



HDFN HEALTH RECORD



PERSONAL INFORMATION

Mother's Name :

Mother Date Of Birth : ____ / ____ / ____

Address : _____

Phone Number : _____ E-Mail : _____

ID Number : _____ Social Security Number : _____

Father's Name :

Baby's Name :

Estimated Due Date : ____ / ____ / ____

Date of Birth : ____ / ____ / ____

Gestational Age at Delivery : _____



OB

collaborating with/
transitioning care to

MFM

PHYSICIAN INFORMATION

MFM Name : _____ MFM Number : _____

MFM Email : _____

OB Name : _____ OB Number : _____

OB Email : _____



HDFN HEALTH RECORD



MATERNAL ANTIBODY

Antibody ID	Last Known Titer	Highest Titer	Fetal Antigen Status		
			<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown
			<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown
			<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown
			<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown
			<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown

Is baby at risk for HDFN? : ☐ Yes ☐ No

NEONATAL IMPLICATIONS

- Only antigen positive fetuses/neonates can be affected by the matching maternal antibody.
- Antigen negative fetuses/neonates are not at risk for HDFN, regardless of titer.
- For those with positive or unknown antigen status, HDFN can be more severe with critical titers (16 or above for all antibodies, any titer for Kell) or multiple maternal antibodies, and should be closely monitored accordingly.
- Babies born to mother with titers below critical are still at risk and should receive close monitoring.
- Regardless of antigen status, donor blood for the neonate must be cross matched for all maternal antibodies.

FETAL MONITORING

FOR PATIENTS WITH CRITICAL TITER OR PREVIOUSLY AFFECTED PREGNANCY

Gestation	Date	PSV	M.o.M.



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PRENATAL COMPLICATIONS

Ascites : ☐ Yes ☐ No

If yes, gestational age at first occurrence : _____

Resolved? ☐ Yes ☐ No

Fetal Hydrops : ☐ Yes ☐ No

If yes, gestational age at first occurrence : _____

Resolved? ☐ Yes ☐ No

**Prenatal Complications
Apart from HDFN?** : ☐ Yes ☐ No

If yes, describe:

PRENATAL INTERVENTIONS

CVS : ☐ Yes ☐ No

If yes, date(s) of procedure : _____

Amniocentesis : ☐ Yes ☐ No

If yes, date(s) of procedure : _____

Corticosteroids : ☐ Yes ☐ No

If yes, date(s) of administration : _____

**Maternal phenobarbital for
fetal hepatic maturation?** : ☐ Yes ☐ No

If yes, date(s) of procedure : _____

**Intrauterine Blood
Transfusion (IUT)** : ☐ Yes ☐ No

If yes, fill out chart below :



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INTRAUTERINE BLOOD TRANSFUSIONS

	Date	Gestation	Starting Hct	Ending Hct	Medications Administered to Fetus
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



NEONATAL & PEDIATRIC IMPLICATIONS

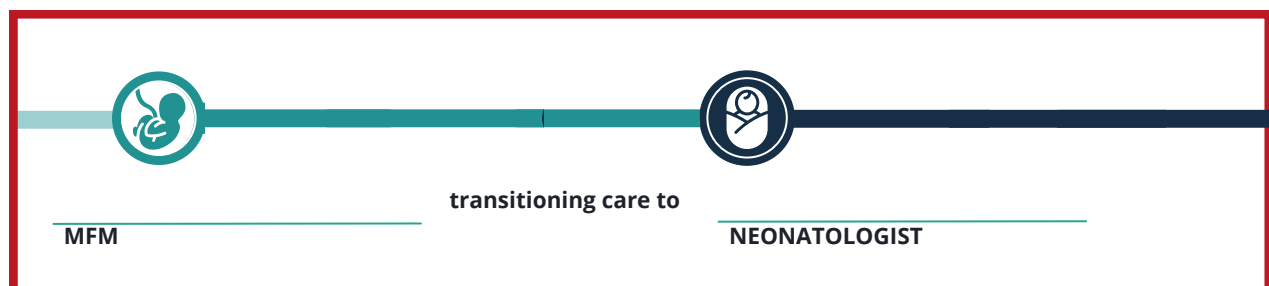
- Infants who have received intrauterine transfusions may have 100% donor blood at birth since most/all fetal red blood cells have been destroyed by maternal antibodies and have been replaced with antigen negative donor blood. DAT at birth may therefore be negative despite severe HDFN.
- Intrauterine transfusions can also affect neonatal blood typing and newborn screen, possibly causing inaccurate results, ie. O- blood type that changes once donor blood dies off, or false positive newborn screen for Carnitine Deficiency Disorder, etc.
- These tests can be readministered several weeks after the infant's last blood transfusion to ensure accurate results.



This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

☐ Yes ☐ No

Patient Signature : _____ Date : _____





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BIRTH/NEONATAL

Date of Birth : _____ Gestational Age at Birth : _____

Birth Weight : _____ Time of Birth : _____

Delayed Cord Clamping? ☐ Yes ☐ No



NEONATAL IMPLICATIONS

Delayed cord clamping (30-60 seconds) may reduce the need for neonatal exchange or top-up transfusion in the HDFN neonate with history of intrauterine transfusion.

Cord Blood Tested at Birth? ☐ Yes ☐ No

If no, when were first labs drawn? _____

DAT : _____

Bilirubin : _____

HCT : _____

HGB : _____

BILIRUBIN/ HYPERBILIRUBINEMIA



NEONATAL & PEDIATRIC IMPLICATIONS

- Hemolytic jaundice presents differently than typical newborn jaundice and requires specialized monitoring and treatment
-

:

Age	Date	Time	Bilirubin	Phototherapy	IVIG	Exchange Transfusion



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Age	Date	Time	Bilirubin	Phototherapy	IVIG	Exchange Transfusion

RBC/ HEMOLYTIC ANEMIA



NEONATAL, PEDIATRIC & HEMATOLOGY IMPLICATIONS



- Hemolytic anemia presents differently than iron deficiency anemia and requires specialized monitoring and treatment
- Newborns with HDFN (even those who didn't need IUTs) are at risk for high ferritin and iron overload, even when they are anemic. Iron supplementation is not a treatment for hemolytic anemia but could be utilized if blood tests confirm low ferritin levels in the infant.
- Neonates with HDFN are at risk for delayed onset hemolytic anemia and should have a follow up appointment scheduled with a pediatric hematologist **before hospital discharge**.
- **See appendix for suggested transfusion thresholds**

Age	Date	Time	Hemoglobin	Hematocrit	Retic	Transfusion



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HOSPITAL DISCHARGE

Date of Discharge : _____ Discharging Physician : _____

Infant Age at Discharge : _____ Last hgb/hct Before Discharge : _____

Last Bilirubin Before Discharge : _____ Last Retic Before Discharge : _____

PEDIATRIC & HEMATOLOGY IMPLICATIONS



- Neonates with HDFN are at risk for delayed onset hemolytic anemia and should have a follow up appointment scheduled with a pediatric hematologist before hospital discharge.
- **One or more top-up transfusions may be necessary up to 3-4 months of age even if hemoglobin/hematocrit levels are initially normal in the first few weeks of life**

Follow up appointment/consult with pediatric hematologist scheduled?

☐

Yes

☐

No

Appointment Date : _____

Hematologist Name : _____

Hematologist Number : _____



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NEONATAL PROVIDER NOTES TO PEDIATRIC/HEMATOLOGY TEAM

Agree to be contacted by hematology/ pediatric providers?

☐

Yes

☐




No

Neonatal Provider :
Signature

Date : _____

Parent Signature : _____

Date : _____



_____ transitioning care to _____ collaborating with _____

Neonatologist/
Hospital Pediatrician Pediatrician Hematologist



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POST DISCHARGE CARE

Date	Bilirubin	Hemoglobin	Hematocrit	Retic	Symptoms	Transfusion

Two subsequent rises in hgb/hct without transfusion?

☐

Yes

☐

No

HDFN RESOLVED

Hematologist/
Pediatrician
Signature : _____

Date : _____

Parent Signature : _____

Date : _____

_____	releasing patient from care/ declaring HDFN resolved on	_____
Hematologist/ Pediatrician		Date