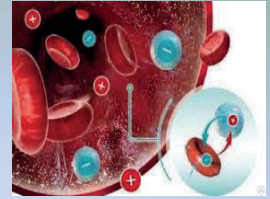


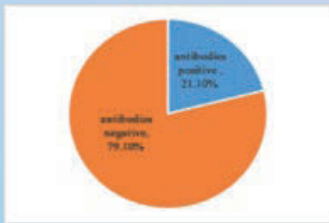
IMPACT OF ALLOIMMUNIZATION ON THE OUTCOMES OF PREGNANCY AND BIRTH IN WOMEN WITH RH-NEGATIVE BLOOD TYPE

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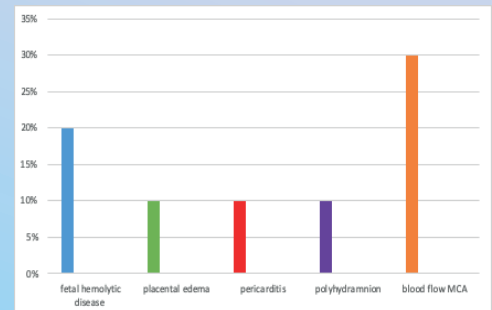
Abstract Alloimmunization to erythrocyte antigens can occur during blood transfusion or pregnancy, resulting in the production of anti-Rhesus antibodies. If the next fetus carries this antigen, maternal antibodies can attack the fetal red blood cells, causing red blood cell destruction and clinically significant hemolytic disease of the fetus and newborn.

Materials and methods. We conducted a prospective observation of the course of pregnancy and childbirth in 112 women with Rh-negative blood type and they were divided into 2 groups: 1-st group 93 women without immunization, 2-nd group 19 pregnant women with Rh-sensitization. Women of the 1st group received immunization with the introduction of anti-Rh (D) immunoglobulin G after the first birth. Women of the 2nd group did not receive immunization. Laboratory studies included the determination of complete and incomplete antibodies, ultrasound studies.



Results. Women aged 26-35 years (32%) among the examined, 2-3rd births predominated by parity. The study of the reproductive history showed that in the history of the women of the 2nd group there were spontaneous miscarriages in the early stages, after which vaccination was not carried out due to the woman's refusal.

The course of this pregnancy was complicated in pregnant women of the 1st group by the threat of abortion, vomiting of pregnant women 2 times less than in pregnant women of the 2nd group with Rh-immunization. A blood test for the presence of Rh antibodies in group 1 was consistently negative. In group 2, 4 (21.1%) antibodies were positive already from 10 weeks of pregnancy, in the rest, Rh antibodies appeared in the blood after 18-28 weeks. During pregnancy, the antibody titer was unstable, decreased after infusion, desensitizing therapy, and then increased again after 3-4 weeks. In 4 cases, fetuses were diagnosed with fetal hemolytic disease, ultrasound revealed placental edema (2), pericarditis (2), polyhydramnios.



The gestational age in these pregnant women was 34-36 weeks, the birth was performed by caesarean section, the newborns received an exchange transfusion. In all the remaining 15 cases, taking into account the presence of antibodies, the delivery was carried out ahead of schedule conservatively at 34-36 weeks. The condition of the newborns was stable, no exchange transfusion was required. However, three newborns developed jaundice at 10-14 days of age, there was a non-critical increase in bilirubin, and a slight decrease in hemoglobin. In all pregnant women of the 1st group, childbirth occurred on time. Newborns were born without signs of hemolytic disease.

Conclusions. Thus, it is necessary to provide pregnant women with Rh-negative blood without immunization with the introduction of anti-Rh (D) immunoglobulin G at 28 weeks, carefully collect anamnesis of previous pregnancies, and determine complete and incomplete antibodies.