

Haemolytic disease of the newborn (HDN)

Condition for which IVIg use is in exceptional circumstances only

Specific Conditions

- Haemolytic disease of the newborn

Level of Evidence

Insufficient data (Category 4a)

HDN arises from fetomaternal antigen incompatibility and can result in clinically significant fetal/neonatal haemolysis, severe anaemia and hyperbilirubinaemia.

Although prophylaxis programs have reduced the frequency of Rhesus (Rh) D HDN, antibodies to RhD remain the most common cause in Australia. Antibodies to other antigens in the Rh system (e.g. Rhc, E), ABO and other antigens (e.g. K) may also cause disease, ranging from mild to life-threatening.

Intravenous immunoglobulin (IVIg) may be used in selected cases in consultation with experts in fetomaternal medicine and transfusion medicine.

Refer to the current product information sheet for further information.

The aim should be to use the lowest dose possible that achieves the appropriate clinical outcome for each patient.

Bibliography

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Miqdad, AM, Abdelbasit, OB, Shaheed, MM, et al 2004, 'Intravenous immunoglobulin G therapy for significant hyperbilirubinaemia in ABO haemolytic disease of the newborn', *Journal of Maternal-Fetal and Neonatal Medicine*, vol. 16, no. 3, pp. 163–6.

Generated on: 31 March 2019