



EP10.09 Role of antenatal IVIG in improving fetal outcomes in Rh isoimmunised pregnancies: a case-control study

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Introduction: Rh isoimmunisation still constitutes an important cause of hemolytic disease of the fetus and newborn in India. Despite the widespread availability of intrauterine transfusion (IUT), early-onset hydrops remains a challenge. Maternal Intravenous immunoglobulin (IVIG) has been proposed as a means to improve outcomes. This study aims to evaluate the use of antenatal IVIG on fetal outcomes

Methodology

Ambispective single-center case-control study (2022–2025)

Eligibility: Pregnancies with

- Antibody titer $\geq 1:512$, or
- IUT before 24 weeks in prior pregnancy, and/or
- Perinatal death due to alloimmunization.

Intervention (Cases): IVIG 0.5–1 mg/kg weekly, from 14–20 weeks of gestation

Controls: No IVIG

Outcomes assessed - need for IUT, period of gestation (POG) at first IUT, fetal hydrops, live births, stillbirths, abortions, and neonatal outcomes

Results

Outcome	Cases (IVIG, n=12)	Controls (n=13)	p-value
Antenatal hydrops	0	6 (50%)	0.01
Number of IUTs	47 (in 12 cases)	71 (in 13 controls)	0.13
Median POG at first IUT	23+5 weeks	23+3 weeks	0.642
Preterm delivery (<37 wks)	8 (66.6%)	13 (100%)	0.03
Median POG at delivery	36+3 weeks	34+4 weeks	0.04
Live births	12 (100%)	12 (92.3%)	1.00
Stillbirth/Abortion	0	1 missed abortion	—
Neonates requiring DVET	4 (33.3%)	6 (46.2%)	0.63
Neonatal outcome	All discharged healthy	All discharged healthy	—

Conclusion

Antenatal IVIG administration in Rh isoimmunised pregnancies may reduce the incidence of fetal hydrops and improve POG at delivery