Clinical Pathway for RhD Negative Pregnancies
(without anti-D antibodies)

Legend
RhIG: Rho(D) immune globulin
FMH: fetomaternal hemorrhage

< 8 Weeks' Gestation

ABO/RhD blood type and antibody screen is ***not recommended.*** No RhIG required at < 8 weeks ' gestation[1] (even in sensitizing events)

First Trimester ≥ 8 Weeks' Gestation

First antenatal visit ≥ 8 weeks' gestation[1]
ABO/RhD blood type and antibody screen

↓

RhD negative, no anti-D antibodies

↓

Fetal *RHD* screen recommended ≥ 11 weeks' gestation

Fetus RhD **negative**	Fetus RhD **positive, inconclusive, unknown, or not done**
↓	↓
RhIG is not indicated during pregnancy	**RhIG** 300µg = 1500 IU[1] at 28 weeks' gestation and following potentially sensitizing events*

Second & Third Trimester

***For Potentially Sensitizing Events ≥ 8 Weeks' Gestation[1]**

Spontaneous, threatened or induced abortion; molar pregnancy (partial or unknown); ectopic pregnancy; invasive procedure; external cephalic version

RhD negative, no anti-D antibodies

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Fetal *RHD* screen result positive, inconclusive, unknown or not done

≥ 8 to < 12 weeks' gestation RhIG not routinely indicated; consider on a case by case basis[1]	**≥ 12 to <20 weeks' gestation** RhIG 300µg = 1500 IU[1]	**≥ 20 weeks' gestation** RhIG 300µg = 1500 IU (or adjusted dose as per FMH quantification)[1]

↓

If a **Fetal *RHD* screen** was not done, consider ordering post-RhIG if it could avoid additional RhIG doses

After Delivery

Send cord blood for RhD typing for all RhD negative or RhD unknown pregnant women/individuals[1,2,3,†]

If Fetal *RHD* screen was **negative**	If Fetal *RHD* screen was **positive**	If Fetal *RHD* screen was **inconclusive, unknown, or not done** *Cord blood results will guide RhIG*
↓	↓	↓
RhIG is not indicated	Assessment of FMH for RhIG dosing[1]	Cord blood is RhD **negative** → **RhIG is not indicated**
↓	↓	Cord blood is RhD **positive** → Assessment of FMH for RhIG dosing[1] → **RhIG** 300 µg = 1500 IU within 72 hours of delivery[1]
Confirm cord blood is RhD negative	**RhIG** 300 µg = 1500 IU within 72 hours of delivery[1]	
	↓	
	Confirm cord blood is RhD positive	

† If discrepant results are found between Fetal *RHD* screen and cord blood results, use cord blood results and administer RhIG as per clinical guidelines[1]. Contact Canadian Blood Services to report discrepancy (905-494-5234; fetalRHD@blood.ca).

References:

1. Fung-Kee-Fung, K., et al. (2024). Guideline No. 448: Prevention of RhD alloimmunization. *Journal of Obstetrics and Gynaecology Canada,* 46 (4), 1–10. https://doi.org/10.1016/j.jogc.2024.102449
2. Lieberman, L., et al. (2025). Guidance for prenatal, postnatal and neonatal immunohematology testing in Canada: Consensus recommendations from a modified Delphi process. *Journal of Obstetrics and Gynaecology Canada,* 47 (9), 1–10. https://doi.org/10.1016/j.jogc.2025.103088
3. Robitaille, N., et al. (2025). National consensus statements for the prevention of maternal Rhesus D alloimmunization and management of alloimmunized pregnancies: A modified Delphi process. *Journal of Obstetrics and Gynaecology Canada.* Advance online publication. https://doi.org/10.1016/j.jogc.2025.103113

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