

Subject: RhoGam Administration

REVISION DATE: Jan 2015, Jun 2012, Dec 2011, April 2007

REPLACES: MBU RhoGam 2012; MBU RhoGam Protocol

WRITTEN: May 1980

SUPERSEDES DATE: June 2012

1. **Purpose:** To establish guidelines for nursing staff to identify RhoGam candidacy (Rh negative) through review of the prenatal records or laboratory reports. If blood type and Rh are not available, blood specimen is sent to laboratory for type and Rh results as quickly as possible.
 - 1.1 “RhoGam is a concentrated solution of immune globulin containing Rh₀(D) antibodies. IM injection of RhoGam keeps the Rh-negative mother from producing active antibody responses and forming anti-Rh₀(D) to Rh-positive fetal blood cells and endangering future Rh-positive infants. Maternal immunization to the Rh antigen commonly results from transplacental hemorrhage during gestation or delivery. If unchecked during gestation, incompatible fetal and maternal blood can lead to hemolytic disease in the neonate.
 - 1.2 Rhogam is indicated for the Rh-negative mother after abortion, ectopic pregnancy, or delivery of a neonate having Rh₀(D)-positive or ^{Du}-positive blood and Coombs'-negative cord blood, accidental transfusion of Rh-positive blood, amniocentesis, chorionic villi sampling, abruptio placentae, or abdominal trauma. RhoGam injection should be given as soon as possible after exposure to prevent future maternal sensitization. Subsequent pregnancies of the Rh-negative mother require screening to detect previous inadequate RhoGam administration or low Rh-positive antibody titers.
 - 1.3 Administration of RhoGam at approximately 28 weeks' gestation can also protect the fetus of the Rh-negative mother. The dose is determined according to the fetal packed red blood cell (RBC) volume that enters the mother's blood. A volume under 15 mL usually calls for one vial of RhoGam; a significant fetal-maternal hemorrhage calls for more than one vial if the fetal packed RBC volume is greater than 15 mL”
2. **Scope.** RN caring for a mother who is Rh negative and newborn is Rh positive.
3. **Procedure.**
 - 3.1. If mother is Rh negative, cord blood is sent to the blood bank for type, Rh, and direct coombs.
 - 3.2. If infant is Rh positive, mother will need RhoGam.

- 3.2.1. Request Rhogam workup draw and send appropriate specimens.
 - 3.3. Blood bank will notify nursing personnel when RhoGam is available to be given.
 - 3.4. Rhogam must be given within 72 hours after birth of infant.
 - 3.5. Nurse must go to blood bank to get Rhogam with a copy of the patient sticker. Rhogam numbers will be inspected by nursing and laboratory personnel in the blood bank.
 - 3.6. Check patient's identification with two identifiers and explain procedure and purpose of RhoGam before administration.
 - 3.7. Administer RhoGam.
 - 3.8. Complete patient Rhogam identification card and give to patient.
 - 3.9. Complete laboratory slip that accompanies RhoGam vial. Place top copy in patient's chart and return other copies to blood bank. Dispose of vial properly.
 - 3.10. Document Rhogam administration in "one time order" on medication Administration record and under RhoGam in the electronic health record
4. **Reference:** Copyright © 2012, Lippincott Williams & Wilkins. RhoGam Administration.