



BANGALORE
FETAL MEDICINE
CENTRE

Monitoring and treatment of an anemic fetus

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Summary - 1

- 18 - 35w
- Fetal MCA - PSV Doppler $> 1.5\text{MoM}$
- Donor packed cells - appropriately prepared
- Choose access appropriately - IVT/ IPT
- Target hematocrit of 40- 50%
- Subsequent IUT - MCA PSV - $1.69\text{MoM}/ 1.5 \text{ Mom}$
- Final procedure at 35w & delivery planned 2 - 3 weeks later



Summary - 2

- Routine Anti D prophylaxis
- Anti D after EVERY sensitizing event
- Complete maternal antibody screen for ALL
- ICT - Repeat @ 28w
- Quantitative analysis of Rh Antibodies
- Refer to FMU EARLY
- MCA Doppler and FBT



Summary 3

Anemia due to other causes..

- Parvo virus infection:
 - Monitor MCA PSV for 12 weeks after seroconversion
- Genetic or recurrent causes
 - Investigate the couple - alpha thalassemia, Lysosomal storage disorders
 - Genetic consultation
 - Prenatal diagnosis in future pregnancies
- Placental cause
 - TAPS - transfusion of anemic twin
 - Chorioangioma - LASER ablation
- Fetal causes like SCT
 - LASER ablation

Thank You



To conclude.....

- Fetal anemia is associated with hemodynamic changes observable in alteration of the MCA-PSV
- Doppler studies are an integral part of modern obst care
- MCA-PSV in the mgt management of suspected and known fetal anemia can reduce the number of invasive procedures
- Acquisition of this readily accessible examination by clinicians in obstetric ultrasound and its integration into clinical practice is essential

Thank you

