Name of Policy: Rh(D) Immune Globulin Policy Number: 3364-108-306 Approving Officer: Senior Hospital Administrator Director, Blood Transfusion Service Responsible Agent: Blood Transfusion Service Supervisor Administrative Director, Lab Scope: University of Toledo Medical Center Pathology/Laboratory – Blood Bank	UTOLEDO HEALTH Effective date: 03/07/2025 Original effective date: 10/1986
Key words: RhIG, Rhogam, Rh(D) Immune Globulin, Prenatal, Antenatal	

☐	New policy proposal	☒	Minor/technical revision of existing policy
☐	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) Policy Statement

The Blood Transfusion Service dispenses Rh Immune Globulin to patients when indicated.

(B) Purpose of Policy

To prevent Rh immunization in Rh negative patients exposed to the D antigen.

(C) Procedure

(1) Potential candidates for Rh Immune Globulin therapy should have the following studies done according to the Transfusion Service procedure manual:
- (a) ABO grouping
- (b) D testing
- (c) Antibody screening
- (d) Identification of all clinically significant antibodies, if present.

(2) It is the responsibility of the attending physician to assure the Rh type has been determined on patients admitted for delivery, spontaneous abortion, pregnant abdominal trauma, or invasive obstetrical procedures. The requirement for determination of Rh type can be fulfilled by consulting previous records, providing the tests were done by an accredited laboratory. Document the results obtained by the outside laboratory in the BBIS system if the testing laboratory is not UTMC.

(3) Patients who demonstrate anti-D in the serum are not candidates for Rh Immune Globulin therapy. Consult patient's physician to rule out antepartum Rh Immune Globulin administration as a cause of detectable anti-D. Women who have received antepartum Rh Immune Globulin are candidates for additional treatment postpartum. All patients at risk for feto-maternal hemorrhage with weak reactions to anti-D should be microscopically examined for mixed field reaction to rule out large fetal bleed. Use

caution in interpreting such results as Rh positive. Deliveries are not routine at UTMC; therefore, quantitation of fetal bleed is not part of this laboratory's standard procedure. Refer quantitation tests to another laboratory, if appropriate.

(4) Rh negative patients transfused with Rh positive cellular products may also be candidates for Rh Immune Globulin prophylaxis. Notify the BTS Medical Director when Rh positive cellular products are transfused to Rh negative recipients. The BTS Medical Director will discuss options with the attending physician and who will initiate orders for Rh Immune prophylaxis for appropriate candidates.

(5) When a candidate for Rh Immune Globulin therapy is identified, the prophylaxis shall be administered within 72 hours of the immunizing event. Notify BTS Medical Director when orders are not received for RhIg for eligible candidates, or the ordered dose is not dispensed for injection within 72 hours.

(D) References

(1) AABB Standards for Blood Banks and Transfusion Services, current edition.

Approved by: /s/ _____ Lauren Stanoszek, M.D. Assistant Professor Director, Blood Transfusion Service 3/1/2025 _____ Date /s/ _____ Russell Smith Pharm D, MBA, BCPS, CPEL, FACHE Senior Hospital Administrator 3/7/2025 _____ Date *Review/Revision Completed by:* Danielle Weilnau MLS(ASCP)^{CM}	Policies Superseded by This Policy: • *None* Initial effective date: All Review/Revision Dates: 6/96 1/98 2/99 10/02 1/05 1/2008 6/9/2008 3/22/2011 3/01/2013 3/2/2015 3/1/2017 3/1/2019 3/1/2021 3/20/2023 03/07/2025 Next review date: 03/07/2027