

Fetal Rh Status test

What

A Fetal Rh status test is now available by testing maternal blood for cell free fetal DNA (cffDNA).

Why

Approximately 38% of Rh-ve women receive anti-D unnecessarily because the fetus is also Rh-ve

RhD-ve women will be offered the Fetal status test and given the patient information booklet '*Mothers blood test to check her unborn baby's blood group*'.

The sample will be taken at the 16/40 check. It **MUST** contain the EDD by scan or it will not be accepted.

[See the process map in the antibody guidelines for details](#)

How?

Results will be available in 14 days.

If fetus is RhD-ve then no anti-D is required throughout the pregnancy but maternal and cord bloods will be taken at delivery.

If the fetus is RhD+ve then anti-D will be required as current process.

Results

In twins etc, a RhD+ve result will only show that at least 1 of the babies is RhD+ve. A RhD-ve result will show that all the babies are RhD-ve.

If the woman decides to have anti-D despite a RhD-ve result - document in her records and inform transfusion.

Consent

If she does not consent to anti-D despite a RhD+ve result - ensure she is aware of the potential risks and document her decision in her records.

Always inform transfusion in these cases.

Risks?

There is a 0.1% chance that the result will show RhD-ve fetus when it is actually RhD+ve. This equates to approx. 1 in 1000, however, of that 1 in 1000, only 1% will develop immune anti D.

Anti D will be offered at delivery if the baby is found to be RhD+ve.

There is a 2% chance that the test will show RhD+ve fetus when it is actually RhD-ve. This means the mum will have had anti D unnecessarily which will be much lower than our current rate of 38%.

If the woman has another pregnancy the fetal RhD status could be mistakenly attributed from a previous pregnancy in the documentation. It is essential that the EDD is documented on every occasion related to the result for that pregnancy tested.