

How do I get my Anti-D injection?

Talk to your doctor or midwife about where you can get Anti-D. It is usually given in a clinic but some pharmacies may also be able to give it.

Before you have your routine dose at 28 weeks you need to have a blood test to check for any antibodies.

More Information

Talk to your lead maternity carer for more information. The following information may be useful.

<https://www.nzblood.co.nz/assets/Transfusion-Medicine/PDFs/111208.pdf>

<https://www.medsafe.govt.nz/profs/Datasheet/r/RhDimmunoglobulinVF.inj.pdf>

<https://www.nhs.uk/conditions/rhesus-disease/prevention/>

Anti-D in Pregnancy

Preventing rhesus
disease in future
babies

What is rhesus disease?

Rhesus disease is a rare but serious condition where your blood and your baby's blood don't match. Your blood forms antibodies that cross the placenta and attach to your baby's blood cells, causing your baby to become anaemic before they are born. In severe cases this can lead to premature birth and severe jaundice, or in rare cases organ failure and stillbirth.

Why does this happen?

You have one of 4 blood types A, B, AB and O. Each blood type may or may not have a molecule on the surface called Rhesus D (Rh). If you have this molecule then you are Rh positive if you don't have it you are Rh negative.

If you are Rh negative your body does not recognise the Rhesus D molecule. If your baby is Rh positive and your baby's blood comes into contact with your blood then your body will develop antibodies to Rh positive blood. These antibodies usually don't cause a problem in this pregnancy, but may cause rhesus disease in future pregnancies.

How do I know if my baby is rhesus positive or negative?

You do not know if your baby is positive or negative until after they are born. A sample of cord blood will be tested to see if your baby is rhesus positive or negative.

How can I avoid rhesus disease?

If you are rhesus negative, then you will be offered an injection of Anti-D. Anti-D prevents your body from making antibodies by finding any RhD positive blood cells in your system and removing them before your body can make the antibodies. Anti-D is 90% successful in reducing the chance of you making antibodies.

When do I need to have Anti-D?

When there is a chance that your baby's blood has entered your system

There are some situations when it is more likely that your baby's blood will get into your system. For example if you have a procedure like amniocentesis or external cephalic version (ECV), if you have any vaginal bleeding or if you have any trauma to your abdomen such as a car accident or a fall. In these cases we recommend you have an injection of Anti-D within 3 days (72 hours).

Having an Anti-D injection after one of these events will reduce the likelihood of creating antibodies from 16% to approximately 2%.

Routinely at 28 and 34 weeks pregnant

Sometimes your baby's blood can get into your system without any clear reason. For this reason we recommend you have two doses of Anti-D in your pregnancy at 28 and 34 weeks. Having Anti-D routinely in pregnancy can reduce the risk of rhesus disease to less than 1%.

After your baby is born

Anti-D is also recommended after your baby is born if they are found to be Rh positive.

Are there any risks with Anti-D?

The Anti-D is made from blood plasma. As with any blood product, Anti-D is screened for infections before you receive it. The risk of any infection being transmitted to you via Anti-D is less than one in a million.

Anti-D is given as an injection into your arm or thigh; you may get some slight discomfort at the injection site. Occasionally people get a fever, headache or rash.

In very rare cases Anti-D may cause an allergic reaction, these are not life threatening.