



# To show the outcome of a pregnancy in a patient with Rh incompatibility in pregnancy. Case report

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## INTRODUCTION

Rh incompatibility represents colliding of Rh groups between the mother and the fetus. Complications occur when the mother is Rh D negative, and the fetus is Rh D positive, which is inherited from the father. A certain amount of fetal blood may come in direct contact with the mother's blood through the placenta, especially in the late pregnancy or during delivery, which would lead to antibody production in the mother's circulation against the fetus, and can result in occurrence of hemolytic anemia in the fetus. To avoid occurrence of these events, Rh prophylaxis is administered to the mother in the following order: in the 28 weeks of gestation and in the first 72 hours postpartum.

## METHODS

A patient with Morbus Von Willebrand (MVW), is described, in a third consecutive pregnancy, with history of previous two pregnancies completed with caesarean section, due to obstetric indication. In both pregnancies, the patient received appropriate Rh prophylaxis with Amp. Rophylac, 300 mcg. It should be noted that patient has two children which are Rh D +, and this third pregnancy is unplanned. The patient first appears for examination in 12 weeks of gestation, due to bleeding scarcely ex utero, with anamnestic data that bleeding is continuous from the onset of pregnancy, which is manifested on the ultrasound examination with present organized subchorial hematoma. With regular Rh screening at 14 weeks of gestation, using indirect Coombs test, Rh sensitization with low titer was detected and advice was given for regular ultrasound examinations and consultation with transfusiologist accompanied with determination of anti-K titer. Anamnestically the patient has no history of unsuccessful pregnancy, an instrumental revision,

## RESULTS

Continuous monitoring of the fetus was performed and consultation with a transfusiologist, followed by constant communication between the obstetrician and the transfusiologist. In 19 weeks of gestation, a 1: 512 anti-K titer was obtained, with an increased risk of hemolytic fetal disease and an estimated antibody titer increase. Amniocentesis was performed, and high amounts of bilirubin in amniotic fluid were detected. In the meantime, the condition was explained to the patient as well the possible outcome of the pregnancy and the condition of the fetus, and the option for possible treatment with transfusions. Due to the fact that high titer of anti-K antibodies and a high concentration of bilirubin in amniotic fluid have been obtained, which consequently would lead to occurrence of anemia of the fetus and possible damage to the brain tissue, in consultation with a transfusiologist who gave



circulation and considering that this was

olinary and with the patient's desire,

on. The cooperation and interdisciplinary approach of doctors with the patient is crucial

in order to get reasonable and most appropriate solution for the outcome of the pregnancy and in general for the patient's health.

## CONCLUSION

## Key words

Rh incompatibility, Rh prophylaxis, immunization, titer, antibodies