Guidelines for Perinatal Antibody Screening and Rho(D) Immune Globulin (WinRhoSDF™) Administration

INITIAL VISIT - ABO, Rh, Antibody Screen

NEGATIVE ANTIBODY SCREEN or POSITIVE ANTIBODY SCREEN

NOT ASSOCIATED WITH

HEMOLYTIC DISEASE OF THE NEWBORN (Le, Hi, I, P, M, Sd, Bg, HTLA, etc.)

Rh(D) NEGATIVE

✓ Repeat antibody screen at 28 weeks (obtain sample BEFORE giving Rho(D) Immune Globulin)
✓ Rho(D) Immune Globulin 300µg unless father of the baby is known to be Rh(D) negative†

NEGATIVE ANTIBODY SCREEN

✓ Repeat antibody screen at delivery (obtain sample BEFORE giving Rho(D) Immune Globulin)
✓ Kleihauer + Rho(D) Immune Globulin 120µg if baby is Rh(D) positive or Rh unknown* (obtain Kleihauer pre-injection; adjust dosage based on Kleihauer)

NEGATIVE ANTIBODY SCREEN

✓ No further testing

POSITIVE ANTIBODY SCREEN

ASSOCIATED WITH

HEMOLYTIC DISEASE OF THE NEWBORN (D, c, E, K, Fy, Jk, Wra, etc.)

Rho(D) POSITIVE

✓ Repeat antibody screen at 24-28 weeks

NEGATIVE ANTIBODY SCREEN

✓ Repeat antibody screen at delivery

ANTIBODY NOT ASSOCIATED WITH HEMOLYTIC DISEASE OF THE NEWBORN (Le, Hi, I, P, M, Sd, Bg, HTLA, etc.)

Rh(D) negative, at delivery*

✓ Repeat antibody screen (obtain sample BEFORE giving Rho(D) Immune Globulin)
✓ Kleihauer + Rho(D) Immune Globulin 120µg if baby is Rh(D) positive or Rh unknown* (obtain Kleihauer pre-injection; adjust dosage based on Kleihauer)

POSITIVE ANTIBODY SCREEN

✓ Repeat antibody screen MONTHLY or as recommended by the Rh program
✓ Rho(D) negative without anti-D antibodies: Give Rho(D) Immune Globulin 300µg at 28 weeks unless father of the baby is known to be Rh(D) negative* (obtain antibody screen pre-injection)

✓ Repeat antibody screen at delivery (obtain sample BEFORE Rho(D) Immune Globulin is given, if Rh(D) negative)
✓ Test cord blood for ABO, Rh, Direct Antiglobulin Test, hemoglobin and bilirubin at delivery
✓ Rho(D) negative without anti-D antibodies:
Kleihauer + Rho(D) Immune Globulin 120µg if baby is Rh(D) positive or Rh unknown* (obtain Kleihauer pre-injection; adjust dosage based on Kleihauer)

*See indications for Rho(D) Immune Globulin administration on reverse

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

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
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Rho(D) Immune Globulin (WinRho SDF™)
Indications for administration to Rh(D) negative women (without allo anti-D antibodies)
unless father of the baby is known to be Rh(D) negative:

✓ Always obtain antibody screen BEFORE administering WinRho SDF™. Confirm Rh type, but no need to wait for screen result.

• 28 weeks gestation: give 300 µg. If given before 28 weeks, a repeat injection is required 12 weeks later.

• Postpartum: obtain Kleihauer; give 120 µg if infant is Rh(D) positive or Rh unknown. May withhold injection IF WinRho SDF™ 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: up to 12 weeks gestation, give 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; Kleihauer* test for bleeding episodes in second and third trimester.

• Amniocentesis, cordocentesis, chorionic villus sampling (CVS): give 300 µg. Kleihauer after 19wks; Kleihauer + antibody screen if procedure is repeated within 6 weeks, and extra 300 µg IF Kleihauer* is positive AND/OR passive anti-D antibodies (due to Rho(D) Immune Globulin) are not detected.

• External versions, abdominal trauma, placental abruption, placenta previa with bleeding: give minimum of 120 µg in combination with Kleihauer* testing due to risk of fetomaternal hemorrhage.

• Platelet transfusion: 120 µg covers up to 12 transfused platelet units (300 µg covers up to 30 platelet units), and protects up to 4 weeks. Increased dose is required if additional platelet units are transfused, and repeat if more than 4 weeks have passed. Rationale: Platelets may come from Rh(D) positive donors, and contain a small amount of red blood cells.

• Transfusion of Rh(D) positive blood to Rh(D) negative recipient: 20 µg per mL red blood cells. Caution: see product insert for limitations, or consult Rh Program.

* KLEIHAUER TEST POSITIVE for fetomaternal hemorrhage (FMH) of Rh(D) positive red blood cells:
- 120 µg protects for FMH of 0.0% to 0.2%
- 300 µg protects for FMH of 0.0% to 0.5%
See product insert or consult with Rh Program if additional dosage is required.

NOTE: 1. Administer within 72 hours of event to ensure effectiveness (if omitted, give as soon as possible, up to 28 days later).
2. Administer by INTRAVENOUS or DEEP INTRAMUSCULAR route, to ensure adequate absorption. Injections into the gluteal region often reach only subcutaneous tissues, hence decreasing absorption, and potentially the effectiveness of WinRho SDF™. If necessary, use alternate muscle or intravenous route.
3. WinRho SDF™ is a blood product. Patients should be informed of the source and safety, and informed consent should be obtained. A consent form is also available from the Rh Program. Refer to Rh Program pamphlet Pregnancy and the Rh Factor.


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