

Determination of foetal rhesus factor D from maternal blood



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The determination of the blood group and rhesus factor is of great importance for expectant mothers. If the mother is rhesus negative and the unborn child is rhesus positive, life-threatening complications can arise for the newborn.

In order to prevent this, all rhesus-negative mothers have so far received a prophylactic treatment during pregnancy in approx. week 28 of pregnancy and after childbirth. However, this treatment is only required if the unborn child is rhesus-positive.

A blood sample can now be used to reliably determine whether the unborn child is rhesus-positive or rhesus-negative. An (unnecessary) prophylactic treatment can thus be avoided.

Indications

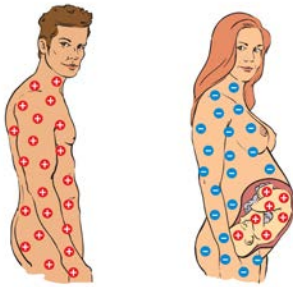
- Rhesus-negative pregnant women who wish to avoid unnecessary prophylaxis
- Suspicion of foetal erythroblastosis (haemolytic disease of the newborn)

Time

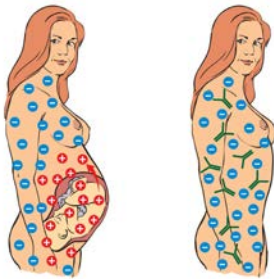
- Recommended from week 18 of pregnancy
- Possible from week 12 of pregnancy; if the result is RHD-negative, repeat the test from week 18 of pregnancy

Cost absorption

Basic insurance of the health insurance company



If the father is rhesus positive and the mother is rhesus negative, the child may also be rhesus positive. This can lead to complications.



If in this constellation there is an exchange of maternal and child blood (e.g. at birth, but also e.g. during amniocentesis or accidents), rhesus antibodies will form in the maternal body.



In a next pregnancy with a rhesus-positive child, the mother's rhesus antibodies will attack the foetus and its red blood cells, which can lead to severe and life-threatening anaemia in the child.

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