

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' gestation¹ (even in sensitizing events)

First Trimester ≥ 8 Weeks' Gestation

First antenatal visit ≥ 8 weeks' gestation¹
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**

Second & Third Trimester

RhIG is **not indicated** during pregnancy

RhIG 300µg = 1500 IU¹ at 28 weeks' gestation and following potentially sensitizing events^{*}

*For Potentially Sensitizing Events ≥ 8 Weeks' Gestation¹

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

RhD negative, no anti-D antibodies

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 basis¹

≥ 12 to < 20 weeks' gestation
RhIG 300µg = 1500 IU¹

≥ 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**

RhIG is not indicated

Confirm cord blood is RhD negative

If Fetal **RHD** screen was **positive**

Assessment of FMH for RhIG dosing¹

RhIG 300 µg = 1500 IU within 72 hours of delivery¹

Confirm cord blood is RhD positive

If Fetal **RHD** screen was **inconclusive, unknown, or not done**
Cord blood results will guide RhIG

Cord blood is RhD **negative**

RhIG is not indicated

Cord blood is RhD **positive**

Assessment of FMH for RhIG dosing¹

RhIG 300 µg = 1500 IU within 72 hours of delivery¹

[†] If discrepant results are found between Fetal **RHD** screen and cord blood results, use cord blood results and administer RhIG as per clinical guidelines¹. 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>

Disclaimer:

This clinical pathway is intended for informational use only and is not a replacement for established clinical guidelines. Medical practices may vary from the steps described here. If you are not a health-care professional, please consult a health-care provider for any questions regarding the information presented in this flowchart. If a patient's clinical presentation is not included in this flowchart, consultation with an appropriate specialist is recommended.