D B An D no o n D A Y
A D A D

The guidelines for use of Anti-D Immunoglobulin have been prepared by the New Zealand Blood Service (NZBS) for use by midwives and medical practitioners involved in the care of pregnant women and obstetric practice in New Zealand. They provide information on:

1) Dose and indications for the use of Anti-D Immunoglobulin (p1 - 3).
2)

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Weeks 12 - 40+ gestation (2nd and 3rd trimesters) in an RhD negative woman: **An D no o n** , if any of the following potentially sensitising events have occurred:	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) **o** 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): **o o AA D** **An D no o n** at 28 and 34 weeks gestation	**o n** **B o n on o o oo** **no n o o** **o An DAn n o** **o** 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 at 30 weeks a red cell antibody screen blood sample has been taken. 2. If 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.

3. Assessment of the size of any fetomaternal haemorrhage should be completed promptly so that any Anti-D Immunoglobulin prophylaxis can be completed within 72 hours of the sensitising event.
4. The patient's body weight may also affect interpretation of the test result. Where the lean body weight exceeds 100kg an additional dose may be appropriate.
5. Consultation with a Transfusion Medicine Specialist is recommended when more than 1250 IU Anti-D Immunoglobulin (two vials) appears to be indicated by a Kleihauer test, to ensure interpretation of the information is correct.
6. Other tests for quantifying fetomaternal haemorrhage exist, e.g. FLOW cytometry, but are not widely available.
7. A negative Kleihauer test does **no** remove the need for Anti-D.
8. If a dose of Anti-D Immunoglobulin greater than two 625 IU vials is required, an intravenous (IV) product may be considered.

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Occasional cases of RhD immunisation are known to occur in RhD negative women in late pregnancy (approximately 1% of women who have an RhD positive fetus). Most cases occur after