

Anti D Information for Health Care Professionals

Important issues in relation to prophylactic Anti-D administration at 28 and 34 weeks gestation for Rhesus negative women

Testing for Anti-D antibodies

- Women who are Rh negative and had no Rh D antibodies in early pregnancy should be tested again for the presence of antibodies at the end of the second trimester of pregnancy.
- Ideally testing should precede administration of Anti-D. However, if both are done at the same clinic appointment, the sequence in which they occur does not matter. It takes some time (2-4 hours) before the Anti-D that has been injected can be detected in the circulation.
- If antibody testing was done at 26 or 27 weeks, it need not be repeated before Anti-D administration at 28 weeks.

How critical are the 28 and 34 weeks points?

- Basic principles in responding to this question are that:
 1. The Anti-D administration will provide cover for a minimum of 6 weeks.
 2. The risk of sensitisation increases as pregnancy progresses.
- Thus, if someone has received Anti-D slightly before 28 weeks, the 34 weeks injection should still be given as planned at 34 weeks.
- If someone has missed out on receiving Anti-D at 28 weeks (for example because they did not attend) Anti-D should be given at the next visit (better late than never). In that case, the second injection should be planned 6 weeks later, provided, of course, that the woman is still pregnant then.

Anti-D for potentially sensitising events

- If a woman has a sensitizing event, she should have a dose of Anti-D regardless of when the prophylactic dose was administered.
- If a woman receives Anti-D for a potentially sensitising event, e.g. APH or trauma, before 28 weeks, she should still receive Anti-D at 28 & 34 weeks as scheduled unless the Anti-D for the sensitizing event was administered less than 1 week before the prophylactic dose being due.

Informed consent

- Informed consent should be obtained before the first Anti-D administration and must be documented in the notes / hand-held pregnancy record.
- Ideally we should move to obtain informed consent from all Rh negative women at the beginning of pregnancy, so that this covers any and all occasions on which Anti-D may become indicated during pregnancy.
- Essential elements of the informed consent are listed under a separate caption underneath.

The process of asking for informed consent should incorporate

- Ensuring that the woman has received the information leaflet and reads it.
- Antenatal administration of Anti-D to all Rh negative women is recommended by the NHMRC. Administration of Anti-D to all Rh negative women who give birth to a Rh positive baby has been practiced for many years in Australia.
- Anti-D is a blood product. As it is made from human blood, there is a theoretical risk of transmission of blood borne diseases.
- That risk is extremely small because of the careful selection of blood donors and because of the way in which Anti-D is produced from the blood.
- More than 1½ million doses of Anti-D have been given in Australia without a single viral transmission thus far (see note).
- The risk of HIV transmission, for example, is currently estimated to be less than 1 in 4.8 million of Anti-D ampoules administered.

Notes

- HIV has never been transmitted through Anti-D injections.
- One case has been reported of transmission of hepatitis C attributed to Anti-D administration. This occurred in Ireland.
- Jehovah's Witnesses should be informed that, although Anti-D is made from human blood, it does not contain blood elements and, therefore, should not be against their religious beliefs. If in doubt, they should consult with their religious leaders.

Testing for feto-maternal haemorrhage at the time of birth

- It is recommended that all Rh negative women who give birth to a Rh positive baby be tested for feto-maternal haemorrhage in excess of 6mL red blood cells (12 mL fetal blood), except if they are known to have preformed (endogenous) Anti-D antibodies.
- The recommended technique for feto-maternal haemorrhage testing after birth is flow-cytometry. This will be required in approximately 10 % of women (proportion of Rh negative women with an Rh positive baby in the population) and up to 1 % of the women tested may require additional Anti-D.

Acknowledgment

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