DAT positive guideline flow chart

DAT is a measure of cross-reactivity of maternal circulating antibodies against fetal RBC antigens. It is often positive in cases of Rhesus and ABO Incompatibility, but also with rarer antibodies such as anti-Fya or drug induced auto-antibodies e.g. from methyldopa. If the DAT is positive, haemolysis is a possibility, resulting in jaundice and anaemia, which can cause issues after discharge home.

Indirect Coombs' test should be performed at the first antenatal visit, for all rhesus-negative mothers.

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If the test is **positive**

→ **High risk group**

- Fetal anaemia and/or hydrops → **Admit to NU**
- Rising antibody titre → **Early postnatal review**
  - If clinically stable can stay on PNW with close monitoring of jaundice
  - Chase cord bloods urgently
  - Consider early blood gas to check SBR and Hb
  - → DAT: Positive (>5-40)

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Low risk women with positive antibodies in pregnancy

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Midwife to send cord blood for Blood group, DAT, SBR and FBC

DAT performed for another reason e.g. early Jaundice

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DAT: Negative or weak positive +5

- Monitor and treat jaundice
- Check FBC if on phototherapy only.
- **No follow up needed**

DAT: Positive (>5-40)

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<u>In hospital:</u>

- Monitor and treat Jaundice.
- Send FBC, Retics and Blood film (for evidence of hemolysis)

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<u>At discharge:</u>

- Arrange repeat FBC, retics and SBR at 1 week. (Give parents butterfly clinic details)
- **Refer to the home team to chase the results**
- Write a memo on Edocs with the plan for home team stating which consultant (usually the "third on" / Transport consultant) to discuss results with.

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<u>Follow up:</u>

- Home team will discuss the results with the named consultant
- Repeat FBC and retics at 3 weeks and at 6 weeks.
- Patient can be discharged at 6 weeks if no ongoing haemolysis (rising Hb and >95)

<u>Evidence of haemolysis at any point:</u>

(Rising bilirubin, falling Hb, high reticulocytes, evidence on blood film)

→ Start Folic acid (0.5mg, OD) for 6 weeks

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