Positive Maternal Red Cell Antibody Screen

Prior affected fetus/neonate with HDNF: ‘affected’ defined as any of: prior intrauterine treatment, perinatal loss due to HDNF, or neonatal transfusion

Antibody identification and titer
Confirm with blood bank

Determination of fetal risk for hemolytic disease of the newborn/fetus: Alloimmunization II

Kell

D

Atypical

Non-specific ‘warm’ antibody; cold antibody

MFM Consultation

Any positive titer

Repeat q 4 weeks until 24 weeks then q 2 weeks
Delivery at 39 weeks EGA

Titer ≥ 16

Antibody associated with HDNF

Review antibody in table (references)

Repeat q 4 weeks until 24 weeks then q 2 weeks
Delivery at 39 weeks EGA

Critical titer; may be lab dependent. UNC critical titer 32; refer back to MFM when outside UNC titer >=16

Determination of fetal risk for hemolytic disease of the newborn/fetus: Alloimmunization II

Revised 2/2018 AB/BG

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities. The algorithms remain the intellectual property of the University of North Carolina at Chapel Hill School of Medicine. They cannot be reproduced in whole or in part without the expressed written permission of the school.

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