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# Antenatal care

1. Antenatal care

## Prepregnancy counselling

### Prepregnancy counselling

Prepregnancy counselling is a key component of antenatal care. It involves providing women with information and advice about pregnancy, childbirth, and the postnatal period. This includes discussing the risks of complications, the benefits of prenatal care, and the importance of a healthy diet and lifestyle. It also involves addressing any concerns or questions the woman may have.

### Red cell antibodies in pregnancy

Red cell antibodies in pregnancy can cause complications for the fetus. These antibodies can cross the placenta and attack the fetus's red blood cells, leading to anemia and other problems. It is important to identify these antibodies early in pregnancy and monitor the fetus closely.

Antenatal care for red cell antibodies in pregnancy involves regular blood tests to monitor the levels of antibodies and the fetus's hemoglobin levels. If the levels are high, the fetus may need to be monitored more closely, and treatment may be required.

It is important to discuss the risks of complications with the woman and to provide her with information about the available treatments.

Close monitoring of the fetus is essential to ensure that it is growing and developing normally. This may involve ultrasound scans and other tests.

Women with red cell antibodies in pregnancy should be advised to avoid alcohol and smoking, and to eat a healthy diet.

Antenatal care for red cell antibodies in pregnancy is a complex task that requires close collaboration between the obstetrician, the midwife, and the fetal medicine specialist. It is important to provide the woman with the best possible care and to ensure that the fetus is born healthy and safe.









### 1- Purpose of the report

The purpose of this report is to provide information on the performance of the project in the first year of its operation. The report is intended to provide information on the progress of the project and to identify any issues that may arise. It is not intended to provide a detailed analysis of the project or to make any recommendations.

### 2- Introduction to the project and its objectives

The project is a research project aimed at understanding the impact of the project on the community. The objectives of the project are to: 1) identify the needs of the community; 2) develop a plan of action; 3) implement the plan; and 4) evaluate the impact of the project.

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### 3- Methodology and data collection

The methodology used in this project is a combination of qualitative and quantitative methods. The data collection methods used are: 1) interviews; 2) focus groups; 3) surveys; and 4) observations. The data collected will be used to identify the needs of the community and to evaluate the impact of the project.

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#### 6.4 When and how should paternal and fetal genotyping be performed?

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### 6.8 Once detected how often should antibody levels be monitored during pregnancy?

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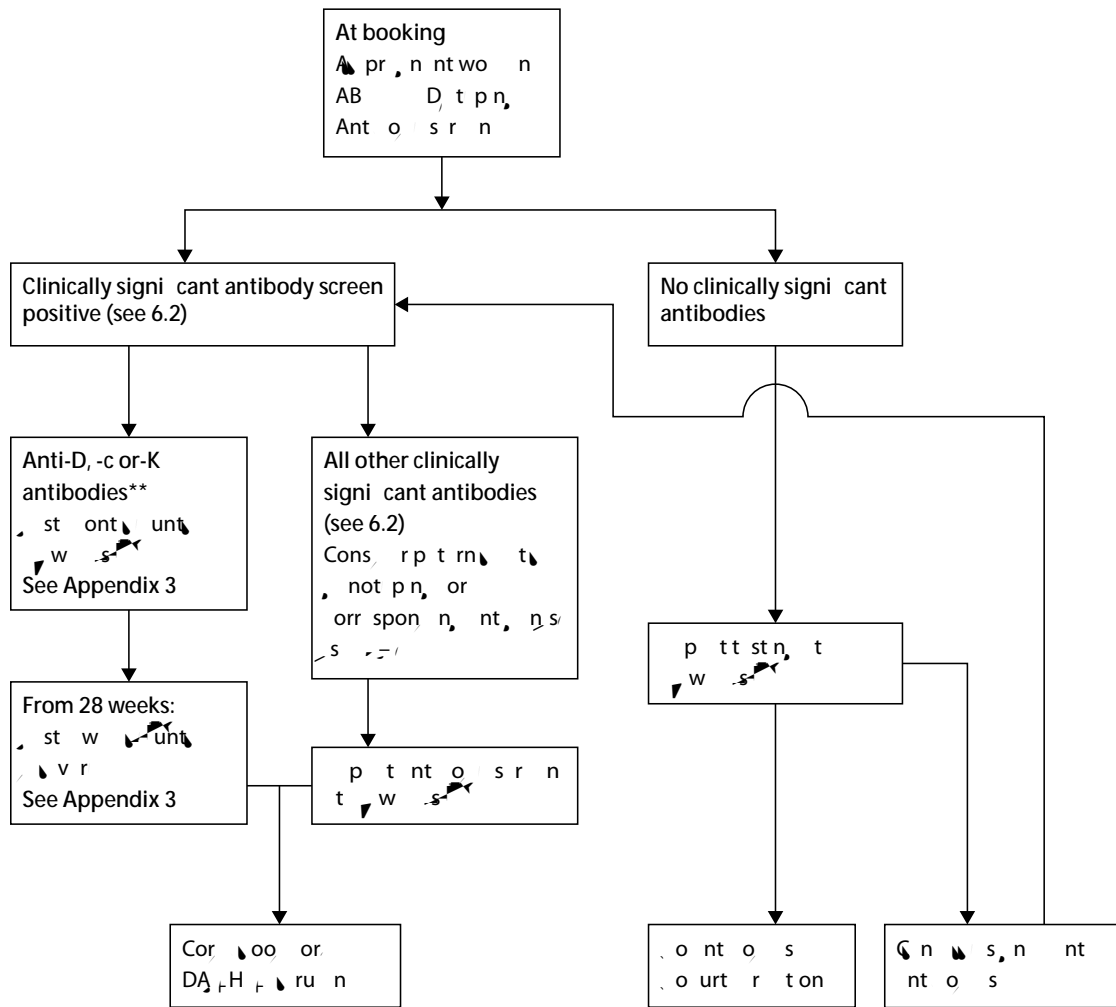
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## Appendix 1 Red cell antibodies showing published clinical significance

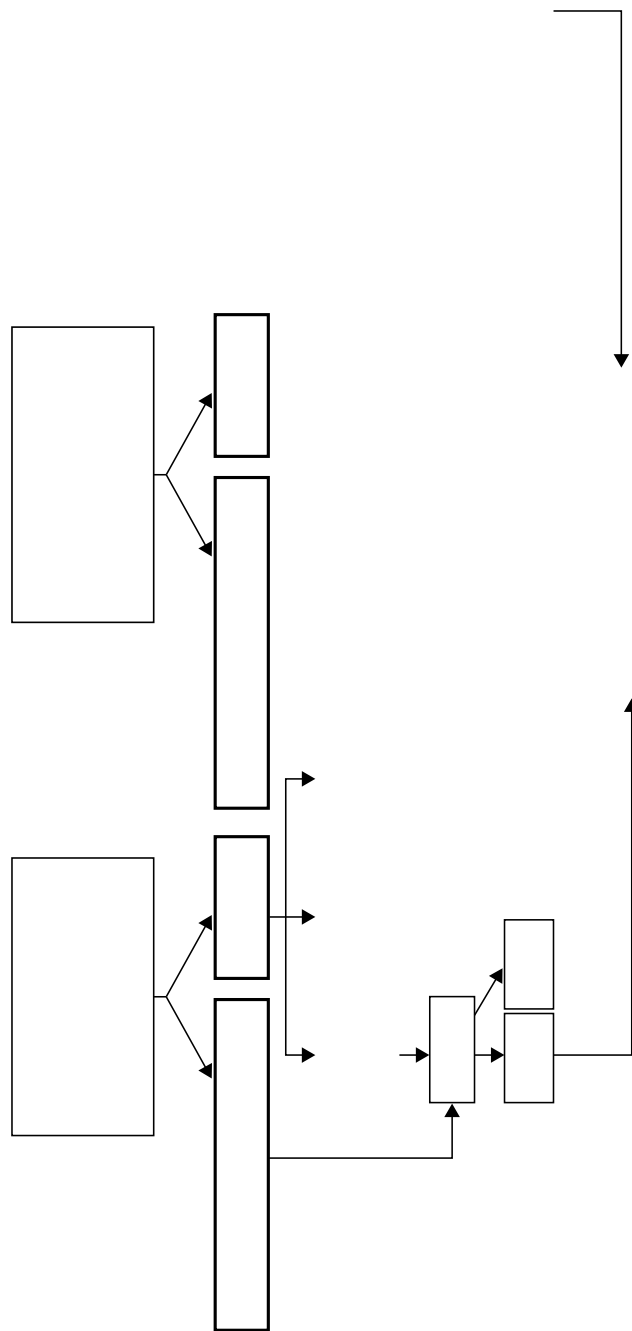
Antibody	HDFN	Haemolytic transfusion reaction
D	Yes	Yes
E	Yes	Yes
E	Yes	Yes
C	Yes	Yes
C	Yes	Yes
C	Yes	Yes
F	Yes	Yes
F	Yes	Yes
F	Yes	Yes

Appendix 10 Timing and frequency of antibody screening in pregnancy



If D, c or K antibodies are present at booking, a postnatal test should be performed. If D, c or K antibodies are present at booking, a postnatal test should be performed. If D, c or K antibodies are present at booking, a postnatal test should be performed.

Legend  
 DA - cord or placental transfusion; H - haemolysis; AAD - routine antenatal antibody screening



## Appendix 1 List of abbreviations

A	assault or provocation
BC H	British Columbia Health Services
C	Canada
C.D	Canadian
DA	Department of Justice
FB	Family Business
D A	Department of Justice
HDF	Health Development Fund
H	Health
IA	International Association
I, G	International Group
I	International
CA	Canadian Association
Q	Quality
ICE	International Commission on



## Appendix 1 Explanation of guidelines and evidence levels

Confidence in the strength of evidence is based on the quality of the evidence. Evidence is considered high quality if it is derived from randomised controlled trials or other types of studies that are free of bias and have a low risk of confounding. Evidence is considered moderate quality if it is derived from randomised controlled trials or other types of studies that are free of bias and have a moderate risk of confounding. Evidence is considered low quality if it is derived from randomised controlled trials or other types of studies that are free of bias and have a high risk of confounding. Evidence is considered very low quality if it is derived from randomised controlled trials or other types of studies that are free of bias and have a very high risk of confounding.

Recommendation
At least one of the following criteria is met: - randomised controlled trial - randomised controlled trial with a low risk of bias - randomised controlled trial with a moderate risk of bias - randomised controlled trial with a high risk of bias
As stated in the following criteria: - randomised controlled trial with a low risk of bias - randomised controlled trial with a moderate risk of bias - randomised controlled trial with a high risk of bias

