



EP 10.30 Safety of intrauterine transfusions in Rhesus alloimmunised pregnancies after 34 weeks of gestation

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Introduction: Intrauterine transfusion (IUT) is routinely performed to manage fetal anemia in Rh isoimmunized pregnancies. Guidelines for the timing of the final transfusion are unclear, with limited data available for procedures after 34 weeks. This study explores the outcomes of intrauterine transfusions (IUT) performed beyond 34 weeks in Rh isoimmunised pregnancies

Methodology

- **Ambispective cohort study** (2022–2025)
- Included Rh isoimmunised pregnancies undergoing IUT beyond 34 weeks
- **Outcomes assessed** - need for IUT, period of gestation (POG) at first IUT, fetal hydrops, live births, stillbirths, abortions, and neonatal outcomes



Conclusion

IUT beyond 34 weeks in Rh isoimmunised pregnancies is safe and avoid preterm births

Results

Parameter	Findings
Total IUTs performed	652
IUTs performed >34 weeks	25 (3.8%)
Ongoing pregnancies	2
Median gestational age at procedure	34 ⁵ / ₇ weeks (range: 34 ¹ / ₇ –35 ¹ / ₇)
Procedure success rate	24/25 (96%)
Emergency cesarean	1 case (fetal bradycardia)
Complications	None (no membrane rupture, preterm labor, intrauterine death, or post-procedure bleeding)
Mean gestational age at delivery	37 ² / ₇ weeks (range: 34 ³ / ₇ –39 ¹ / ₇)
Double volume exchange transfusion (DVET)	3/23 neonates (13.0%)