



Non-invasive fetal *RHD* genotyping in D- (RH:-1) patients with *RHD* genomic sequences : retrospective study over 11 years

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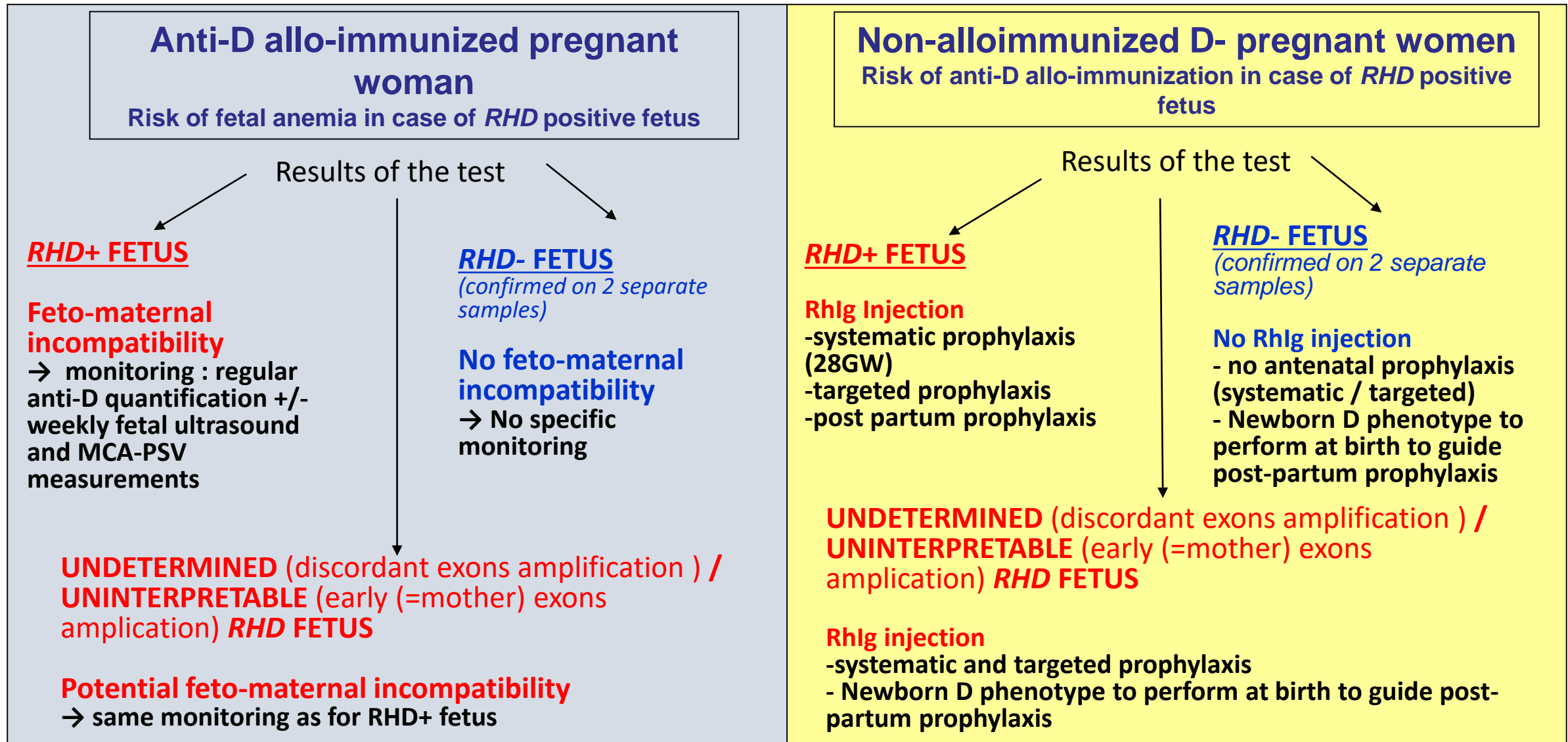
Conflict of interest



We have no conflict of interest

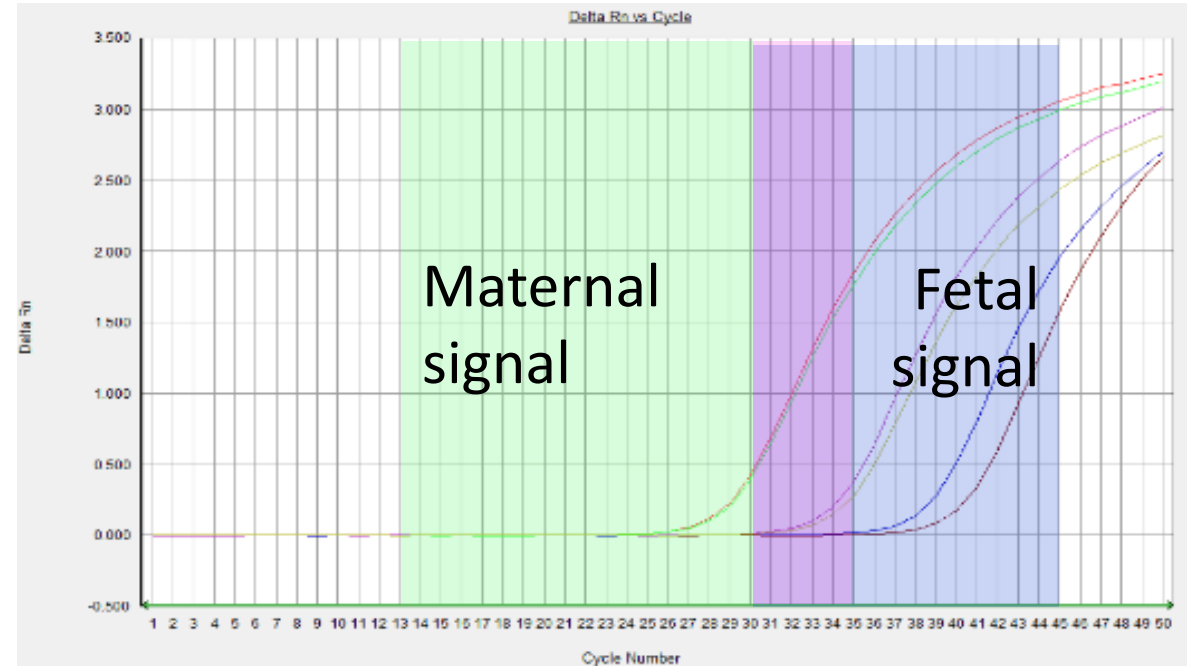
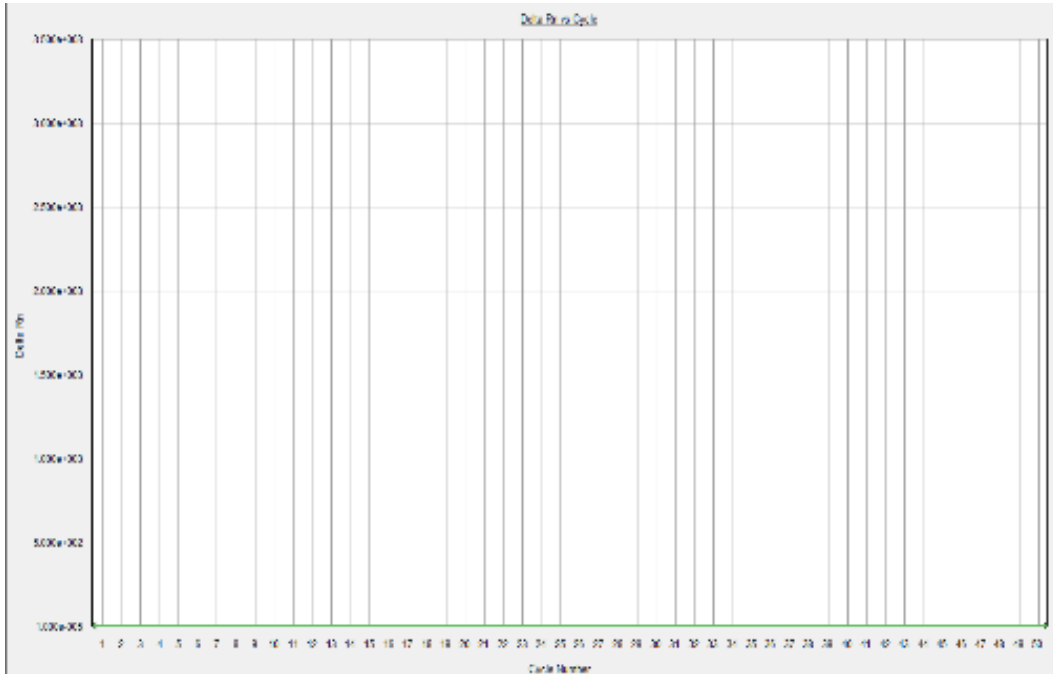
Non-invasive Fetal *RHD* genotyping

- indications in France (CNGOF (French obstetricians college) 2017 recommendations) -



Non-invasive Fetal *RHD* genotyping at the CNRHP

Principle : Identification of *RHD* sequences present in the fetus and absent in the mother by Real Time PCR
(exons 5,7 and 10 – Free DNA Fetal Kit® RhD – Institut Biotechnologie Jacques Boy)



No signal = no *RHD* sequence
Mother with deleted *RHD* alleles
→ *RHD* negative fetus (default diagnosis)

Late signal after 35 cycles (Ct) for all exons tested = Mother with deleted *RHD* alleles → *RHD* positive fetus

Early signal before 30 cycles (Ct) for at least one exon = maternal *RHD* allele amplification (interference)

Signal between 30 and 35 cycles (Ct) for at least one exon = maternal or fetal signal

What is the frequency of non-invasive fetal *RHD* genotyping results with early signal (Ct < 35) for at least one exon in the CNRHP?

Distribution of interpretable PCR signals (negative or Ct \geq 35) versus uninterpretable (Ct < 35) for at least one exon among exons 5,7 or 10). N= 31 722 pregnancies.

92,4 %



PCR signal: negative or Ct \geq 35

Mother with deleted *RHD* alleles:
the fetal *RHD* genotype could be interpreted

**antenatal prophylaxis /
pregnancy monitoring if allo-immunization**

7,6 %

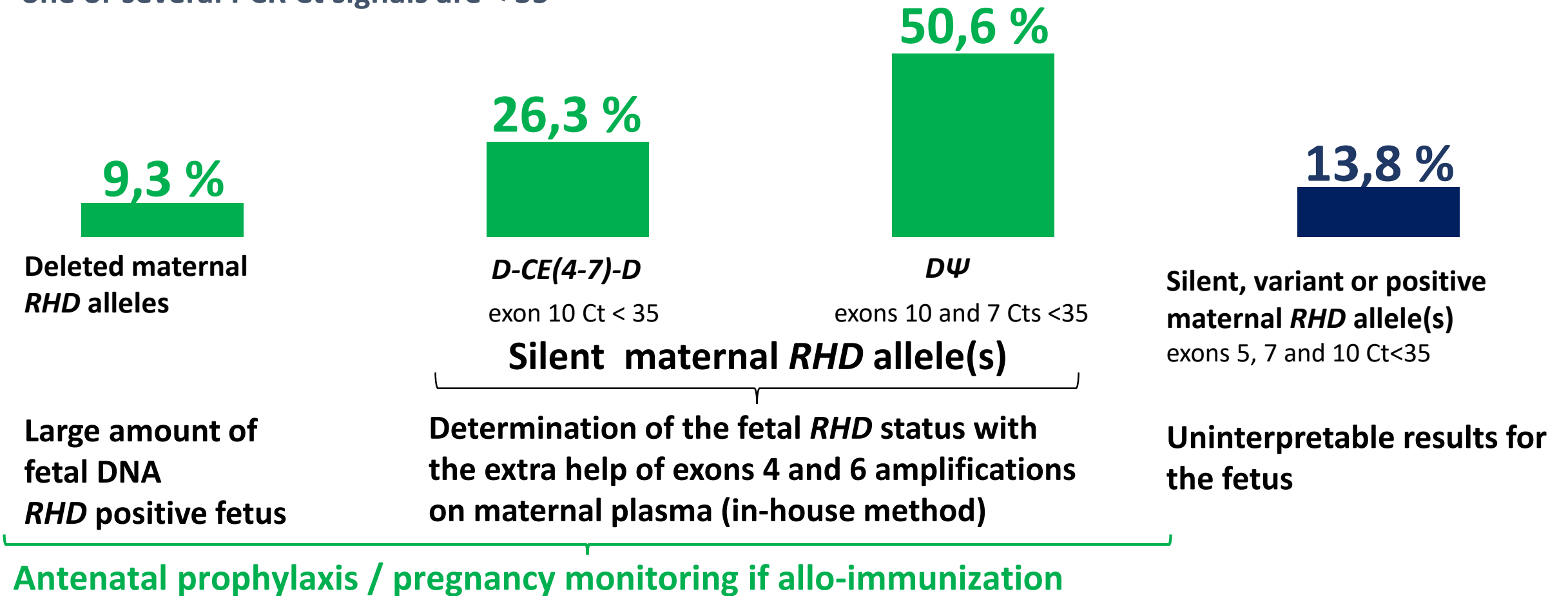
PCR signal: Ct < 35

Maternal DNA interference OR
presence of a large amount of fetal DNA
(advanced gestational age, twin pregnancy, etc.)

→ Maternal D phenotype and targeted research
for *RHD* exons 4, 5, 6, 7 and 10 and *D_{psi}* allele
mutations in maternal genomic DNA

What are the causes of non-invasive fetal *RHD* genotyping results with early signal (Ct <35) in the CNRHP ?

Distribution of maternal *RHD* variants and conclusion for the fetus considering all tested exons when one or several PCR Ct signals are < 35



Risk of false positive results if no Ct threshold is defined to identify maternal variants

Non-invasive Fetal *RHD* genotyping : conclusion

In 11 years, **7.6% of non-invasive fetal RHD genotyping were found with early signal amplifications (Ct <35).**

Among these cases, in our population coming from Paris area (multiethnic population including Afro-caribbean and sub-Saharan African populations):

- near than **77% corresponds to mothers with *Dpsi* or *D-CE(4-7)-D* silent *RHD* alleles.** In these cases, the **fetal *RHD* genotype could be determined thanks to extra exon amplifications (exons 4 and 6).**

This strategy, **preventing false positive results**, allows to give an **accurate result for the *RHD* genotype of the fetus in most of first « uninterpretable » categorized cases .**

It allows to avoid unnecessary Rhlg injection for non allo-immunized D- women and stressful fetal ultrasound monitoring for allo-immunized pregnant women.

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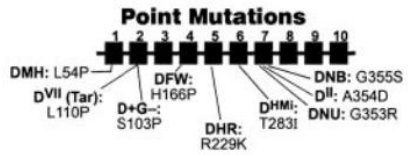
Technical staff



Thank you for your attention



Changes in RHD



The Rh blood group system: a review; ND Avent and ME Reid, Blood January 2000, vol 95,2

Rearrangements	Associated Antigen	Number of Proband	Ethnic Origin
DIIIa (N152T, T201R, F223V)		Many	B
DIIIb	G-	Few	B
DIIIc		Many	C
DIVa Type I (L16F, N142T, D350H)	Go ^a	Many	B
DIVb Type II	(Evans)	Few	C, J
DIVb Type III		One	C
DIVb Type IV (D380H, G353W, A354H)		One	C
DVa Type I (F223V, E230Q)	D ^W	Many	B, C, J
DVa Type II	D ^W	Many	B, C, J
DV Type III (F223V, T201R, E230Q, V238M)	Partial E	One	C
DVa Type IV (E230Q)	D ^W	One	J
DV Type V (E230K)		One	J
DV Type VI (F223V, T201R, E230Q, V238M)		Few	J
DVI Type I		Many	C
DVI Type II	BARC	Many	C, J
DVI Type III	BARC	Few	C
DFR Type I (M169L, M170R, L172F)	FPTT	Many	C
DFR Type II	FPTT	Few	C
DBT Type I	Rh32	Many	B, C
DBT Type II	Rh32	Few	J
ARRO-1 (T201R, F223V, I340T)		One	C
DCS (F223V, A229P)		One	C

Molecular structure	Allele	Haplotype	Phenotype	n
A	<i>RHCE(1-9)-D</i>	<i>cdE</i>	D negative	1
	<i>RHD-CE(2-9)-D₁</i>	<i>Cde</i>	D negative	3
	<i>RHD-CE(2-7)-D₁</i>	<i>Cde</i>	n.d.	2
	<i>RHD-CE(2-9)-D₂</i>	<i>Cde</i>	D negative	8
	<i>RHD-CE(2-7)-D₂</i>	<i>Cde</i>	D negative	2
	<i>RHD-CE(3-7)-D</i>	<i>Cde^S</i>	D negative	1
	<i>RHD-CE(4-7)-D₁</i>	<i>cdE</i>	D negative	3
	<i>RHD-CE(4-7)-D₂</i>	n.d.	D negative	1
	<i>RHD-CE(8-9)-D</i>	<i>Cde</i>	D negative	3
B	<i>RHD(W16X)</i>	<i>Cde</i>	D negative	2
	<i>RHD(IVS3+1G>A)</i>	<i>CDe</i>	D _{el}	3
	<i>RHD(G212V)</i>	<i>Cde</i>	D negative	1
	<i>RHD(M295I)</i>	<i>CDe</i>	D _{el}	7
	<i>RHD(Y330X)</i>	<i>Cde</i>	D negative	1
	<i>RHD(IVS8+1G>A)</i>	<i>Cde</i>	D negative	1
	<i>RHD(K409K)</i>	<i>CDe</i>	D _{el}	5
	<i>RHD ψ</i>	<i>cde</i>	D negative	1

RHD positive haplotypes in D negative Europeans; Wagner F, Frohmajer A and Felgel WA, BMC Geneics 2001

Mother genotype on maternal cells of D- women								Plasma amplication and fetal RHD genotype interpretation						
Exon10	Exon7	Exon6	Exon6ψ	Exon5	Intron 4	Exon4	Exon4ψ	Interpretation	Exon10	Exon7	Exon6	Exon5	Exon4	Interpretation
-	-	NR	NR	NR	-	-	-	RHD deleted mother	+	+	NR	+	NR	RHD + fetus
									+	+	-	-	-	Uninterpretable RHD fetus (potential DPsi, ask father's sample)
+	-	NR	NR	NR	-	-	-	Rearranged RH haplotype (Conversion). Only exons 4 to 7 will be informative for the fetus on the plasma	+ (Ct<35)	+	NR	+	NR	RHD + fetus
									+ (Ct<35)	-	-	-	-	RHD - fetus
									+ (Ct<35)	+	-	-	-	Uninter. RHD fetus
									+ (Ct<35)	-	+/-	+/-	-	Uninter. RHD fetus
									+ (Ct<35)	-	+/-	+	+/-	Uninter. RHD fetus
									+ (Ct<35)	-	+/-	+/-	+	Uninter. RHD fetus
+	+	NR	+	NR	+	-	+	RHD ψ mother	+ (Ct<35)	+ (Ct<35)	+	+	+	RHD + fetus
									+ (Ct<35)	+ (Ct<35)	-	-	-	RHD - fetus
									+ (Ct<35)	+ (Ct<35)	+	-	+/-	Uninter. RHD fetus
									+ (Ct<35)	+ (Ct<35)	-	+	+/-	Uninter. RHD fetus
									+ (Ct<35)	+ (Ct<35)	-	+/-	+	Uninter. RHD fetus
									+ (Ct<35)	+ (Ct<35)	+	+/-	-	Uninter. RHD fetus
+	+	NR	-	NR	+	+	-	Non characterized maternal silent RHD alleles	+ (Ct<35)	+ (Ct<35)	NR	+ (Ct<35)	NR	Uninter. RHD fetus
+	-	+	-	+	+	+	-	Partial or Silent RHD alleles with only 1 or 0 informative exon	+ (Ct<35)	+	NR	+ (Ct<35)	NR	Uninter. RHD fetus
									+ (Ct<35)	-	NR	+ (Ct<35)	NR	Uninter. RHD fetus

NR: non realized