Reference Number: **Version Number: 4**	**Date of Next Review: November 2023** **Previous Trust/LHB Reference Number:**

Rhesus Prophylaxis Guideline in Less Than 20 Weeks Gestation

Introduction and Aim

This Guideline is to clarify the indication for the administration of Anti-D immunoglobulin in women less than 20 weeks gestation.

Objectives

The objective of this protocol is to provide healthcare professionals working with patients in early pregnancy the appropriate guidance on the use of Anti-D immunoglobulin, as immunoprophylaxis to prevent sensitisation to the D antigen. This guidance has now been updated in line with current NICE guidance published in 2020 (NG140 and NG 126) and an update from the British Society of Haematology (2020) *(https://b-s-h.org.uk/guidelines/guidelines/use-of-anti-d-immunoglobin-for-the-prevention-of-haemolytic-disease-of-the-fetus-and-newborn/)***.**

Scope

This policy applies to all healthcare professionals in all locations including those with honorary contracts

Equality Health Impact Assessment	*An Equality Health Impact Assessment (EHIA) has not been completed.*
Documents to read alongside this Procedure	Ectopic pregnancy and miscarriage: diagnosis and initial management NICE guideline [NG126] Published date: 17 April 2019 Rhesus D Prophylaxis, The Use of Anti-D Immunoglobulin for (Green-top Guideline No. 22) Published: 27/04/2011 Abortion care NICE guideline [NG140] Published date: 25 September 2019 https://www.shotuk.org/wp-content/uploads/myimages/Anti-D-Aide-Memoire-July-2020.pdf
Approved by	*Gynaecology Professional Forum*

Accountable Executive or Clinical Board Director	*Ruth Walker, Executive Nurse Director*
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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Version Number	Date of Review Approved	Date Published	Summary of Amendments
UHB 1	March 2009	March 6th 2009	
2	March 2012	April 2012	
3	February 2016	February 2016	
4	November 2020		Change of dosage due to supply. Not required less than 10 weeks and undergoing a termination of pregnancy.

Anti D rhesus prophylaxis (Anti D Ig) should be given to all pregnant Rhesus negative women when there has been a possible crossover of fetal blood into the maternal bloodstream. The crossover of blood may cause the production of Anti D antibodies which can attack the blood cells of a rhesus positive baby, and cause haemolytic disease of the newborn (HDN). This may affect the present pregnancy and future pregnancies.

ANTI D IMMUNOGLOBULIN

The administration of Anti D immunoglobulin prevents formation of the Anti D antibody by binding to RhD positive red cells, which are then removed from the circulation before they can trigger antibody production. Anti D immunoglobulin should be given as soon as possible within 72 hours of a bleed or treatment. If it is not given within 72 hours every effort should be made to give it within 10 days as this may still provide some protection.

All pregnant women must be offered appropriate written and verbal information about Anti-D Ig to inform their decision about receiving it. They should be given time to consider their options. As a human derived blood product, the administration of Anti-D Ig needs to be consented for. Maternal verbal consent should be obtained prior to the administration of Anti-D Ig. The woman's decision to either accept or decline the injection should be clearly recorded by the healthcare professional, both in the woman's 'hand held' and hospital records (RCOG, 2011). If Anti-D is declined by the woman, her reason for declining should be documented.

Errors in practice related to Anti-D Ig have the potential to cause harm to the mother or child immediately or in the future. Evidence suggests that inadequate compliance with guidelines for Anti-D Ig administration is a contributing factor to maternal sensitisation in the UK. Particularly there is consistent failure to recognise potentially sensitising events (PSE) in pregnancy, and failure to manage them appropriately when they do occur.

DOSAGE & ROUTE

The minimum recommended dosage for Anti D rhesus prophylaxis is 250 International Units (iu), however only 500iu vials are currently available. Therefore 500iu should be administered in this instance. No attempt should be made to discard 250iu and the full 500iu vial should be administered as an intramuscular injection. This will need to be prescribed on a medication chart.

Always confirm
• the woman's identity
• that the woman is RhD Negative using the latest laboratory report
• that the woman does not have immune Anti-D using the latest laboratory report
• that informed consent for administration of Anti-D Ig is recorded in notes and the transfusion slip returned to blood bank for their records.

All healthcare professionals involved in the issue and administration of Anti-D Ig must complete the Anti-D modules in the Learn Blood Transfusion e-learning programme.
www.learnbloodtransfusion.org.uk

Potentially Sensitising Events (PSE'S)

- THREATENED MISCARRIAGE

Anti D should be given to all rhesus negative women above 12 weeks gestation if they have had a vaginal bleed.

Where bleeding continues intermittently above 12 weeks, Anti D should be given at six weekly intervals.

Under 12 weeks gestation if bleeding is heavy or repeated or where it is associated with severe abdominal pain Anti D rhesus prophylaxis should be given.

- ABDOMINAL TRAUMA

All rhesus negative women who have experienced possible abdominal trauma should be given Anti D regardless of gestation.

Miscarriage

- SPONTANEOUS MISCARRIAGE

Anti D rhesus prophylaxis should be given to all rhesus negative women who spontaneously miscarry from 12+0 weeks gestation. This includes women with incomplete miscarriages.

Anti D is not required for spontaneous miscarriages less than 12+0 gestation because the risk of maternal exposure to the D antigen is negligible.

- MEDICAL MANAGEMENT OF MISCARRIAGE

Do not offer Anti D rhesus prophylaxis to women who receive solely medical management (home or hospital) for a miscarriage under 12+0 gestation.

Anti D rhesus prophylaxis should be given to patients having hospital management over 12+0 gestation.

- SURGICAL MANAGEMENT OF MISCARRIAGE

Anti D rhesus prophylaxis should be given to all rhesus negative women who have a surgical procedure to manage a miscarriage, regardless of gestation.

- ECTOPIC AND MOLAR PREGNANCIES

All rhesus negative women with surgical or medical management of an ectopic pregnancy should be given Anti D regardless of their gestation.

Anti D should be given in all cases of molar pregnancy following surgical management.

- PREGNANCY OF UNKNOWN LOCATION

Do not offer Anti D Rhesus prophylaxis.

Termination

- MEDICAL TERMINATION OF PREGNANCY

Anti-D prophylaxis should be given to women who are rhesus D negative and are having an abortion after 10+0 weeks' gestation. Do not give Anti-D prophylaxis to women who are having a medical abortion up to and including 10+0 weeks' gestation.

- SURGICAL TERMINATION OF PREGNANCY

Give Anti-D prophylaxis to women who are rhesus D negative and are having a surgical abortion at any gestation.

References

Ectopic pregnancy and miscarriage: diagnosis and initial management
NICE guideline [NG126] Published date: 17 April 2019

Rhesus D Prophylaxis, The Use of Anti-D Immunoglobulin for (Green-top Guideline No. 22)
Published: 27/04/2011

Abortion care
NICE guideline [NG140] Published date: 25 September 2019

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