

ANTIBODY SCREEN - 1st Antenatal visit

NOT DETECTED	DETECTED
<p>All women Repeat antibody screen</p> <ul style="list-style-type: none"> • 26 week visit (PAC) at RWH or Community Clinics 	<p>Group 1 antibody detected (-D, -c, -E, -e, -C, -K, -k) OR Group 2 antibody detected (-Cw, -Fya, -Fyb, -Jka, -Jkb, -Lua, -Lub, -S, -s, -M) OR Previous History of HDN</p> <ul style="list-style-type: none"> • Refer to MFM Program for pregnancy management
	<p>Group 3 antibody detected (-P1, -N, -H, -Lea, -Leb, -Lea+b, -Sda, -Bga, -Bgb)</p> <ul style="list-style-type: none"> • Continue routine testing

Rh(D) Immunoglobulin for Rh Negative women with no preformed Anti-D

<p>FIRST TRIMESTER SENSITISING EVENTS (<12 weeks)</p> <p>Rh(D) Ig 250IU* (ARCBS/CSL brand product)</p> <ul style="list-style-type: none"> ○ Threatened/spontaneous abortion without curettage (conflicting evidence) ○ Surgical or medical abortion (Level II/III evidence) ○ Ectopic pregnancy ○ Chorionic villus sampling (CVS) <p>*If gestation unclear / possibly > 12 weeks / multiple pregnancy: default to 625IU dose</p>
<p>SECOND / THIRD TRIMESTER SENSITISING EVENTS</p> <p>Initial dose* Rh(D) Ig 625IU (ARCBS/CSL brand product)</p> <ul style="list-style-type: none"> ○ Chorionic villous sampling or amniocentesis beyond 12 weeks ○ Abdominal trauma ○ Ante-partum haemorrhage ○ External cephalic version (level III evidence) ○ Fetal loss beyond 12 weeks <p>*An assessment of Feto-maternal Haemorrhage (Kleihauer test) should be performed to see whether additional doses of anti-D are required.</p>
<p>ANTENATAL PROPHYLAXIS (Rh – ve Primigravidae)*</p> <p>Rh(D) Ig 625IU (ARCBS/CSL brand product)</p> <ul style="list-style-type: none"> ○ 28 week visit (extra antenatal visit at RWH) ○ 34 week visit (At RWH & instead of 33 week visit.) <p>*Universal antenatal prophylaxis for all Rh negative women will be introduced when domestic supplies of anti-D are sufficient</p>
<p>POSTPARTUM</p> <p>Rh(D) Ig 600IU WinRho SDF™</p> <ul style="list-style-type: none"> ○ All Rh-negative women delivering an Rh-positive infant within 72 hours of birth. ○ All Rh-negative women with an Rh-positive infant should have an estimate of feto-maternal haemorrhage (Kleihauer test) to determine the need for additional doses of anti-D. ○ Advice regarding administration of additional doses for women with a greater than 6 ml FMH can be obtained from the haematologist on-call.

WinRho SDF™ 600IU for Postpartum Use

(Post birth or fetal loss from 20 weeks gestation)

Due to the current supplies of Australian made Rh(D) Immunoglobulin and to allow for the implementation of antenatal prophylactic Rh(D) Immunoglobulin administration in it's first phase the NHMRC have developed new guidelines¹ for the use of Rh(D) Immunoglobulin in obstetrics. The domestic products (ARCBS/CSL) are to be used antenatally. The Canadian product (WinRho SDF™600IU distributed under license by CSL) is to be used for postpartum administration as follows:

Indication

All Rh (D) Negative woman with no preformed anti-D¹, post delivery or post fetal loss > 20 weeks gestation, who give birth to an Rh(D) Positive (or unknown group) infant.

Samples Required

Sample	Tube	Labelling ²	Test Request
Cord Blood at birth	9mL EDTA	Cord Blood of (maternal details)	Blood Group and DAT
Maternal Blood (Post Birth)	4mL EDTA	Maternal Details	Kleihauer ³

Action Required

Cord Blood Rh(D) Negative

No further action

Cord Blood Rh(D) Positive/ weak D

Administer WinRho SDF™ 600IU to mother

[Access, Reconstitution and Administration Information : - Win Rho SDF™](#) (Click here to access information sheet)

Notes

1. Sometimes passive anti-D will be detectable at delivery due to administration of prophylactic anti-D injections. Where there is any doubt as to whether detectable anti-D is due to passive administration or represents active alloimmunisation, WinRho SDF™ should be given.
2. Division of Laboratory Services Specimen Labelling Policy. Pathology specimens must be labelled with the patient Surname, First Name and DOB and/or UR number. The date and time of collection must be indicated on the sample tube. If a bradma label is used, the label must be signed and dated. Verification of patient details must be performed at the time of sample collection by inspection of the patient wristband or by direct inquiry. Samples must be labelled immediately after collection and before leaving the patient bedside.
3. The Kleihauer result will indicate whether additional doses of WinRho SDF™ are required. It is not necessary to wait for the Kleihauer result before administering the first dose of WinRho SDF™. Additional doses should be given within 72 hours of delivery. In rare instances where massive FMH has occurred and > 4 vials of WinRho SDF™ are required, administration advice should be sought from the haematologist-on-call.

References

“ Rh D Immunoglobulin in Australia: Past Present & Future. CSL & Australian Red Cross Blood Service. 2002

” Guidelines on the prophylactic use of Rh D Immunoglobulin (Anti D) in obstetrics. NHMRC Report. 22 March 1999