Title: Anti-D Administration Guideline

1. Statement/Purpose/Description

Rh(D) Immunoglobulin-VF is indicated for prevention of RhD sensitisation in RhD negative females with child-bearing potential.

2. Scope

All Lakes District Health Board (Lakes DHB) Midwifery/Nursing/Medical staff and Lead Maternity Carers.

All pregnant women with a Rh(D) Negative blood group receiving antenatal/postnatal care, including emergency medical care in the Emergency Department (ED).

All females of potential child-bearing age with a Rh Negative blood group who may receive Rh Positive components. (e.g. Rh positive platelets to Rh negative female children).

3. Definitions

FBC Full Blood Count / Complete Blood Count
EDD Estimated Date of Delivery
HDFN Haemolytic Disease of the Fetus & Newborn
FMH Feto-Maternal Haemorrhage
LMC Lead Maternity Carer
LSCS Lower Segment Caesarean Section
NZBS New Zealand Blood Service
NZBS MO New Zealand Blood Service Medical Officer (can also be TMS)
SBR Serum Bilirubin Rate
SCBU Special Care Baby Unit
TMS Transfusion Medicine Specialist
RANZCOG Royal Australian and New Zealand College of Obstetricians & Gynaecologists
4. Procedure

4.1 Determine Eligibility for Administration

Anti-D is only administered to Rhesus negative mothers if the Baby/Fetus’ Blood group is Rhesus positive or unknown.

When blood group or Rh Status of the mother is unknown, a Blood Group request should be sent to the laboratory.

If mother is Rh (D) Negative, then proceed with Anti-D Administration guidelines.

If mother is Rh (D) Positive, no further action is required.

4.2 Indications and dose for Use of Rh(D) Immunoglobulin (Anti-D immunoglobulin)

If the mother is Rh(D) Negative and no Anti-D Antibodies are detected in her serum and she has any incident that has the potential to damage the placenta, a prophylactic dose of Anti-D is appropriate.

If a female of potential child-bearing age (recognised as less than 55 years old and including female children) is Rh(D) negative and is receiving Rh positive platelets, use of Rh(D) Immunoglobulin is recommended. Prescription and administration should follow this guideline.

<table>
<thead>
<tr>
<th>Dose of Anti-D Immunoglobulin</th>
<th>Indications</th>
</tr>
</thead>
</table>
| Up to & including 12 weeks’ gestation (1st trimester) in an RhD negative woman: Anti-D Immunoglobulin 250 IU for single pregnancy | • Termination of pregnancy (either medical or surgical)  
• Spontaneous miscarriage  
• Ectopic pregnancy  
• Molar pregnancy  
• Uterine bleeding where this is repeated, heavy or associated with abdominal pain |

Notes
1. There is insufficient evidence to recommend the use of Anti-D Immunoglobulin for threatened miscarriage before 12 weeks.
2. Only limited evidence exists for Anti-D prophylaxis before 12 weeks’ gestation, but theoretical grounds exist for a sufficient volume of fetal red cells to enter the maternal circulation and immunise the mother during a miscarriage or termination of pregnancy. Prophylaxis is therefore recommended after these events.
3. A blood sample should normally be collected before administration of Anti-D to confirm that the mother has not been immunised and made their own Anti-D.
4. For a multiple pregnancy, the dose of Anti-D Immunoglobulin should be increased to 625 IU.
5. Anti-D should be offered and administered within 72 hours of any event listed above.
6. Kleihauer testing is not required before 20 weeks’ gestation.
Weeks 12 - 40+ gestation (2nd and 3rd trimesters) in an RhD negative woman:

- Miscarriage or threatened miscarriage
- Antepartum haemorrhage
- Intrauterine death or stillbirth
- External cephalic version
- Chorionic villus sampling
- Ectopic pregnancy
- Molar pregnancy
- Termination of pregnancy (either medical or surgical)
- Abdominal trauma sufficient to cause FMH
- Amniocentesis, chorionic villus sampling, and intrauterine fetal blood sampling
- In utero therapeutic procedures (transfusion, surgery, insertion of shunts, laser)

**Notes**

1. The standard dose of Anti-D Immunoglobulin is 625 IU, administered within 72 hours. If Anti-D is not given within 72 hours, administration within 10 days may provide some benefit.
2. A Kleihauer test is not indicated before 20 weeks of gestation. After 20 weeks’ gestation it is used to identify events where increased fetomaternal bleeding has occurred and an increased dose of Anti-D is indicated.
3. If the Kleihauer test report recommends a dose greater than two (2) vials of Anti-D Immunoglobulin, the dose must be discussed with a Transfusion Medicine Specialist. They will confirm the dose and determine if an IV preparation is more appropriate, including the correct rate of administration for an IV dose.
4. If the fetal blood group shows anomalous results for RhD it should be regarded as RhD positive, until confirmed.
5. Where bleeding continues after 12 weeks’ gestation, Anti-D Immunoglobulin should be given at up to two (2) weekly intervals.

**Routine Antenatal Anti-D Prophylaxis (RAADP):**

**Two-dose RAADP:** Anti-D Immunoglobulin 625 IU at 28 and 34 weeks gestation

**Important:**

Before administration of the 28 week dose a blood sample must be taken for a red cell antibody screen. There is no need to wait for the test result before administration of the Anti-D. An antibody screen is not required before the 34-week dose as residual antibody will be present from the first dose.

**Notes**

1. One-dose RAADP: There may be situations where only a single dose can be provided. In these situations, two (2) vials of Anti-D 625 IU are given after 28 weeks and after a red cell antibody screen blood sample has been taken.
2. If, after administering RAADP, Anti-D antibodies are detected in the sample taken before administration, you must contact a Transfusion Medicine Specialist to discuss management.
3. Post-partum prophylaxis is still required for sensitising events after use of RAADP.
4. Further red cell antibody screening is not indicated for women who have received routine prophylactic Anti-D, unless fetal anaemia is suspected.

**Rh Negative Female receiving Rh positive platelets**

**Anti-D Immunoglobulin 250 IU for single unit transfusion**

**Notes**

1. Small quantities of Rh positive red cells in platelets are capable of stimulating Anti-D antibodies which may lead to a risk of serious HDFN in future pregnancies.
2. This will be co-ordinated through a Transfusion Specialist and Blood Bank staff.
3. Enquiries should be directed to Blood bank in the first instance.
4.3 Informed Consent

Anti-D Immunoglobulin is a blood product manufactured from human plasma and therefore INFORMED consent must be obtained prior to administration.

The Practitioner administering the Anti-D is responsible for obtaining the written consent of the mother. Please ensure that the mother has a copy of the New Zealand Blood Service pamphlets ‘Anti-D Immunoglobulin’ and (if applicable) ’Routine Antenatal Anti-D Prophylaxis’. Written consent must be attached to the drug prescription chart when ordering Anti-D Immunoglobulin from Blood Bank. A copy of the Consent for Use of Blood and Blood Products form for Lakes DHB is available on the Lakes DHB Document Management System.

4.4 Routine Antenatal Prophylaxis

All RhD negative women (who have not actively formed their own Anti-D) should be offered a prophylactic dose of Anti-D Immunoglobulin (625 IU) at approximately 28 weeks and 34 weeks’ gestation. This is currently being introduced to New Zealand Maternity Services with support from NZBS and RANZCOG.

Within Lakes DHB the expectation is that the LMC (or DHB Midwife, if the woman is receiving primary care from the hospital) will educate and provide written information about Anti-D prophylaxis to Rhesus negative women (see NZ Blood Service Routine Antenatal Anti-D Prophylaxis). If verbal consent is obtained and documented the LMC then refers to the Rotorua Day Assessment Unit (DAU) or Taupo Maternity Unit for administration of Anti-D. See Appendix 4: Routine Antenatal Anti-D Prophylaxis process

Other important notes:

1. For women living remote to Blood Bank and primary/secondary Maternity Services, a multidisciplinary team approach may be required to achieve equitable care for these women. This may include discussion between LMC, GP Primary care, Rotorua Obstetric and Blood Bank services.

2. Before administration of the 28 week dose a blood sample must be taken for a red cell antibody screen to detect those who have already become immunised. There is no need to wait for the test result before administration of the Anti-D. An antibody screen is not required before the second dose at 34-weeks as residual antibody will be present from the first dose.

3. There will be circumstances where a woman has not received the first routine antenatal prophylactic Anti-D at 28 weeks’ gestation. It should be administered as soon as possible (see Appendix 5. Routine Antenatal Prophylaxis Anti-D Pathway for Women > 28 weeks’ Gestation).
4. While routine Anti-D is most effective when given in two spaced doses, there may be instances where a woman, who is RhD negative, and > 28 weeks' gestation, is of a transient nature and may not return for a second dose of Anti-D immunoglobulin at 34 weeks. In this case a Midwife can prescribe one dose of 1250 IU Anti D immunoglobulin and administer this after a blood sample has been taken for red cell antibody screen.

5. If Anti-D is subsequently reported in the sample taken before administration of routine Anti-D, you must contact a Transfusion Medicine Specialist to discuss management before administering a further dose.

6. Postpartum prophylaxis is still required for sensitising events after administration of RAADP (see 4.9 below).

7. Further antibody screening is not indicated for women who have received routine prophylactic Anti-D unless fetal anaemia is suspected.

4.5 Circumstances where a Woman Decides Not to Accept Anti-D Immunoglobulin Prophylaxis

The practitioner should ensure that each Rh D negative woman has accurate information about the risk from Anti-D immunisation and its potential consequences, and the benefits and risks from prophylactic use of Anti-D Immunoglobulin. NZBS information leaflets on Anti-D Immunoglobulin Haemolytic Disease of the Newborn, and Routine Antenatal Anti-D Prophylaxis are available. Where further information is required, please contact Blood Bank. Transfusion Specialists are available for further discussions where concerns are raised regarding the safety of Anti-D Immunoglobulin.

Women choosing not to receive Anti-D immunoglobulin following sensitising events do not require any ‘extra’ antibody screening tests. Routine antenatal screening should be sufficient to detect any newly formed antibodies. As always, advice is available from the Transfusion Medicine Specialists concerning each individual case.

4.6 Prescription and Dosage of Anti-D Immunoglobulin

If the mother is eligible for Anti-D the LMC (primary care) or Resident Medical Officer (RMO) or Obstetrician (secondary care), or Core Midwife must prescribe the appropriate dose of Anti-D Immunoglobulin, (not prescribed as “one vial”).

Consult appropriate section of this guideline depending on clinical presentation and gestation.
Anti-D immunoglobulin is prescribed on the appropriate medication chart in accordance with the Medicine Management Policy (39083) See Appendix 3: Anti-D Administration Guidelines for pregnancy.

Anti-D may be requested by filling in the “Once Only Medication” part of the Emergency Department Treatment Form or the ‘1 Day (Day Stay) National Medication Chart’ if the patient has no Prescription Chart.

4.7 Assessment of Fetomaternal Haemorrhage (FMH) – KLEIHAUER TESTING

A Kleihauer Test will determine the volume of fetal red cells present in maternal circulation following birth or placental damage. One vial (625iu) of Anti-D Immunoglobulin is sufficient to manage up to 6ml of fetal cells in circulation.

The recommended doses of Anti-D Immunoglobulin are sufficient to cover the maximum fetomaternal bleed before 20 weeks’ gestation; testing to determine the size of fetomaternal haemorrhage is not required.

It is appropriate to assess the size of fetomaternal haemorrhage after 20 weeks’ gestation.

Ideally, assessment of FMH following delivery of full term infant(s), or the sensitising event, must be tested greater than 30 minutes but less than 2 hours post-delivery of the placenta. Record time of delivery/event on request from so that any Anti-D prophylaxis can be given within 72 hours of the immunising event. Anti-D Immunoglobulin administration should NOT be withheld pending Kleihauer testing. (Lab testing is not performed daily. If indicated, a second dose may be given as soon as a result is available.)

A negative Kleihauer test does not remove the need for Anti-D.

Consultation with a Transfusion Medicine Specialist is recommended where more than 1200-1250 IU Anti-D Immunoglobulin (2 vials) appears to be indicated by a Kleihauer test, to ensure interpretation of the information is correct.

If a dose of Anti-D greater than two 600-625 IU vials is required, an intravenous product may be considered. The maximum recommended dose administration rate is 3000 IU 8 hourly to reduce the risk of an adverse reaction arising from rapid clearance of fetal D positive red cells. If an intramuscular dose is used it is recommended that no more than 4 mL is injected at each site.
4.8 Antenatal Haemorrhage and Other Obstetric Events Requiring a Further Dose of Anti-D

Where a woman who has had a dose of Anti-D Immunoglobulin has a subsequent risk event for immunisation, the following is recommended:

- If the previous dose was given **more than 2 weeks’ prior** a further dose of Anti-D Immunoglobulin should be offered dependent on Kleihauer result if >20 weeks’ gestation.

- Where the previous dose was given less than 2 weeks’ prior a further dose of Anti-D Immunoglobulin should only be offered if the pregnancy is more than 20 weeks’ gestation and the size of the fetomaternal bleed is likely to be greater than 12ml of blood (6ml red cells) in total. (*Kleihauer test required to determine this.*)

- Anti-D Immunoglobulin should be given to all non-sensitised Rh(D) negative women with a threatened miscarriage after 12 weeks of pregnancy. Where bleeding continues intermittently after 12 weeks' gestation, Anti-D Ig should be given at 2-weekly intervals.
4.9 Postnatal Requirements for Anti-D Immunoglobulin

Rhesus Negative Mothers are identified during admission to the Birthing Suites and a red label is attached to the front of their file. See Appendix 1: Red Label

Cord blood is taken from the babies of all rhesus negative mothers to establish the blood group of Baby. (10ml syringe → Pink tube for the Group & Coombs, SBR / lilac tube for FBC.)

Laboratory form is signed by LMC or if under secondary care, DHB Midwife requesting baby’s blood group. Group and Coombs, SBR and FBC. See Appendix 2: Example of Cord Blood Request form

Send specimen promptly to the Laboratory.

NOTE: Ensure baby’s details are shown on request form (NOT Mother’s). A specific label is supplied to ensure cord blood samples are appropriately labelled as Baby sample. “Baby of…… (Mother’s Name).” The Baby’s unique NHI number must be used, if this is available. A Date of Birth is also an appropriate identifier.

Maternal Blood to be taken in a Lilac tube (EDTA 4ml) for Kleihauer test not less than 30 minutes or greater than 2hrs post-delivery of placenta or following the sensitising event to ascertain Fetal blood in maternal circulation (Fetomaternal Haemorrhage).

Lab form, signed by LMC or if under secondary care, DHB Midwife requesting Mother’s FBC and Kleihauer.

Anti-D is only administered to Rhesus Negative mothers if the Baby’s Blood group is Rhesus positive or unknown. IT IS RECOMMENDED THAT ANTI-D IS GIVEN WITHIN 72 HOURS OF BIRTH or as soon as possible after this time.

Anti-D Immunoglobulin administration should NOT be withheld pending Kleihauer testing. (If indicated, a second dose may be given as soon as a result is available.)

Babies’ blood results will usually be available on computer by the end of the next working day. If results are required urgently, these can be obtained by phoning the Laboratory.

Anti-D immunoglobulin is prescribed on the appropriate medication chart in accordance with the Medicine Management Policy (39083).

See Appendix 3: Anti-D Administration Guidelines.
4.10 Route of Injection

Anti-D should only be administered intramuscularly, except as specified below.

Recipients who have a moderate or severe thrombocytopenia should not receive intramuscular injections. In this situation, either a product suitable for intravenous administration should be administered intravenously or subcutaneously or an intramuscular product should be given subcutaneously.

Refer to package insert for further product information.

4.11 Administration of Rh(D) Immunoglobulin

Mother’s identification checked prior to administration.

Anti-D should only be administered intramuscularly. Consult product package insert for full instructions.

Observe woman for 20 minutes’ post administration for any adverse effects.

Recording of administration:

- Attach the record sticker to the patient’s drug/prescription chart.
- LMC, Midwife or Nurse administering must sign in appropriate column in maternal drug/prescription chart.
- Record Batch number and expiry date of Anti-D vial in the mother’s notes.
- A second nurse, midwife, student nurse/midwife in the 3rd year elective placement or LMC must independently check Patient ID, Batch number, expiry date and transfusion prescription. Co-sign drug chart in appropriate column.

4.12 Points to Note

- There are potential risks of viral infection as Anti D is a human blood product.
- Two different brands of Anti-D may be utilised in Lakes District Health Board. Refer to package insert for specific instructions.
- Women who have received a dose of Rh(D) Immunoglobulin recently will have circulating ‘passive’ antibody. This may present as a positive antibody screen at delivery and could cause delays in crossmatch of blood for transfusion.
When women are under secondary care, e.g. lower segment caesarean section or admitted to Intensive Care Unit, it is the responsibility of DHB staff / Obstetric SHO to prescribe Anti-D.

Anti-D administration reduces Rhesus isoimmunisation from 13% to 2%

Rh(D) Immunoglobulin is not required in Rh Negative women who have already been sensitised to D antigen. (i.e. have Anti-D (Immune) present in their antibody screen result). Contact Blood Bank if clarification is required.

An Antibody Screen result of “Probable Passive Anti-D’ indicates that free Anti-D Immunoglobulin is still detectable in mother’s serum. It is not Immune Anti-D. Further doses of Anti-D Immunoglobulin may still be indicated. Contact Blood Bank if clarification is required.

Baby could be admitted to SCBU, e.g. following LSCS, therefore need to follow up blood group.

If Anti-D Immunoglobulin is not administered within 72 hours, contact the Blood Bank for advice.

5. Associated Documents

Request for Blood or Blood Products Form Ref. 08191 (red triplicate form that includes consent)

Consent for Use of Blood and Blood Products EDMS 175412

Blood Component and Blood Product Transfusion Procedure EDMS 142116

NZ Blood Service Anti-D Immunoglobulin Patient Information Leaflet

NZ Blood Service Routine Antenatal Anti-D Prophylaxis

Blood Transfusion Policy EDMS 411200

6. References

ADHB Clinical Guideline - Anti-D Administration. NMP200/SSM/095 - v05.00

Blood Component Support of Rh D Negative Individuals – NZ Blood Service (111P032)


RANZCOG (2019) Guidelines for the use of Rh(D) Immunoglobulin (Anti-D) in obstetrics.


Use of Anti-D during pregnancy and the post-partum period in NZ - NZ Blood Service (111G130)

Prepared by: Raewyn Cameron, Charge Scientist, Blood Bank, Pathlab
Eve Watson, Clinical Midwife Manager, Lakes DHB
Kasey Tawhara, O & G Consultant, Lakes DHB
Lisa McKechie, Maternity Quality & Safety Lead, Lakes DHB

Authorised by: Simon Ewen, HOD Obstetrics & Gynaecology, Lakes DHB

Reviewed by: LDHB Hospital Transfusion Committee
Maternity Clinical Quality Improvement (CQI) Meeting
Appendix 1. Red Label

Rhesus Negative

Mothers blood group:

Date and time cord blood taken:

Maternal bloods taken for Kleihauer within 2 hours of placenta? (tick one)  Yes  No

Date and time baby’s blood group results attained:

Date and time Kleihauer results attained:

Baby’s blood group:

Anti-D required? (tick one)  Yes  No

Number of doses required?

See Anti-D Administration Guideline or laminated pink reference sheet for interpreting Kleihauer results. (Found with Anti D information BU/PNU for correct dosage criteria.)

Appendix 2. Example of Cord Blood Request Form (Showing Tube Label)
Appendix 3. Anti-D Administration Guidelines for Pregnancy

<table>
<thead>
<tr>
<th>Gestation</th>
<th>Previous Anti-D Administration in this Pregnancy</th>
<th>Kleihauer Test</th>
<th>Fetomaternal Bleed</th>
<th>Anti-D Dose (Within 72 hours Post Birth/Event)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 12 weeks Singleton</td>
<td>No</td>
<td>Not Required</td>
<td>N/A</td>
<td>250iu</td>
</tr>
<tr>
<td>Sensitising event</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 – 20 weeks Singleton</td>
<td>No</td>
<td>Not Required</td>
<td>N/A</td>
<td>625iu</td>
</tr>
<tr>
<td>Sensitising event</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 20 weeks Twin</td>
<td>No</td>
<td>Not Required</td>
<td>N/A</td>
<td>625iu</td>
</tr>
<tr>
<td>Sensitising event</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-20 weeks Single / Twin</td>
<td>Yes</td>
<td>Not Required</td>
<td>N/A</td>
<td>If &gt;2 weeks since last dose, give subsequent dose of Anti-D 625iu</td>
</tr>
<tr>
<td>Sensitising event</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;20 weeks</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitising event</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greater than 20 weeks</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(including birth)</td>
<td>(More than 2 weeks prior)</td>
<td>Collected within 2 hours of the sensitising event</td>
<td>&lt;6mls</td>
<td>625iu</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6-12mls</td>
<td>1 further dose of Anti-D 625iu</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&gt;12mls</td>
<td>Seek advice from Blood Bank/TMS</td>
</tr>
<tr>
<td>Greater than 20 weeks</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(including birth)</td>
<td>(Less than 2 weeks prior)</td>
<td>Collected within 2 hours of the sensitising event</td>
<td>&lt;6mls</td>
<td>No further dose</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6-12mls</td>
<td>625iu</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&gt;12mls</td>
<td>Seek advice from Blood Bank/TMS</td>
</tr>
<tr>
<td>At birth</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single / Twin</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&lt;6mls</td>
<td>625iu</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6-12mls</td>
<td>1 further dose of Anti-D 625iu</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&gt;12mls</td>
<td>Seek advice from Blood Bank/TMS</td>
</tr>
<tr>
<td>Anti-D Prophylaxis</td>
<td>N/A</td>
<td>No</td>
<td>N/A</td>
<td>625iu given at 28 and 34 weeks’ gestation.</td>
</tr>
<tr>
<td>28 and 34 weeks gestation*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If woman is > 28 weeks pregnant and is unable or unlikely to return for second dose of routine antenatal prophylactic Anti-D consider giving one dose of 1250IU Anti-D
Appendix 4. Routine Antenatal Anti-D Prophylaxis Process

### 24 WEEKS GESTATION
- **Does the woman consent?**

  **NO**
  - Routine 28 and 36 AN bloods & document her decision in clinical notes

  **YES**
  - **Rhesus negative woman at booking:**
    - LMC to explain rationale for Anti-D prophylaxis and gives NZ Blood Patient Information Leaflet

### 28 WEEKS GESTATION
- **DHB** make contact with woman for appointment date/time
- Reminds woman to get RBC Antibody screen blood test 2-3 days prior

  **On day of appointment:**
  - **DHB** MW checks blood taken 2-3 days prior & if result available. If blood not taken within timeframe, take and send blood sample – results copied to LMC
  - **DHB** MW obtains signed consent on Consent for Use of Blood and Blood Products form
  - **DHB** midwife sends consent, RBC antibody screen result and Anti-D prescription on a 1 Day (Day Stay) National Medication Chart to Blood Bank
  - Anti-D dose of 625IU is double checked then administered by DHB MW
  - **DHB** midwife observes woman for 20 minutes, documents in notes, informs LMC

### 32 WEEKS GESTATION
- **LMC** to obtain verbal consent and document
- Referral to DAU/Taupo Maternity to give Anti-D at 28/40
- Give the woman lab form for RBC Antibody screen 2-3 days prior to appointment
- If remote to Hospital, please consider multidisciplinary approach to ensure equitable care (LMC/Obs/GP/Blood Bank)

### 34 WEEKS GESTATION
- **DHB** to contact woman with appointment time/date

  **On day of appointment:**
  - **DHB** MW checks signed consent on Consent for Use of Blood and Blood Products form
  - **DHB** MW sends consent, RBC antibody screen result and Anti-D prescription on a 1 Day (Day Stay) National Medication Chart to Blood Bank
  - Anti-D dose of 625IU is double checked then administered by DHB MW
  - **DHB** MW observes woman for 20 minutes, documents in notes, informs LMC

### 36 WEEKS GESTATION
- Further RBC antibody screen not required as part of routine 36 week antenatal bloods

---

Follow Pathway in Appendix 5. *Routine Antenatal Prophylaxis Anti-D Pathway for Women > 28 weeks’ Gestation*. 
Appendix 5. Routine Antenatal Prophylaxis Anti-D Pathway for Women > 28 weeks’ Gestation

When the first routine antenatal prophylactic Anti D has not been given at 28 weeks’ gestation, it should be administered as soon after 28 weeks as possible.

**Rhesus negative woman, > 28 weeks’ gestation, no RAADP:**
- Late booking with LMC
- Transferred from another DHB where RAADP not offered
- Infrequent antenatal care
- Declined at 28 weeks but requests at a later date

1. LMC to explain rationale for Anti-D prophylaxis and gives NZ Blood Patient Information Leaflet
2. **Does the woman consent?**

**NO**

- Routine 28 and 36 AN bloods & document her decision in clinical notes
- Discuss at subsequent antenatal assessment

**YES**

- DHB make contact with woman for appointment date/time
- Reminds woman to get RBC Antibody screen blood test 2-3 days’ prior

**≥ 28 WEEKS GESTATION**
- LMC to obtain verbal consent and document
- Referral to DAU/Taupo Maternity to give Anti-D
- Give the woman lab form for RBC Antibody screen 2-3 days prior to appointment
- If remote to Hospital, please consider multidisciplinary approach to ensure equitable care (LMC/Obs/GP/Blood Bank)

**No action taken**
- Routine 28 and 36 AN bloods & document her decision in clinical notes
- Discuss at subsequent antenatal assessment

**On day of appointment:**
- DHB MW checks blood taken 2-3 days prior & if result available. If blood not taken within timeframe, take and send blood sample – results copied to LMC
- DHB MW obtains signed consent on Consent for Use of Blood and Blood Products form
- DHB MW sends consent, RBC antibody screen result and Anti-D prescription (on a 1 Day (Day Stay) National Medication Chart) to Blood Bank
- Anti-D dose of 625IU is double checked then administered by DHB MW
- DHB MW observes woman for 20 minutes, documents in notes, informs LMC
- *If woman is unable or unlikely to return for second dose of routine antenatal prophylactic Anti-D consider giving one dose of 1250IU Anti-D
- Otherwise, a second dose should be given if the first dose is given prior to 34 weeks’ gestation. The time for the second dose should be halfway between the first dose and the EDD (but not less than 2 weeks since the last dose).

Any concerns/questions about dose or timing, seek advice from Blood Bank