



Edmonton, AB Diagnostic Services

Recommended Testing Perinatal Guidelines

CLINICAL SCENARIO

SAMPLE SUBMISSION TIMELINES

First Pregnancy

ABO and Rh(D) typing
Red Cell Antibody Screen

Initial visit and at 26-28 weeks gestation

Rh positive – previous report on file – antibody screen negative

ABO and Rh(D) typing
Red Cell Antibody Screen

Initial visit *

Rh negative

ABO and Rh(D) typing
Red Cell Antibody Screen

Initial visit and at 26-28 weeks gestation (sample to be collected prior to RhIG injection)

Clinically significant antibodies detected

ABO and Rh(D) typing
Red Cell Antibody identification / exclusions
Titration

Initial visit and monthly during 1st and 2nd trimester
Every two weeks during 3rd trimester

Initial visit and monthly during 1st and 2nd trimester
Every two weeks during 3rd trimester

Clinically significant antibodies with critical titres

ABO and Rh(D) typing
Red Cell Antibody identification / exclusions

Note: Clinically significant antibody will no longer be titred once it has reached a critical value of '16'. If the clinically significant antibody identified is a Kell sytem antibody (i.e. anti-K), titration is not required as detection of anti-K is a critical result regardless of titre strength.

Note: Patient referral to Maternal-Fetal Medicine Clinic is strongly recommended.

Father

ABO and Rh(D) typing
Red Cell Phenotyping

When the mother has a clinically significant antibody the father's specimen is requested by Canadian Blood Services for phenotyping to predict the risk of hemolytic disease of the fetus/newborn (HDFN).

*Additional samples may be submitted for patients at increased risk of allo-immunization (previous transfusion, fetal trauma or procedure, IV drug use, etc.)