortion, amniocentesis and invasive obstetric procedures
* Abdominal trauma during pregnancy

This policy addresses patients that come to Harborview Medical Center needing emergent care and have been identified as potential Rh immune globulin candidates. Candidates identified as needing Rh immune globulin will be administered RhIG within 72 hours of Rh alloimmunizing event.

**Process**

|  |  |  |
| --- | --- | --- |
| **Step** | **Action**  | **Related Documents** |
| 1 | The MLS tech will notify Medical Director for the following;* Pregnant female testing Rh neg
* Questions from clinicians regarding appropriate Rh immune globulin

Place copy of test results in Medical Director review folder. For **urgent** consults contact on call Medical Director immediately  | Quality Policy: Medical Director Notification |
| 2 | Medical Director will consult and evaluate if patient will need additional testing performed for potential Rh immune globulin administration |  |
| 3 | If additional testing is required, contact Bloodworks Northwest red cell reference laboratory prior to sending sample | Appendix A  |
| 4 | Send postnatal sample to Bloodworks Northwest Complete appropriate red cell reference paperwork |  |
| 5 | Forward results from reference lab to Transfusion Service Medical Director  |  |
| 6 | The Transfusion Service Medical Director will notify:* MLS staff with updated consult. MLS Lead will update the Sunquest file.
* Patient provider results and consultation report
 |  |
| **Step** | **Action** | **Related Documents**  |
| 7 | If Rh immune globulin is needed, provider will place appropriate dose order in CPOE and pharmacy will administer the RhIg |  |

**Appendix A**

|  |  |
| --- | --- |
| **Test** | **Specimen Requirements and Turnaround time** |
| Fetal Maternal Hemorrhage(FMH) /Fetal Bleed Screen | EDTA maternal specimen collected preferably 1 hr after delivery and stored 1 -10C if delay in testing. |
| Kleihauer Betke ( if FMH is positive) | Kleihauer Betke will be performed during the first or second shift (depending on when the sample arrives and the time when sample reported to have positive FBS). Result will be reported within 24 hrs.   |

**Reference**

Standards for Blood Banks and Transfusion Services, Current Edition. American Association of Blood Banks. AABB Press, Bethesda, MD.