

## **Title: A Unique Case of a Patient with Rh Alloimmunization in Six Pregnancies, None of which Developed Hemolytic Disease of the Fetus and Newborn or Anemia**

### **Background/Synopsis**

Rh-negative mothers receive the Rh(D) immunoglobulin injection at 28 weeks gestation or once there is a sensitizing event. Rh alloimmunization can lead to complications such as hemolytic disease of the fetus which ranges from moderate anemia to hydrops fetalis. Pregnancies complicated by alloimmunization must undergo serial monitoring throughout pregnancy. Cases of severe fetal anemia may require intrauterine transfusion.

### **Objective/Purpose**

To present a rare instance of a woman with known Rh alloimmunization in 6 pregnancies, none of which were affected by any hemolytic disease of the fetus or anemia.

### **Methods**

This is a case report of a single patient.

### **Results**

This is a case of a female in her seventh pregnancy with known history of Rh(D) negative blood type and Rh alloimmunization that occurred in her second pregnancy. She presented with significantly elevated anti-D titers and underwent serial antenatal testing. The fetus never showed any antenatal signs of compromise or distress and never required a fetal blood transfusion. The patient subsequently delivered a viable female infant at term without anemia.

### **Conclusion**

This case presents a learning opportunity because generally it is within reason to counsel women with known Rh alloimmunization or history of having a fetus affected by HDFN against future pregnancies. In unique circumstances such as this, future pregnancies are reasonable if carefully monitored by a perinatologist. This case was unusual in that the mother's alloimmunization did not affect the fetus, raising the question of whether there may be a way to protect these pregnancies in which the mother becomes alloimmunized.