Guidelines for Perinatal Antibody Screening and Rho(D) immune globulin (WinRho®SDF Liquid) Administration

**INITIAL VISIT**
Blood type and antibody screen

NEGATIVE ANTIBODY SCREEN or POSITIVE ANTIBODY SCREEN
NOT ASSOCIATED WITH HEMOLYTIC DISEASE OF THE NEWBORN [HDN]
(due to WinRho®SDF Liquid, Le, HI, I, P, M, Sd, Bg, HTLA, etc.)

Rh(D) NEGATIVE **
- Repeat antibody screen at 26-28 weeks (within 2 weeks) BEFORE giving WinRho®SDF Liquid
- WinRho®SDF Liquid 300 µg at 28 weeks unless the father of the baby is documented to be Rh(D) negative*

NEGATIVE ANTIBODY SCREEN [or positive due to WinRho®SDF Liquid] at 28 weeks:
- Repeat antibody screen + Kleihauer at delivery BEFORE giving WinRho®SDF Liquid
- WinRho®SDF Liquid: minimum of 120 µg if baby is Rh(D) positive or Rh unknown*. Adjust dosage based on Kleihauer (see reverse).

POSITIVE ANTIBODY SCREEN ASSOCIATED WITH HEMOLYTIC DISEASE OF THE NEWBORN (HDN)
(D, C, c, e, Kell, Fya/Fyb, Jka/Jkb, etc.)

Regardless of Rh type:
1. Repeat antibody screen MONTHLY until delivery or as recommended by the Rh Program.
2. Further direction regarding management will be offered by the Rh Program.
3. Test cord blood for ABO, Rh, Direct Antiglobulin Test (DAT), hemoglobin and bilirubin at delivery

Rh(D) negative:
Rh(D) negative women with HDN antibodies other than anti-D antibodies are candidates for WinRho®SDF Liquid. See guidelines for Rh(D) negative women (box on left side).**

POSITIVE ANTIBODY SCREEN
NON-HDN

POSITIVE ANTIBODY SCREEN NOT ASSOCIATED WITH HDN
(due to WinRho®SDF Liquid, Le, HI, I, P,M, Sd, Bg, HTLA, etc)
Rh(D) negative, at delivery:
- Repeat antibody screen + Kleihauer BEFORE giving WinRho®SDF Liquid
- WinRho®SDF Liquid: minimum of 120 µg if baby is Rh(D) positive or Rh unknown*. Adjust dosage based on Kleihauer (see reverse).

In PEI we do not stock 120µg WinRho®SDF Liquid
Please substitute 300µg WinRho®SDF Liquid where 120µg has been suggested.

*See dosage and indications for Rho(D) Immune globulin administration on reverse

For further information contact the Rh Program of Nova Scotia, 5850 / 5980 University, Avenue P.O. Box 9700, Halifax, Nova Scotia B3K 6R8
Telephone: (902) 470-6458 Facsimile: (902) 470-7468. Website:http://rcp.nshealth.ca/rh

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Rho(D) Immune globulin (WinRho®SDF Liquid)

Indications for administration to Rh(D) negative women (without allo anti-D antibodies) unless father of the baby is documented to be Rh(D) negative:

- **28 weeks gestation:** give 300 µg. If given before 28 weeks, a repeat injection is required 12 weeks later.
- **Postpartum:** obtain Kleihauer; give minimum of 120 µg if infant is Rh(D) positive or Rh unknown. May withhold injection if WinRho®SDF Liquid has been given within the previous 3 weeks provided Kleihauer* is negative AND passive anti-D antibodies (due to Rho(D) Immune globulin) are detected at delivery.
- **Spontaneous or induced abortion, ectopic pregnancy, partial molar pregnancy; abdominal trauma:** up to 12 weeks gestation, give minimum of 120 µg; after 12 weeks gestation, give 300 µg.
- **Antepartum bleeding (threatened abortion):** up to 12 weeks gestation, give minimum of 120 µg; after 12 weeks, give 300 µg; repeat every 6 weeks if bleeding episodes continue; obtain Kleihauer* test for bleeding episodes in second and third trimester.
- **Amniocentesis, cordocentesis, chorionic villus sampling (CVS):** obtain Kleihauer and give 300 µg; further Kleihauer + antibody screen if procedure is repeated within 6 weeks, and give an additional 300 µg IF Kleihauer* is positive AND/OR passive anti-D antibodies (due to Rho(D) Immune globulin) are not detected.
- **External versions, placental abruption, placenta previa with bleeding:** give minimum of 120 µg in combination with Kleihauer* testing due to risk of fetomaternal hemorrhage.
- **Platelet transfusion if platelet donors are Rh(D) positive:** 120 µg covers up to 6 full buffy coat or apheresed transfused platelet units and protects for up to 4-6 weeks. WinRho®SDF Liquid should be administered within 72 hours of the transfusion. **Rationale:** Platelets from Rh(D) positive donors contain a small amount of red blood cells.
- **Transfusion of Rh(D) positive red blood cells (RBC’s) to Rh(D) negative recipient:** 24 µg per mL red blood cells (RBC’s). **Caution:** see product insert for limitations, or consult with the Rh Program or your blood transfusion service.

*KLEIHAUER TEST POSITIVE for fetomaternal hemorrhage (FMH) of Rh(D) positive whole blood:

Maternal circulation estimated whole blood volume = 5,000 mL

Administer 12 µg WinRho®SDF Liquid per mL of maternal whole blood (may use 9 µg per mL with i.v. administration).

- 120 µg protects for FMH of 0.0% to 0.2% of maternal whole blood volume (0.002 x 5000 mL = 10 mL maternal whole blood x 12 = 120 µg required)
- 300 µg protects for FMH of 0.0% to 0.5% of maternal whole blood volume (0.005 x 5000 mL = 25 mL maternal whole blood x 12 = 300 µg required)

Depending on dose calculated above: 1) administer 600 µg every 8 hours via the intravenous route or 2) 1,200 µg every 12 hours via the intramuscular route until the total dose has been administered. Consult with the Rh Program for further assistance or refer to the product insert under “Dosage and Administration”.

**In PEI we do not stock 120µg WinRho®SDF Liquid. Please substitute 300µg WinRho®SDF Liquid where 120µg has been suggested.**


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