

# Assessment of Pregnant Women's Knowledge and Attitude About Rhesus Incompatibility Prevention at Babcock University Teaching Hospital Ilishan-Remo Ogun State

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## Abstract

The study assessed pregnant women's knowledge and attitude about rhesus incompatibility prevention at Babcock University Teaching Hospital Ilishan-Remo Ogun State. The research design adopted in this study was a non-experimental descriptive survey. The sample size of 140 was derived using Taro Yamane's formula. Convenience sampling technique was adopted to select the study subjects. Data collection was done by the use of structured questionnaire designed by the researcher. The instrument was validated by experts in the clinical area and Tests and Measurement who ensured the face and content validity. The reliability of the instrument was tested through the use of pilot study on ten (10) respondents from the antenatal clinic of a different setting. It was subjected to Cronbach Alpha co-efficient test and 0.89 was obtained which made the instrument to be reliable. The data collected was subjected to descriptive and inferential statistics. The findings of the result revealed that pregnant women have a fair knowledge of rhesus factor and incompatibility but are not aware of the importance of taking the test and the complications it posed to the health of their babies. It was recommended among others that there is need for consistent education on the knowledge and prevention of rhesus incompatibility among pregnant women. Special attention should be focused on improving respondents' knowledge by using appropriate educational intervention that addresses the gap in

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knowledge gap.

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## Introduction

Rhesus factor is an antigen and inherited protein found on the surface of red blood cells. Red blood cells with the antigen are said to be Rh positive (Rh+) and those without the surface antigen are said to be Rh negative (Rh-) (Scott & Ricci, 2018). Rhesus positive is the most common blood type. Having a Rh negative blood type is not an illness and usually does not affect one's health. However, it could pose a serious challenge among couples that are not compatible especially in pregnancy, for instance, a pregnancy needs special care if the mother is Rh negative and the baby is Rh positive. This means there is Rh incompatibility (Scott & Ricci, 2018)

Rhesus incompatibility is a condition that occurs during pregnancy if a woman has Rh negative blood and her baby has Rh positive blood. According to WHO deaths among children under five recorded 46% as new-borns in 2016 and much of high infant mortality is related to problems from pregnancy and early infancy such as maternal-fetal blood incompatibility (Kio, et al, 2016). It was also observed that haemolytic disease of the new-born is a significant cause of fetal mortality and morbidity (Kio, et al, 2016). According to WHO (2016) the incidence and complications due to rhesus incompatibility vary in different parts of the world and the low incidence of rhesus negativity often leads to the neglects of incompatibility. The reproductive risk of rhesus negative women in Africa is three times more than that of non-African women which indicates that there's a problem that needs to be looked into.

Knowledge about blood groups and Rh Incompatibility and its complication during pregnancy and after child birth is very low despite the fact that it is cheap and easy to detect. In developing countries like Nigeria, this knowledge is considerably lower as it is a rare and under discussed topic. A lot of people are ignorant about the blood groups talk less of their rhesus factor therefore are also unaware of the dangers that rhesus incompatibility can pose to mothers and their infants. According to the World Health Organization (2016) neonatal mortality is responsible for about 46% of deaths of children under 5 years and a large amount out of it is caused by problems like rhesus incompatibility and despite the fact that Rhesus immunoglobulin was introduced in 1968, haemolytic diseases of the new-born poses a serious concern and ignorance about it is higher due to inadequate educational programs.

Adeyemi and Bello-Ajao (2016) conducted a study on Prevalence of Rhesus D-negative blood type and the challenges of Rhesus D immunoprophylaxis among obstetric population in Ogbomoso, Southwestern Nigeria found that of the 596 booked patients attending Ladoke Akintola University of Technology Teaching Hospital Ogbomoso, 33, 5.5% were Rh negative and almost 50% of the Rh negative women were primipara. They also found that only nine, 39.1% of these Rh negative women had the Rh anti-D immunoglobulin following delivery or abortion, the prevalence of Rh negativity remains low and the risk of haemolytic disease of the new-born with its attendant perinatal morbidity and mortality is real in our community.

Okeke, et al (2012) conducted a study on the prevalence of rhesus negativity among pregnant women in Enugu, Southeast Nigeria and this showed that the prevalence of Rh D women in Enugu, Nigeria is 4.5% which is similar to previous studies done at Ibadan and Abraka in Nigeria. From the above studies, it is noted that a significant amount of women could be predisposed to rhesus incompatibility in pregnancy which could cause haemolytic disease of new-borns and other problems in their babies.

The prevalence of rhesus negative women to rhesus positive women is about 5-9.5% of the total Nigerian population and because of small amount the issue of rhesus incompatibility is often overlooked or ignored (Obinna, 2017). Some pregnant women,

especially primiparous women that have not been sensitized are ignorant of what rhesus factor and incompatibility entails, this is evidenced by the result of the study conducted by Kio, et al (2016) on expectant mothers' knowledge, attitudes and practices regarding maternal fetal blood incompatibility which reported that the level of knowledge concerning maternal-fetal blood incompatibility of expectant mothers was low (39%). This shows that they are also ignorant of the danger it poses and those that are aware of the importance may not know how to go about the prevention of rhesus incompatibility.

Pregnant women's attitude to the different rhesus incompatibility prevention is important in adequate prevention. Kio, et al, (2016) conducted a study assessing expectant mothers' knowledge and practice regarding maternal-fetal blood incompatibility among pregnant women in Olabisi Onabanjo University Teaching Hospital and found that although the respondents exhibited average positive attitude towards incompatibility test (56%) and low negative attitude (38%), about 56% of the women felt the test procedure will be embarrassing. The result showed that pregnant women in the study area did not really see maternal-fetal blood incompatibility as a serious problem which is clearly as a result of the low level of knowledge concerning it (Kio, et al 2016).

Based upon the above, the researcher seeks to assess pregnant women's knowledge and attitude about rhesus incompatibility prevention at Babcock University Teaching Hospital Ilishan-Remo Ogun State. This study specifically:

1. assessed the pregnant women's knowledge of rhesus factor;
2. determined the pregnant women's knowledge of rhesus incompatibility;
3. examined what the pregnant women know about rhesus incompatibility prevention; and
4. determined the pregnant women's attitude about rhesus incompatibility prevention.

### Research Questions

The following research questions were raised for this study:

1. What is the level of knowledge of respondents about rhesus factor?
2. What is the level of knowledge of respondents about rhesus incompatibility?
3. What is the attitude of pregnant women to rhesus incompatibility prevention?

### Research Hypothesis

This hypothesis was postulated for this study:

1. There is no significant relationship between knowledge of rhesus factor and attitude to rhesus incompatibility prevention among pregnant women

### Methodology

The research design adopted in this study was a non-experimental descriptive survey of knowledge and attitude of rhesus factor and prevention of rhesus incompatibility among pregnant women attending antenatal care services in Babcock University Teaching Hospital. The study was carried out in Babcock University Teaching Hospital (BUTH), Ilishan-Remo, Ogun state. The target population for this study are the 215 pregnant women attending antenatal care services at Babcock University Teaching Hospital. In order to obtain necessary information for this study, random sampling was used to select the pregnant women that were used. The sample size of 140 was derived using Taro Yamane's formula. Convenience sampling technique was adopted to select the study subjects. It is a non-probability sampling method in which the researcher uses all those that are available at the time of data collection. The inclusion criteria are all pregnant women attending antenatal care services including primiparous and multiparous women. The exclusion criteria exclude all pregnant women that are not literate.

Data collection was done by the use of structured questionnaire designed by the researcher. The total items in the questionnaire are thirty nine (39). To ensure the validity of the instrument, a draft of the developed structured questionnaire and research questions was presented to the experts in the clinical area and Tests and Measurement for the content and face validity. Comments, suggestion and modification were made to improve the quality of the instrument. The reliability of the instrument was tested through the use of pilot study on ten (10) respondents from the antenatal clinic of a different setting. It was subjected to Cronbach Alpha co-efficient test and 0.89 was obtained which made the instrument to be reliable. Each questionnaire was coded and analysed using statistical tests. Descriptive analysis was used to answer the research questions. Findings were presented using appropriate figures and tables. Inferential statistics was used to test the hypothesis raised in this study at 0.05 level of significance.

## Results

**Research Question 1:** What is the level of knowledge of respondents about rhesus factor?

**Table 1: Analysis of Knowledge of Rhesus Factor N=140**

Knowledge of Rhesus Factor	False	True
Rhesus factor is an antibody found on the red blood cells of most people	18(12.9%)	122(87.1%)
Rhesus factor is associated with blood group	21(15%)	119(85%)
If i have the antibody i am rhesus positive	22(15.7%)	118(84.3%)
If i do not have the antibody i am rhesus negative	24(17.1%)	116(82.9%)
I know my own blood group	32(22.9%)	108(77.1%)
I know my husband's blood group	41(29.3%)	99(70.7%)
Rhesus factor investigations should be done before marriage	16(11.4%)	124(88.6%)
Rhesus factor is inherited from parents	16(11.4%)	124(88.6%)
There is a difference between blood group and blood genotype	32(22.9%)	108(77.1%)

Table 1 presented above showed that 87.1% of the pregnant women agreed that Rhesus factor is an antibody found on the red blood cells of most people, also 85% of the pregnant women also agreed that Rhesus factor is associated with blood group while 84.3% of the pregnant women reported that if they have the antibody will be rhesus positive, also 82.9% of the pregnant reported they if they do not have antibody they will be rhesus negative, 77.1% of the pregnant women agreed that they knew their own blood group, 70.7% of the pregnant reported that they knew their husband's blood group. Over eighty percent of the pregnant reported that Rhesus factor investigations should be done before marriage, also 88.6% reported that rhesus factor can be inherited from parents, 77.1% of the pregnant women reported there is a difference between blood group and blood genotype.

The mean score for knowledge of Rhesus factor is 16.4 with standard deviation of 1.7132. This was done on a scale point of 18 of 9 items. The mean score signifies high

knowledge about rhesus factor. The maximum score obtainable was 19 points while minimum score was 0 points. The score was classified into 3 categories in which 0-8 are poor, 9 -10 signifies fair knowledge while 11-18 signifies high knowledge about rhesus factor.

**Research Question 2:** What is the level of knowledge of respondents about rhesus incompatibility?

**Table 2: Analysis of Knowledge of Rhesus Incompatibility Prevention N=140**

Knowledge of Rhesus Incompatibility Prevention	No	Yes
I checked my blood group and rhesus factor before i got married and pregnant	32(22.9%)	108(77.1%)
I knew my husband/partner's blood group and rhesus factor before we got married and pregnant	14(10%)	126(90%)
I went for premarital screening before i got married	29(20.7%)	111(79.3%)
I have done fetal blood compatibility test during my pregnancy because I'm rhesus negative	88(62.9%)	52(37.1%)
I attended antenatal care services where health education on prevention of rhesus incompatibility were given	38(27.1%)	102(72.9%)
I collected prophylactic anti D(Rhogam)	108(77.1%)	32(22.9%)

The results presented in the table above showed that 77.1% of the respondents reported to have checked their blood group and rhesus factor before they got married and pregnant, also 90% of the respondents knew their husband/partner's blood group and rhesus factor before they got married and pregnant. 79.3% of the pregnant women reported to have gone for premarital screening before they got married. 62.7% of the pregnant women had not gone for fetal blood compatibility test during their pregnancy because they were rhesus negative, 72.9% reported to have attended antenatal care services where health education on prevention of rhesus incompatibility were given while 77% of the respondents had not collected prophylactic anti D (Rhogam).

The mean score for knowledge of Rhesus incompatibility prevention is 8.3 with standard deviation of 0.8363. This was done on a scale point of 12 of 6 items. The mean score signifies fair knowledge of rhesus incompatibility prevention. The maximum score obtainable was 12 points while minimum score was 0 points. The score was classified into 3 categories in which 0-5 are poor, 6 -9 signifies fair knowledge while 10-12 signifies high knowledge about rhesus incompatibility prevention

**Research Question 3:** What is the attitude of pregnant women to rhesus incompatibility prevention?

**Table 3: Analysis of Attitude toward Rhesus Incompatibility Prevention N=140**

Attitude of Rhesus Incompatibility Prevention	Definitely false	Probably false	Probably true	Definitely true
rhesus compatibility test is very important especially for pregnant women	8(5.7%)	6(4.3%)	6(4.3%)	120(85.7%)
all women should do maternal-fetal compatibility test whether recommended or not	16(11.4%)	10(7.1%)	4(2.9%)	110(78.6%)

I'm not afraid to think about or do the incompatibility test	14(10%)	6(4.3%)	0(0%)	120(85.7%)
I really care about my rhesus factor	14(10%)	6(4.3%)	87(62.1%)	33(23.6%)
I do discuss with my husband about maternal-fetal incompatibility	12(8.6%)	20(14.3%)	94(67.1%)	14(10%)
rhesus incompatibility test is an embarrassing procedure	14(10%)	4(2.9%)	0(0%)	122(87.1%)
rhesus incompatibility test is a waste of time	16(11.4%)	6(4.3%)	100(71.4%)	18(12.9%)
rhesus incompatibility test result makes me feel unpleasant	12(8.6%)	2(1.4%)	98(70%)	28(20%)
If there is incompatibility i prefer to get treatment	25(17.9%)	78(55.7%)	16(11.4%)	21(15%)
I am reluctant about doing rhesus incompatibility test because I am afraid to be positive	51(36.4%)	33(23.6%)	32(22.9%)	24(17.1%)

The result presented above showed that 85.7% of the respondents reported that it is definitely true that rhesus compatibility test is very important especially for pregnant women, while 78.6% also reported that it is definitely true that all women should do maternal-fetal compatibility test whether recommended or not, 85.7% of the pregnant women reported it is definitely true that they were not afraid to think about or do the incompatibility test, also 62.1% revealed it is probably true that they really care about my rhesus factor, 67.1% reported that it is probably true that they do discuss with their husband about maternal-fetal incompatibility. 87.1% of the respondents reported it is definitely true that rhesus incompatibility test could be an embarrassing procedure, also 71.4% of the respondents reported that it is probably true that rhesus incompatibility test is a waste of time 70% of the pregnant women reported that it probably true that rhesus incompatibility test result makes me feel unpleasant. Also 55.7% of the pregnant reported it is probably false that if there is incompatibility they would prefer to get treatment and 36.4% of the respondents reported that it is definitely false that they were reluctant about doing rhesus incompatibility test because they are afraid to be positive.

The mean score for attitude towards of Rhesus incompatibility prevention is 25.5 with standard deviation of 3.3531. This was done on a scale point of 40 of 10 items. The mean score signifies moderate attitude toward rhesus incompatibility prevention. The maximum score obtainable was 40 points while minimum score was 0 points. The score was classified into 3 categories in which 0-16 are poor, 17 -26 signifies moderate attitude while 27-40 signifies good attitude about rhesus incompatibility prevention.

### Test of Hypothesis

**Hypothesis 1:** There is no significant relationship between knowledge of rhesus factor and attitude to rhesus incompatibility prevention among pregnant women.

**Table 4: Relationship between knowledge of rhesus factor and attitude towards rhesus incompatibility prevention among pregnant women**

Variables	Mean	Standard Deviation	N	r	P	Decision
Knowledge of rhesus factor	34.0357	1.94681	140	0.861*	0.00	Sig
Attitude towards rhesus incompatibility prevention	30.5357	3.35311				

\* $p < 0.05$ 

From the result presented in the table above which revealed that, there is a significant relationship between knowledge of rhesus factor and attitude to rhesus incompatibility prevention among pregnant women. ( $r=0.861$ ,  $p<0.05$ ). The result rejected the null hypothesis and accepted the alternate hypothesis, which states that, there was a significant relationship between knowledge of rhesus factor and attitude to rhesus incompatibility prevention among pregnant women.

## Discussion

The result of the analysis presented on the level of knowledge about rhesus factor showed that over 80% of the pregnant women are correct about the Rhesus factor has an antibody found on the red blood cells of most people, almost 90% of the pregnant women are also correct that Rhesus factor is associated with blood group while 84% of the pregnant women reported they have the antibody will be rhesus positive, while majority of the pregnant women reported that if they do not have antibody they will be rhesus negative, over 70% of the pregnant women agreed that they know their own blood group, 70.7% of the pregnant reported that they know their husband's blood group. The result of the analysis is consistent with the findings of Scott and Ricci (2018) that there is generally good level of knowledge about the importance of considering rhesus factor during marriage and pregnancy. Similar study was reported by Hayyawati, et al (2014) that there is good knowledge about rhesus factor among pregnant women. The result is also consistent with the findings of Goodman, et al (2015) that there is good knowledge about rhesus factor among pregnant women attending antenatal care services because of their exposure to health education about it.

The result of the analysis on the level of knowledge about rhesus incompatibility showed that over 90% of the pregnant women are aware that rhesus incompatibility is when the mother's rhesus factor is different from the baby's rhesus factor, also 88% of the pregnant women are aware that rhesus incompatibility occurs when the mother is rhesus negative and the baby is rhesus positive. Over 80% of the pregnant women are not aware of the problems related to negative blood group during pregnancy, while, 81% of the pregnant women are not aware of the problem of negative blood group after pregnancy, 92.9% of the pregnant women are not aware of the preventive measures to be taken if a mother's blood groups is rhesus negative. 95.7% of the pregnant women are not aware of what can happen to the fetus/new-born if there is blood incompatibility.

The result corroborates with the findings of Slightham (2018) that most pregnant women are aware that rhesus incompatibility is when a mother and her unborn baby carry different rhesus protein factors. Additionally, Costumbrado and Ghassemzadeh (2018) opined that majority of pregnant women residing urban settings are aware that rhesus incompatibility are the discordant pairing of maternal and fetal Rh type. Knowledge about rhesus incompatibility and its complications during pregnancy and after child birth was very



low and the result of this analysis was consistent with the findings of Kio, et al (2016) that level of knowledge of pregnant women about rhesus incompatibility was low

This study revealed that 77.1% of the respondents reported to have checked their blood group and rhesus factor before they got married and pregnant, also 90% of the respondents knew their husband/partner's blood group and rhesus factor before they got married and pregnant. 79.3% of the pregnant women reported to have gone for premarital screening before they got married. 62.7% of the pregnant women have not gone for fetal blood compatibility test during their pregnancy because they are rhesus negative, 72.9% reported to have attended antenatal care services where health education on prevention of rhesus incompatibility were given while 77% of the respondents have not collected prophylactic anti D (Rhogam). Hayyawi, et al (2014) reported that knowledge about rhesus incompatibility prevention during pregnancy and after child birth was just fair despite the fact that it is easy to go for the rhesus incompatibility test. Similar study by Zipursky, et al (2018) reported that the knowledge of pregnant women about rhesus incompatibility prevention is fair.

The result on the attitude towards rhesus incompatibility prevention showed that over 85% of the pregnant women reported that is definitely true that rhesus compatibility test is very important especially for pregnant women, while 78% of the respondent showed that is definitely true that all women should do maternal-fetal compatibility test whether recommended or not, 85.7% of the pregnant women reported it is definitely true that they are not afraid to think about or do the incompatibility test, also 62.1% revealed is probably true that they really care about their rhesus factor, 67.1% reported that it is probably true that they do discuss with their husband about maternal-fetal incompatibility. 87.1% of the respondents reported it is definitely true that rhesus incompatibility test can be an embarrassing procedure, also 71.4% of the respondents reported that is probably true that rhesus incompatibility test is a waste of time 70% of the pregnant women reported that it probably true that rhesus incompatibility test result makes me feel unpleasant. Also 55.7% of the pregnant reported is probably false that if there is incompatibility they prefer to get treatment from a traditional healer and 36.4% of the respondents reported that is it definitely false that they are reluctant about doing rhesus incompatibility test because they are afraid to be positive.

The result of the analysis is consistent with the findings of Agbede and Orniyi, (2016) found that there low level of positive attitude towards rhesus incompatibility prevention. The result showed that pregnant women in the study area did not really see maternal-fetal blood incompatibility as a serious problem because majority felt that taking the test might be embarrassing or make them feel unpleasant. (Kio, et al, 2016).

The result of the hypothesis revealed that there was a significant relationship between knowledge of rhesus factor and attitude to rhesus incompatibility prevention among pregnant women attending antenatal care services in Babcock University Teaching Hospital Ilishan-Remo Ogun State. The result is consistent with the findings of Royce and Walter (2017) that there is significant relationship between knowledge of rhesus factor and attitude towards rhesus incompatibility prevention.

## Conclusion

It is concluded that pregnant women have a fair knowledge of rhesus factor and incompatibility but are not aware of the importance of taking the test and the complications it posed to the health of their babies. Most neonatal mortality is has a result of rhesus

incompatibility and haemolytic disease of the new-born poses a serious concern to the healthcare system as a whole. Therefore, interventions aimed at social and behaviour change should primarily target increasing knowledge, improving knowledge, improving attitude and addressing the gaps in practices.

### Recommendations

Based on the findings of the study, the following recommendations were made:

1. There is need for consistent education on the knowledge and prevention of rhesus incompatibility among pregnant women. Special attention should be focused on improving respondents' knowledge by using appropriate educational intervention that addresses the gap in knowledge gap.
2. There is need for the provision of free rhesus laboratory investigation for pregnant women attending antenatal clinics, more efforts should be made to make the incompatibility test free to women attending clinics.
3. Government should invest more in provision of centres that specifically provides genetic counselling for couples intending to get married
4. Religious organisation needs to be involved in the provision of education on rhesus compatibility and incompatibility among pregnant women in Nigeria.
5. Community healthcare service providers and churches should include in their services the counsel of mothers on the importance of rhesus incompatibility test.

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