HUTT maternity
Hutt Valley Maternity Care

HUTT VALLEY DHB

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Anti-D Administration Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Purpose

To ensure that appropriate process is adhered to for Rh negative women needing to receive Anti-D or its equivalent during the antenatal or postnatal period.

Scope

The procedure applies to all health professionals employed by HVDHB and LMCs holding access agreements.

Definitions

LMC - Lead Maternity Carer
Anti-D - An Immunoglobulin preparation
Rhesus Factor - An antigen attached to red blood cells capable of causing production of antibodies when introduced into the circulation of a person lacking this factor (Rh negative women).

This policy is based on the NZ Bloodbank guidelines (2013): Use of RH-D immunoglobulin during pregnancy and the postpartum period.

Procedure

Antenatal

It is the LMC or designated authority's (subcontracted midwife) responsibility to ensure that the woman's rhesus status is clearly documented on the booking form and that a hard copy of the woman's blood results are available in the hospital notes.

It is the LMC's responsibility to ensure that the woman is aware of the possible requirement of Anti-D during the antenatal and postnatal periods, and the process involved. This remains the responsibility of the LMC (or delegate) to administer at the appropriate intervals. A New Zealand Blood Service pamphlet "*Your guide to blood transfusion /Anti-D"* is available for further information.

Antenatal Prophylaxis is recommended for all Rhesus negative women (with no preformed antibodies) 625 IU IM at **28 weeks** and again at **34 weeks** gestation. All Rhesus negative women should be given the opportunity to access antenatal prophylaxis as it has been shown to reduce Rhesus isoimmunisation from 1% to 0.2%. Passive anti-D antibodies at 34 weeks is NOT a contraindication to anti-D administration – nor post delivery.
(Unless the father of the baby is rhesus negative)

Systems to support routine antenatal prophylaxis are currently being developed by the New Zealand Blood Service.

Please note: Routine antibody levels should be taken **BEFORE** anti-D administration, except at the 34 week dose. Routine 34 week bloods for other antibodies can be taken before or after anti-D administration.

First trimester
Single dose of 250 IU (50μgm) anti-D for <12 weeks gestation

- Spontaneous miscarriage without the need for surgical intervention
- Surgical evacuation <12 weeks gestation (TOP/ incomplete miscarriages)
- Ectopic pregnancy
- Molar pregnancy (complete mole doesn't have fetal red cells)
- Threatened abortion from 7weeks with significant bleed

Second/third trimester
Single dose of 625 IU (125 μgm) anti-D

- Miscarriages >12 weeks / IUD
- Amniocentesis / CVS
- Antepartum Haemorrhage (Placenta praevia/ abruptio placentae / idiopathic)
- Blunt abdominal trauma
- ECV

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:
1. If the previous dose was given 2 weeks or more previously a further dose of Anti-D Immunoglobulin should be offered.

2. Where the previous dose was given less than 2 weeks previously 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.

3. Anti-D Immunoglobulin should be given to all non-sensitised RhD 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

Postpartum

Single dose of 625 IU (125 μgm) anti-D

Maternal and cord bloods need to be taken and **hand-labelled**

- Mother **pink** top 1 hour postpartum for Kleihauer.
- Baby cord blood (from cord) in **pink** top for group and DAT **(use pre-formatted labels available in D/S and OT)**

If the Kleihauer test is positive, Immunohematology staff need to be consulted as to whether a second dose of anti-D is recommended.

Notify Paediatric team **immediately** if DAT positive

Administration of anti-D

Blood group and DAT results will be available on the computer by 1400 hrs Monday – Friday.

NOTE: If the DAT is positive, anti-D **must not** be given until further work on screening antibodies is done by the laboratory staff. The work will be done the same day. If the ward staff have not heard the results by 1630 hours, please ring Immuno-haematology**.**

It is the responsibility of the LMC (or subcontracted midwife) to ensure that the woman gives informed consent and receives anti-D *as soon as possible* (within 72 hours after birth or an antenatal event with potential for isoimmunisation).

Informed Consent

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).

HVDHB midwives are responsible for obtaining informed consent, charting anti-D and administration of anti-D for inpatient women during the intrapartum period.

Once consent has been gained using the HVDHB operative consent form, Anti-D can be charted and collected.

- Anti-D or its equivalent is to be charted on the medication chart
- Anti-D is ordered on an *Immunohematology Requisition for Blood Products* Form
- The *Blood/Blood Product Transfusion Record* needs to be filled out and taken to Blood Bank when collecting Anti-D or its equivalent. A **product label** is to be placed on this form once Anti-D has been administered.

Administration:

- Two registered staff are required to check the blood results and anti-D, and to identify woman receiving Anti-D.
- Batch number and expiry date of the anti-D are to be recorded on the medication chart.
- The administration of Anti-D or its equivalent is to be recorded in the woman's progress notes.
- The woman is to be provided with the appropriate HVH card either *H685* saying she required Anti-D or *H686* if not required.
- Infant blood group to be documented in Well Child Book
- The administration of Anti-D is to be recorded on the discharge summary

Appendix 1 - COLLECTION AND ADMINISTRATION OF ANTI-D

The mother's current (preferably within the last 72 hours) antibody screen should be reviewed at 28 weeks and again postnatally, before proceeding with the Anti-D administration. If the mother's antibody screen is positive it is imperative that the Lead Maternity Carer discusses what this means to the mother for subsequent pregnancies and potential blood transfusions in the future.

Procedure

Collection and administration of anti-d

- Check baby's blood group is Rh positive on concerto
- Give anti-D information booklet to parents to read
- Obtain signed consent from woman (consent to operation/treatment/procedure)
- Fill in request form for anti-D (transfusion medicine form)
- Anti-D to be prescribed by Doctor or midwife, to be charted on "once only medicines" on medication chart
- Collect anti-D from lab (or request orderlies to pick up with appropriate forms: request for blood products form and blood transfusion record form.)
- Double check with another member of staff
- Administer anti-D IM
- Ensure lot number and expiry date on medication chart
- Also document all information in body of notes and on Concerto discharge paperwork
- Give yellow anti-D card to mother
- Enter blood groups in baby's Well Child Book

References

HVH Immuno-haematology guidelines.
New Zealand Blood Service*, Your Guide to Blood Transfusion, Anti-D*.
Company Policy on Informed consent.
NZBlood (2013). *Use of Rh-D Immunoglobulin during pregnancy and the postpartum period*. http://www.nzblood.co.nz/assets/Transfusion-Medicine/PDFs/USE-OF-RH-D-IMMUNOGLOBULIN-DURING-PREGNANCY-AND-THE-POST-PARTUM-PERIOD-111G130.pdf.
Qureshi,H, ,et al. (2014). *BCSH guideline for the use of anti-D immunoglobulin for the prevention of haemolytic disease of the fetus and newborn*. http://onlinelibrary.wiley.com/doi/10.1111/tme.12091/full.
Ministry of Health. (2012). Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines). Wellington: Ministry of Health.
RANZCOG College statement – *Guidelines for the use of Rh(D) immunoglobulin (anti-D) in obstetrics in Australia*. C-obs 6, March 2007.

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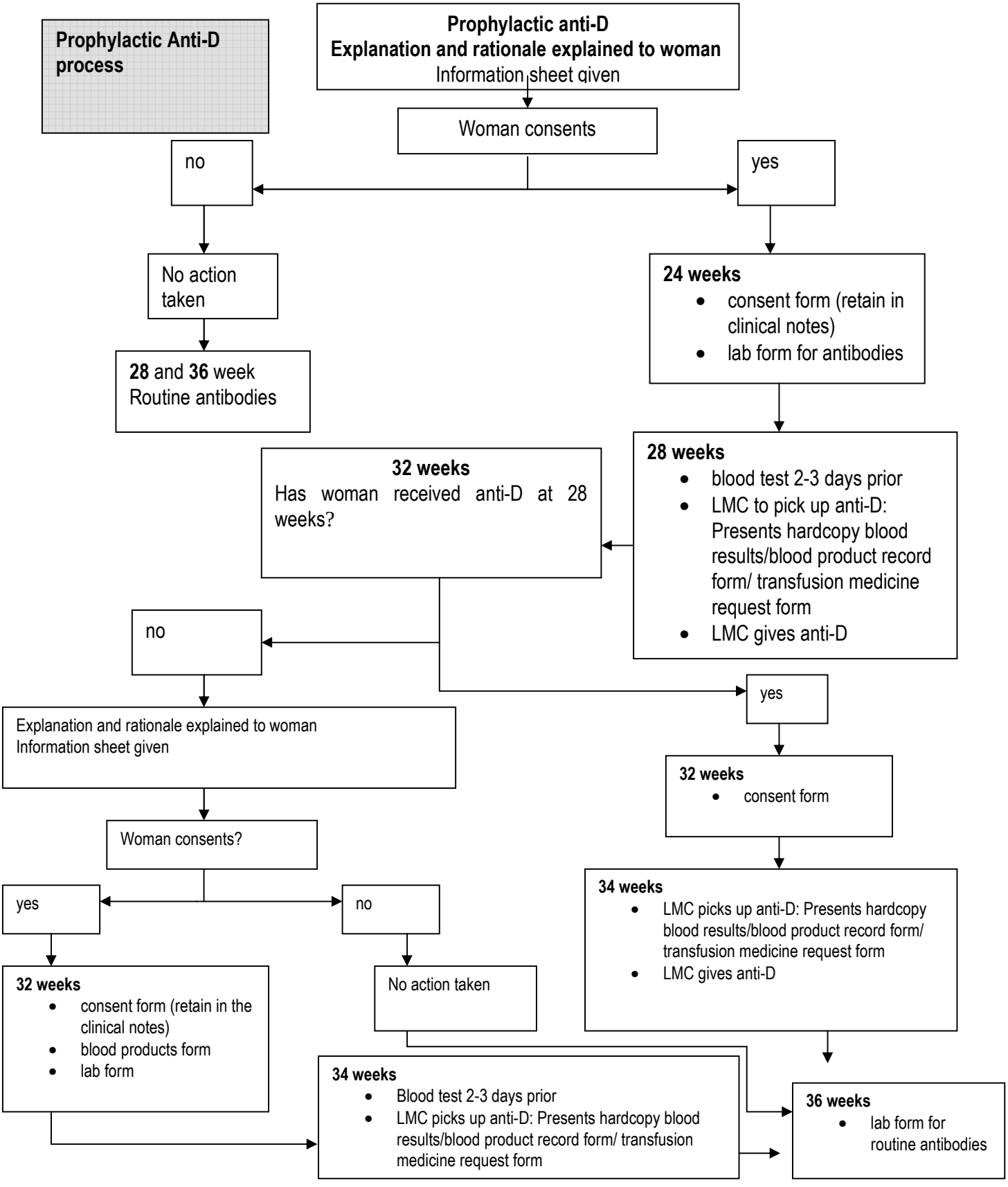
Prophylactic Anti-D process
Prophylactic anti-D
Explanation and rationale explained to woman
Information sheet given
Woman consents
no
yes
No action taken
28 and 36 week Routine antibodies
24 weeks
consent form (retain in clinical notes)
lab form for antibodies
28 weeks
blood test 2-3 days prior
LMC to pick up anti-D: Presents hardcopy blood results/blood product record form/ transfusion medicine request form
LMC gives anti-D
32 weeks
Has woman received anti-D at 28 weeks?
no
yes
Explanation and rationale explained to woman
Information sheet given
32 weeks
consent form
Woman consents?
34 weeks
LMC picks up anti-D: Presents hardcopy blood results/blood product record form/ transfusion medicine request form
LMC gives anti-D
yes
no
32 weeks
consent form (retain in the clinical notes)
blood products form
lab form
No action taken
34 weeks
Blood test 2-3 days prior
LMC picks up anti-D: Presents hardcopy blood results/blood product record form/ transfusion medicine request form
36 weeks
lab form for routine antibodies