STANDARD PROTOCOLS
ADMINISTRATION OF PROPHYLACTIC Rh(D) IMMUNOGLOBULIN

ADMINISTRATION OF PROPHYLACTIC Rh(D) IMMUNOGLOBULIN

PROTOCOL

AIMS
To facilitate the efficient and appropriate administration of anti-D immunoglobulin to Rh(D) negative pregnant women and to minimise the risk of maternal sensitisation to fetal Rh(D) positive red blood cells.

To ensure that the client has received information regarding anti-D and has consented to the procedure.

Key Points

- Prophylactic Rh(D) immunoglobulin is administered at 28 weeks, 34 weeks and postpartum within 72 hours of a Rh(D) positive baby being born to a Rh(D) negative woman.

- Where there has been a sensitising event, the woman must be referred to the obstetric team for assessment. CMP midwives are able to administer Rh(D) immunoglobulin following a sensitising event in the presence of a signed medication order and recommended dosage from Transfusion Medicine.

- The client must receive information regarding anti-D and consent to the procedure. As a result of this discussion the client should
  - Understand what medical action is recommended
  - Be aware of the risks and benefits associated with Anti-D administration
  - Appreciate the risks and possible consequences of not receiving the recommended therapy
  - Be given an opportunity to ask questions
  - Give consent for the administration of Anti-D

- To aid this discussion the pamphlet “You and your baby” should be given to the client. This must be clearly documented in the PHR.

- Where possible, the client should be encouraged to collect the Anti-D and bring to her antenatal appointment
**Procedure for the administration of Anti-D as routine prophylaxis to appropriate antenatal women**

1. Confirm that the woman’s blood group is Rh(D) negative and antibody Anti-D negative. This needs to be obtained in writing either from the clients GP or from a valid pathology report, viewed by the midwife and placed in the clients hand held records prior to administration.

2. Ensure that the woman is at the appropriate gestation.

3. Obtain 625 units of Anti-D Immunoglobulin from Transfusion Medicine Department (follow procedure for obtaining Anti-D below for individual hospitals).

4. Ensure that the woman has been informed and counselled appropriately as to the reason for administration and the possible consequences of not receiving the Anti-D immunoglobulin and that verbal consent is obtained.

5. Administer the Anti-D immunoglobulin as per the Standing order for Anti D.
   - It should be administered by deep intramuscular injection. It should not be given subcutaneously.
   - The deltoid muscle or anterolateral thigh is the preferred site. The buttocks should be avoided.
   - For women with a Body Mass Index (BMI) of 30 or more, particular consideration should be given to factors which may impact on the adequacy of the injection, including the site of administration and the length of needle used.

6. Document the date and time of administration in the clients PHR. Attach the peel off label from Anti D to the client’s notes or record the batch number if no peel off label available.

7. The client is advised to remain in the clinic for at least 30 minutes following administration to ensure an allergic reaction does not occur. Document care in the clients PHR.

**Procedure for the Administration of Anti-D to Appropriate Postpartum Women**

**Key Points**

1. A Kleihauer test is required to determine if an additional dose of Rh D Immunoglobulin is necessary. A cord blood specimen should be sent to assess the baby’s blood group and results obtained within 24 hrs.

2. For postpartum Rhesus negative women who have a negative antibody screen, administration of Anti-D should be recommended within 72 hours of the birth if their baby has a positive blood group.

**Procedure**

1. Ensure the woman’s blood group is Rh(D) negative and antibody screen negative.

2. Check the Kleihauer results and recommended dose of Anti-D and check that the
baby’s blood group is Rhesus positive.

3. Collect the Anti-D issued specifically for the woman from Transfusion Medicine and obtain a written Kleihauer result.

4. Ensure that the woman is informed and counselled appropriately as to the reason for administration and the possible consequences of not receiving the Anti-D immunoglobulin and that verbal consent is obtained.

5. Administer the Anti-D immunoglobulin as per the standing order for Anti D.

6. Document the date and time of administration in the client’s postnatal record. Attach the peel off label from the Anti-D to the client’s notes, or record the batch number if no peel off label available.

7. Remain with the client for at least 30 minutes following administration to ensure an allergic reaction does not occur. Document the care in the client’s postnatal record.

Procedure for Obtaining Anti-D:

King Edward Memorial Hospital
Transfusion Medicine - ph 9340 2748

Antenatal
- For collection and administration of prophylactic Anti-D at 28 – 30 weeks the client must have a current blood grouping and antibody screen performed (no more than 2 weeks prior).
- Transfusion medicine must have a record of the mother’s blood group and antibody screen on their data base (Pathwest) to dispense Anti-D.
- If no blood group and antibody screen is on the database a blood sample for maternal blood group and antibodies will be required to be processed prior to dispensing Anti-D (pink and purple top blood tubes).
- For collection of prophylactic Anti-D at 34-36 weeks, no blood grouping or antibody screen is required.

Postnatal
- Transfusion medicine requires a blood grouping and Kleihauer (purple and pink top blood tubes) to be taken from the mother and a cord blood sample to be taken from the baby’s cord at birth.
- The midwife must write her contact mobile phone number on the request form so that transfusion medicine can contact the midwife directly with the results of the baby’s blood group and the possible need for Anti-D.

Fremantle Hospital (use for Fiona Stanley Hospital)
Transfusion Medicine - 9431 2462

Antenatal
- For collection of prophylactic Anti-D at 28 – 30 weeks the client must have a current blood grouping and antibody screen performed (no more than 2 weeks prior).
- Transfusion medicine must have a record of the mother’s blood group and antibody screen on their data base (Pathwest) to dispense Anti-D.
- If no blood group and antibody screen is on the database a blood sample for maternal blood group and antibodies will be required to be processed prior to dispensing Anti-D (pink and purple top blood tubes).
• For collection of prophylactic Anti-D at 34-36 weeks, no blood grouping or antibody screen is required.

Postnatal
• Transfusion medicine requires a blood grouping and Kleihauer (purple and pink top blood tubes) to be taken from the mother and a cord blood sample to be taken from the baby's cord.

• The midwife must write her contact mobile phone number on the request form so that transfusion medicine can contact the midwife directly with the results of the baby's blood group and the possible need for Anti-D.

Joondalup Health Campus:
Western Diagnostic - 9400 9810

Antenatal
• For prophylactic Anti-D at 28-30 weeks and 34-36 weeks.
• The Midwife is to provide her client with the pre-signed & printed path request forms (for Western Diagnostic at Joondalup Health Campus only) for the appropriate gestation.
• The client is to attend Western Diagnostic one week prior to requiring the Anti D (i.e. 27 & 33 weeks) for her blood test.
• Please ensure the forms are correctly completed and must include client’s Medicare number and signature.
• The Midwife must obtain a copy of the results and arrange to pick up the Anti-D from the transfusion medicine department.

Postnatal
• Transfusion medicine requires a maternal blood group (pink tube), Kleihauer (purple tube) and cord blood for baby blood group (pink tube).
• Please use the already supplied pre-signed & printed path request forms for Western Diagnostic (2 separate forms – 1 for the mother, 1 for the baby).
• The midwife must ensure that she writes her mobile phone number on the request form so that the lab can contact the midwife directly with the results of the baby’s blood group and possible need for Anti-D.
• Please ensure the form is correctly completed and must include clients Medicare number and signature.
• The midwife must deliver the sample to Western Diagnostic (Joondalup Health Campus only).
• On receiving the results the midwife is to attend the same lab to collect the Anti D if required and return to the client to administer within 72hrs of birth.

NB: Out of hrs to drop off/collection from the lab please enter via side door opposite E.D. This is a 24 hr service.

Rockingham Hospital;
Main switch board: Tel 9599 4787 (ask for lab)
Out of hour’s lab: Tel 95994787

Antenatal
• Client must attend G.P to obtain a referral for bloods at 27 & 33 weeks gestation.
Client must attend G.P appointment in order for G.P to administer anti-D at 28 & 33 weeks gestation.

Postnatal
- Transfusion medicine requires a blood grouping and Kleihauer (purple and pink top blood tubes) to be taken from the mother and a cord blood sample to be taken from the baby’s cord.
- The midwife must write her contact mobile phone number on the request form so that transfusion medicine can contact the midwife directly with the results of the baby’s blood group and the possible need for Anti-D.
- The midwife must attend the pharmacy, anti-D will not be issued to the client/partner
- The pharmacy will issue Anti-D directly to the midwife.
- For out of hours please call the out of hours lab and collect Anti-D from the 24hr service in the basement.
- Ensure the above procedure for administration is correctly followed.

Swan District Hospital
Pharmacy: Tel 93475289
Out of hours access: Contact the on-call pharmacist. Can be paged through SKHS switchboard Tel: 93475244 (for urgent matters only – postnatal Anti-D). Available 8am – 12 noon Sat, Sun & public holidays.
Contact chief pharmacist (if problems occur) Tel: 93475287

- For routine prophylaxis Anti-D - the SKHS obstetrician will write 2 prescriptions at the client’s 27 week appointment (for the 28 & 36 week doses) and will give the script to the client.
- The client must obtain the Anti-D from pharmacy. Either the CMP midwife or staff at MFAU will administer the Anti-D.
- For postnatal Anti-D obtain a prescription from the on-call SKHS obstetrician/registrar and arrange for it to be left on the postnatal ward for collection.
- The person collecting the Anti-D must attend pharmacy at SDH with the prescription and an esky filled with ice blocks for transportation.
- SDH will issue the Anti-D.
- Once collected the Anti-D must be placed in a fridge as soon as possible.
- Ensure the above procedure for administration is correctly followed.

Endorsed by Dr Janet Hornbuckle
Consultant Obstetrician
KEMH

Ms Margaret Davies
Nursing and Midwifery Director
KEMH

Date
REFERENCES / STANDARDS
2. NICE Guidelines
3. KEMH Obstetrics and Gynaecology Guidelines:
   - Blood grouping and antibody screening during pregnancy, June 2012
   - Rh(D) Immunoglobulin 2014
   - Rh(D) Immunoglobulin Administration 2013
   - Kleihauer Test 2014
   - Transfusion Medicine Protocols. Rh(D) Immunoglobulin (Anti D) Products and Applications, 2013

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice
    7 Blood and Blood Products
Legislation – Poison’s Act
Related Guidelines / Policies – KEMH Rh(D) Immunoglobulin
KEMH Rh(D) Immunoglobulin Administration, KEMH Intramuscular Injection
Other related documents – Midwifery care when a Client Makes a Decision that Is Incompatible with the CMP
Midwifery Standard of Practice

RESPONSIBILITY
Policy Sponsor: Nursing & Midwifery Director OGCCU
Initial Endorsement: December 2009
Last Reviewed: March 2015
Last Amended: July 2015
Review date: March 2018

Do not keep printed versions of guidelines as currency of information cannot be guaranteed.
Access the current version from the WNHS website.