Clinical Expert Series

**Postpartum Rh Immunoprophylaxis**

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1. The threshold for further laboratory testing and evaluation for the dose of Rh immune globulin is a fetomaternal hemorrhage of:

   A. 0 mL fetal whole blood  
   B. 15 mL fetal whole blood  
   C. 30 mL fetal whole blood  
   D. 45 mL fetal whole blood  
   E. 60 mL fetal whole blood
2. The standard first laboratory test in the evaluation for fetomaternal hemorrhage is:

A. Rosette fetal red blood cell screen  
B. Acid-elution (Kleihauer-Betke) assay  
C. Coombs test  
D. Apt-Downey red cell stability test  
E. Serum fetal DNA titer

3. The reason that flow cytometry is infrequently used to diagnose fetomaternal hemorrhage is:

A. Low sensitivity  
B. Low specificity  
C. High false-positive rate  
D. High false-negative rate  
E. Poor cost effectiveness

4. Adding routine antepartum immunoprophylaxis to conventional postpartum immunoprophylaxis for RhD-negative women results in a decreased risk of alloimmunization that approximates:

A. 10%  
B. 25%  
C. Twofold  
D. Fivefold  
E. Tenfold

5. To comply with standard of practice, postpartum prophylaxis must be administered within:

A. 24 hours  
B. 48 hours  
C. 72 hours  
D. 96 hours  
E. 1 week
6. In the rosette fetal red blood cell screen, the presence of RhD-positive fetal cells is indicated by red cell:

A. Lysis  
B. Aggregates  
C. Swelling  
D. Shrinkage (crenation)  
E. Distortion similar to sickling

7. In an acid-elution assay for fetomaternal hemorrhage, fetal cells are notable for their:

A. Normal staining  
B. Resistance to normal staining techniques  
C. Abnormal color  
D. Roughly doubled size  
E. Fluorescence under polarized light

8. Conditions that interfere with the accuracy of an acid-elution study for fetomaternal hemorrhage include which of the following?

A. Thrombocytopenia  
B. Glucose-6-phosphate dehydrogenase deficiency  
C. Sickle cell anemia  
D. Hyperthyroidism  
E. Maternal RhD-positive status

9. One 300-microgram dose of Rh immune globulin will protect for a fetomaternal hemorrhage of:

A. 15 mL  
B. 30 mL  
C. 45 mL  
D. 60 mL  
E. 75 mL
10. A primigravid RhD-negative woman delivers an RhD-positive infant and it is determined that she experienced a fetomaternal hemorrhage of approximately 85 mL. Based on current recommendations, she should receive how many 300-microgram vials of Rh immune globulin (anti-D immune globulin)?

A. One  
B. Two  
C. Three  
D. Four  
E. Five

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