

RhD Negative Pregnant Women & RhD Immunoglobulin-VF: Anti-D Prophylaxis Pathway in the Community

Pathway assumes ≥ 10 weeks gestation, no pre-existing Anti-D antibodies.
Routine Prophylaxis is given in addition to Anti-D given for sensitising event.

Routine Prophylaxis Pathway

All Pregnancies Reaching 10 weeks (no pre-existing Anti-D antibodies)

1. GP to order **blood group, Rh status and antibodies, atypical IgG red cell antibodies***
2. **If POSITIVE ANTIBODIES needs URGENT referral to Specialist Obstetric Clinic 97842626**

All Pregnancies Reaching 28 weeks (no pre-existing Anti-D antibodies)

1. GP to order
 - **antibody screen*** (pathology report to doctor later)
 - **RhD Immunoglobulin-VF(Anti-D) 625 IU**** from blood bank 97847553
2. GP to follow up antibody screen result
3. **If POSITIVE needs URGENT Referral to Specialist Obstetric Clinic 97842626**
4. If NEGATIVE woman to **collect Anti-D** from Blood Bank*** Frankston Hospital (Level 3) for administration by GP
5. GP to **consent, administer & document RhD Immunoglobulin-VF(Anti-D) 625 IU******

All Pregnancies Reaching 34-36 weeks (no pre-existing Anti-D antibodies)

1. GP to confirm previous **antibody screens NEGATIVE (28 weeks/ sensitising events)**
2. GP to order **RhD Immunoglobulin-VF(Anti-D) 625 IU** from* blood bank
3. Patient to **collect Anti-D** from Blood Bank*** Frankston Hospital (Level 3) to take to for administration by GP.
4. GP to **consent, administer & document RhD Immunoglobulin-VF(Anti-D) 625 IU******

All Births (no pre-existing Anti-D antibodies)

1. Hospital to collect **Maternal Blood for antibody screen and Kleihauer**
2. Hospital to collect **cord blood for group and Coombs**
3. If **infant RhD positive give RhD Immunoglobulin-VF(Anti-D) 625 IU (or WinRho SDF)** to mother. Additional doses may be needed depending on Kleihauer results.

* Order blood tests at any provider including Dorevitch Frankston Hospital Level 3 (9784 7535)

** Anti-D can be ordered from Dorevitch/Blood Bank Frankston Hospital Level 3 (9784 7535) on any pathology form but form MUST state

- Name & DOB
- Gestation
- If mother has had Anti-D during the pregnancy (date, time and dose)

*** Anti-D can be collected by woman or family members with patient consent.
Anti-D ideally stored at 2° - 8°C. Do not freeze. Protect from light.

**** The batch number of every vial of human immunoglobulin administered must be recorded. Preferred document is Peninsula Health Anti-D Patient Consent & Administration Form MR553120 with copy to be kept in VMR (Victorian Maternity Record) and in GP medical records.

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Sensitising Events Pathway

Anti-D should be administered as soon as possible after sensitising event, ideally within 72 hours. Dose offered within ten days may provide protection.

First Trimester Sensitising Event (6 – 12 weeks)

Complete miscarriage with or without instrumentation; termination of pregnancy; ectopic pregnancy; chorionic villus sampling

1. GP to order **antibody screen***
2. GP to **follow up antibody screen** results
3. **If POSITIVE needs URGENT Referral to Specialist Obstetric Clinic 97842626**
4. If NEGATIVE GP to order Anti-D from Blood Bank** Frankston Hospital (Level 3)
 - **RhD Immunoglobulin-VF(Anti-D) 250 IU singleton pregnancy**
 - **RhD Immunoglobulin-VF(Anti-D) 625 IU multiple pregnancy**
5. Woman to **collect Anti-D** from Blood Bank*** Frankston Hospital (Level 3) for administration by GP.
6. GP to **consent, administer & document RhD Immunoglobulin-VF(Anti-D)******
7. **Continue to follow routine prophylaxis pathway** according to gestation.

Second or Third Trimester Sensitising Event (13 weeks to Delivery)

Chorionic villus sampling; amniocentesis; cordocentesis; fetoscopy; abdominal trauma; antepartum haemorrhage; external cephalic version; miscarriage; termination of pregnancy

1. GP to order *
 - **antibody screen**
 - **Kleihauer**
2. GP to **follow up antibody screen and Kleihauer** results
3. **If either or both tests POSITIVE URGENT Referral to Specialist Obstetric Clinic 97842626**
4. If NEGATIVE GP to order from Blood Bank** Frankston Hospital (Level 3)
 - **RhD Immunoglobulin-VF(Anti-D) 625 IU**
5. Woman to **collect Anti-D** from Blood Bank*** Frankston Hospital (Level 3) for GP injection
6. GP to **consent, administer & document RhD Immunoglobulin-VF(Anti-D) 625 IU******
7. **Continue to follow routine prophylaxis pathway** according to gestation.

* Order blood tests at any provider including Dorevitch at Frankston Hospital Level 3 (9784 7535)

** Anti-D can be ordered from Dorevitch/Blood Bank at Frankston Hospital Level 3 (9784 7535) on any pathology form but form MUST state

- Name & DOB
- Gestation
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