

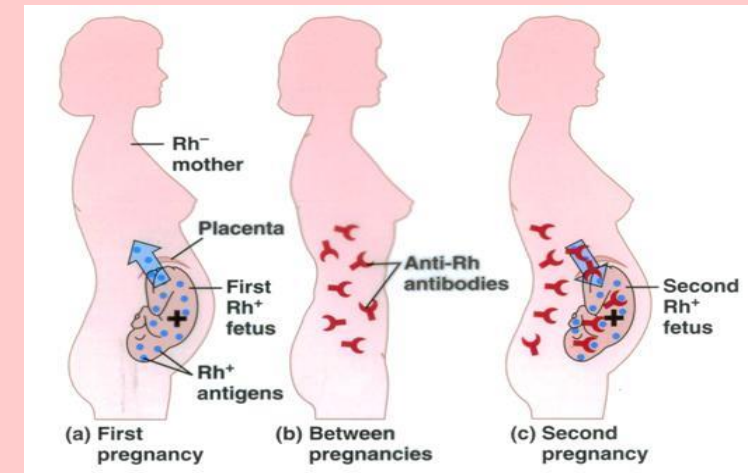
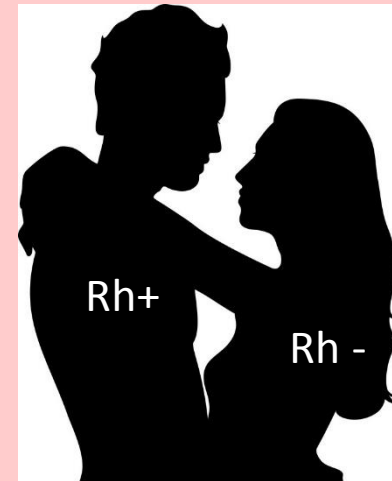


ANTI-D IMMUNOGLOBULIN PREVENTS HEMOLYTIC DISEASE OF FETUS AND NEWBORN; SIGNIFICANCE AND CONSUMPTION

Dejana Bajić, Nemanja Todorović, Mladena Lalić Popović, Jelena Čanji, Andrea Zubnar, Dragica Bulajić
University of Novi Sad, Faculty of Medicine, Hajduk Veljkova 3, Novi Sad, Serbia



85% of population is a RhD positive with expressed D antigen, rest is **RhD negative**. If the mother is RhD negative and fetus is RhD positive, her immune system produce antibodies against them. Incompatibility of the Rh blood group between the mother and fetus is major cause of the hemolytic disease of the fetus and newborn (HDFN). All RhD negative pregnant women with RhD positive fetus should be given anti D immunoglobulin at 28 weeks. Anti D Ig should be administered as soon as possible and always within 72 hours of a potentially sensitizing event (normal delivery, miscarriage, termination of pregnancy, ectopic pregnancy, amniocentesis, cordocentesis, abdominal trauma with fetal-maternal haemorrhage...).



According to data obtained from website for Medicines and Medical Devices Agency of Serbia for the period from **2009 to 2019**, it is noticed variable number of consumed medicines. Consumption ranged between 6768 (2012) and 12354 (2009) medicines per year, noting a consumption trend in the observed period that might be considered declining. Also, the trend in the number of live births in the same period could be considered declining. The number of live births varied in the range from 70299 (2009) to 63975 (2018).



Consumption of anti-D (Rh) immunoglobulin in Serbia in the period from 2009 to 2019 has a declining trend.

