Mid Essex Hospital Services NHS
NHS Trust

ADMINISTRATION OF ANTI D FOR Rh(D) NEGATIVE PATIENTS IN MATERNITY	**CLINICAL GUIDELINES** **Register no 06065** **Status: Public**

Developed in response to:	Intrapartum NICE Guidelines RCOG guideline
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Policy to be followed by (target staff)	**Midwives**
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Related Trust Policies (to be read in conjunction with)	04071 Standard Infection Prevention 04072 Hand Hygiene 04184 Blood Transfusion Policy 07040 Refused Blood Products 07072 Antepartum haemorrhage 04272 Maternity Care

Document History:

Version No	**Authored/Reviewed by**	**Active Date**
1.0	Judy Evans	November 2006
2.0	Judy Evans	November 2008
3.0	Update on point 3.9; Audit and monitoring; Equality and diversity update	August 2009
3.1	Sarah Moon – Change of anti-D suppliers and dosage, point 3.9	July 2010
3.2	Sarah Moon – Clarification to point 3.0; change of name due to PFI move	November 2010
4.0	Nicky Leslie	April 2013
4.1	Sarah Moon – Clarification to points 6.5 & 6.6	September 2014
5.0	Nicky Leslie, Antenatal and Newborn Screening Co-ordinator	13th June 2016
5.1	Nick Sheppard – Clarification to points 4.7; 6.2 and 9.0	8th February 2018
5.2	Angela Wrobel – Clarification to point 4.9	12thJuly 2018

INDEX

1.0 Purpose

1.1 The National Institute for Clinical Excellence (NICE) and British Committee for Standards in Haematology (BCSH) guidelines recommend routine administration of prophylactic Anti- D to all Rh(D) negative patients and not just those at risk of high sensitisation. (Refer to Appendix A)

1.2 The main trigger for sensitisation occurs after an event such as feto-maternal haemorrhage and around 18 -27% of patients are at risk of becoming sensitised during the last trimester of pregnancy due to small feto-maternal haemorrhages that go undetected. Antenatal prophylaxis at 28 to 30 weeks reduces this sensitisation risk.

1.3 In the event of a sensitising episode i.e. amniocentesis, bleeding after 12 weeks of pregnancy and delivery then this should be managed in the routine manner and the need for Anti-D discussed with medical staff and the transfusion laboratory.

2.0 Equality and Diversity

2.1 Mid Essex Hospital Services NHS Trust is committed to provision of a service that is fair, accessible, and meets the needs of all individuals.

3.0 Antenatal Prophylactic Anti-D

3.1 Antenatal Prophylactic Anti-D may not be necessary in the following incidences:

- The patient may decide against it following discussion of both benefits and risks. It could be that she does not wish to have a human blood product. In this event refer to the guideline for refused blood products (the risks of transmission of a known pathogen is extremely low, less than one in a million)
- The biological father of the baby is known to be Rh(D) negative
- Women who are already sensitised to Rh(D) should only be given anti-D following discussion with the blood transfusion laboratory; who will review each case on an individual basis
- Women who are certain that they will not have another child
- Women who object on religious grounds
- Women who plan to be sterilised after birth

4.0 Procedure

4.1 All patients will have blood taken at booking history. Rh(D) negative patients will be identified at the 6 -10 week antenatal appointment and the results will be documented in the woman's hand held notes at 16 -18 weeks gestation.

4.2 On identification of the Rh(D) negative status, the Rh(D) negative stamp will be

placed in the woman's hand held notes.

4.3 Following a discussion an NHS Blood and Transplant (NHSBT) generated leaflet entitled 'Protecting women and babies with anti-D immunoglobulin' is given. The health care professional should document the discussion and giving of the patient information leaflet in the woman's hand held records.

4.4 Once identified as Rh(D) negative, an appointment will be given at 28 weeks gestation either at Broomfield Hospital, WJC, Braintree or St Peters, Maldon Midwife-led units for the administration of anti D. Out of area patients who are booked at Mid Essex will also be offered anti-D at Broomfield Hospital.

4.5 The anti-D clinic based at Broomfield will be held on a Wednesday and Thursday of each week.

4.6 On the Monday of each week, the administration clerk formulates the list of patients who will be attending the Anti-D clinics that week; and then sends the list to the blood transfusion department.

4.7 The administration clerk should email the blood transfusion laboratory the Anti-D patient's list to the departments generic email account – meht.bloodtransfusion@nhs.net (or alternatively hand deliver the Anti-D patient's list to the blood transfusion laboratory.

4.8 The Anti-D will be transported to the clinic on the morning of the Anti-D clinic. On arrival it will be transferred to the antenatal clinic drug fridge for storage until required.

4.9 Prior to patients having the Anti-D injection, blood samples for grouping, antibody screen and full blood count will be taken; no more than 5 days before. If the patient has changed name since the previous sample e.g. married; a new sample for grouping and antibody screen will need to be sent to the transfusion department before the patient attends the clinic to ensure Anti-D is issued with the correct patient details on. The sample result must be available for viewing on Indigo Review before the anti-D can be administered.

4.10 Consent to the procedure should be obtained prior to the administration of the Anti-D injection.

4.11 The responsible midwife should check the woman's gestation to establish that the Anti-D is being given at the correct time.

4.12 The responsible midwife should check the woman's identity, the transfusion card, the Anti-D label and the Anti-D with a second responsible person. The Anti-D must be checked for the dose, expiry date and the correct batch number before administration of the Anti-D injection.

4.13 The Anti-D should be written up on a prescription chart prior to the administration.

4.14 The injection of 1500 iu (international units) of Anti-D immunoglobulin will be given intramuscularly. The volume of this injection is 1.2 ml and should be administered

intramuscularly into the deltoid muscle.

4.15 The administration of the Anti-D should be documented in the patient's hand held records including the sticky label attachment displaying the batch number, which has been signed and countersigned by the responsible health care professionals. The transfusion card should be signed in accordance with the blood products policy and the prescription chart should be signed and countersigned. The remaining portion of the Anti-D label should be returned to the transfusion department via the internal post. (Refer to 'Blood Transfusion Policy'; register number 04184)

4.16 Each patient will be required to rest for a total of 20 minutes following the injection to observe for a possible reaction. Epipens are stored in a locked drugs' cupboard in the Antenatal clinic if required. An anaphylactic grab box is available and located in the clean utility room.

4.17 In the event of an adverse reaction following the administration of Anti-D, the patient should be treated in accordance with the 'Blood Transfusion Policy' and in addition the adverse blood product reaction sheet should be completed.
(Refer to 'Blood Transfusion Policy'; register number 04184)

4.18 If a sensitising event occurs after 20 weeks gestation i.e. vaginal bleeding, a Kleihauer screening test should be performed to identify the volume of the fetomaternal haemorrhage. Regardless of the volume of fetal cells found, the following dosage of anti-D should be administered:

- 500 iu of anti-D up to 19+6 weeks gestation
- 500 iu of anti-D from 20+0 weeks gestation

4.19 The fetal cell count is designed to ensure that no further prophylactic Anti-D is required.

4.20 All Rh(D) negative patients should have routine prophylaxis of Anti D at 28 weeks. The dose given at 28 weeks is in addition to any other dose required for a sensitising event. If a sensitising event occurs after 28 weeks gestation, the above procedure highlighted in points 4.18 should be followed.

5.0 Maldon and Braintree Midwife-led Units (MLU's)

5.1 The Anti-D clinic based at the Maldon MLU will be held on a Thursday of each week.

5.2 The patients requiring anti-D that are booked at Braintree MLU are identified at 16 weeks and the patient details are recorded in the Anti-D register. Anti –D is then requested via fax on a Monday morning each week in conjunction with the patient's 28 week antenatal appointment.

6.0 Postnatal Management of Rh(D) Negative Women

6.1 Cord blood samples for group, Direct Antiglobulin Test (DAT) and Hb should be obtained after delivery and the correct blood form completed.

6.2 Maternal blood samples for group, antibody screening and Kleihauer testing should be performed within 2 hours (recommended 30-90 minutes following completion of the third stage of labour) of delivery to identify Rh(D) negative women with a large fetomaternal haemorrhage who require additional Anti-D. Both the maternal and cord blood samples should be sent together to the Blood Transfusion laboratory for analysis, see below for labelling requirements.

Maternal sample should be labelled with:
First name
Last name
Date of birth
Hospital number*

Cord sample should be labelled with:
First name (if known or **Infant of xxxxx**)
Last name
Date of birth
Hospital number*
If there is more than one baby label as either Male infant 1/Twin 1 etc in order to distinguish between them.

Ensure the samples are correctly and clearly identified as 'maternal' and 'cord'.

Samples should also be labelled with Location, date of collection and be signed by the collector.

* It is expected that the MEHT hospital number will be used as the identifying number for in-patients. Where the NHS number is also used as a fifth point of identification this must be written correctly. Where booking bloods are collected in the community and the patient does not have an assigned hospital number the NHS number may be used as the identifying number.

Samples which are not labelled correctly will be rejected by the laboratory.

6.3 The Blood Transfusion laboratory will dispatch the Anti-D if required after delivery of the baby.

6.4 Anti-D should be administered as soon as possible; but always within 72 hours. If the Anti-D is not administered within 72 hours, a dose given within 10 days may provide some protection. However, if administered after 72 hours, this should be documented via Datix in order that the laboratory are aware and can report to the Serious Hazards of Transfusion Scheme (SHOT).

6.5 If **Cell Saver** is used on a **Rh(D) negative** pregnant woman (baby is Rh(D) positive), then she should be **issued with a minimum 1500 iu** of **Anti D** rather than the usual 500 iu The midwife should record on the cord bloods form 'Cell Salvage', in order to inform the laboratory. If the cell saver is in use and the baby has not been born, consider giving anti-D unless it can be grouped

6.6 For those women whom have a **platelet disorder**, the recommendation is that anti –D should be administered **intravenously**. Discuss with the blood transfusion laboratory to ensure the correct product is issued for these patients. Anti-D supplied by BPL is currently not licensed for IV use but CSL Behring anti-D is.

7.0 Staffing and Training

7.1 All midwifery and obstetric staff must attend yearly mandatory training which includes skills and drills training.

7.2 All midwifery and obstetric staff are to ensure that their knowledge and skills are up-to-date in order to complete their portfolio for appraisal.

8.0 Infection Prevention

8.1 All staff should follow Trust guidelines on infection prevention by ensuring that they effectively 'decontaminate their hands' before and after each procedure.

8.2 All staff should ensure that they follow Trust guidelines on infection prevention, using Aseptic Non-Touch Technique (ANTT) when carrying out procedures i.e. obtaining blood samples and administering the anti-D injection.

9.0 Professional Midwifery Advocates

9.1 Professional Midwifery Advocates provide a mechanism of support and guidance to women and midwives. Professional Midwifery Advocates are experienced practising midwives who have undertaken further education in order to supervise midwifery services and to advise and support midwives and women in their care choices.

10.0 Audit and Monitoring

10.1 Audit of compliance with this guideline will be considered on an annual audit basis in accordance with the Clinical Audit Strategy and Policy (register number 08076), the Corporate Clinical Audit and Quality Improvement Project Plan and the Maternity annual audit work plan; to encompass national and local audit and clinical governance identifying key harm themes. The Women's and Children's Clinical Audit Group will identify a lead for the audit.

10.2 The findings of the audit will be reported to and approved by the Multi-disciplinary Risk Management Group (MRMG) and an action plan with named leads and timescales will be developed to address any identified deficiencies. Performance against the action plan will be monitored by this group at subsequent meetings.

10.3 The audit report will be reported to the monthly Directorate Governance Meeting (DGM) and significant concerns relating to compliance will be entered on the local Risk Assurance Framework.

10.4 Key findings and learning points from the audit will be submitted to the Clinical Governance Group within the integrated learning report.

10.5 Key findings and learning points will be disseminated to relevant staff.

11.0 Guideline Management

11.1 As an integral part of the knowledge, skills framework, staff are appraised annually to ensure competency in computer skills and the ability to access the current approved guidelines via the Trust's intranet site.

11.2 Quarterly memos are sent to line managers to disseminate to their staff the most currently approved guidelines available via the intranet and clinical guideline folders, located in each designated clinical area.

11.3 Guideline monitors have been nominated to each clinical area to ensure a system whereby obsolete guidelines are archived and newly approved guidelines are downloaded from the intranet and filed appropriately in the guideline folders. 'Spot checks' are performed on all clinical guidelines quarterly.

11.4 Quarterly Clinical Practices group meetings are held to discuss 'guidelines'. During this meeting the practice development midwife can highlight any areas for future training needs which will be met using methods such as 'workshops' or to be included in future 'skills and drills' mandatory training sessions.

12.0 Communication

12.1 A quarterly 'maternity newsletter' is issued to all staff with embedded icons to highlight key changes in clinical practice to include a list of newly approved guidelines for staff to acknowledge and familiarise themselves with and practice accordingly. Midwives that are on maternity leave or 'bank' staff have letters sent to their home address to update them on current clinical changes.

12.2 Approved guidelines are published monthly in the Trust's Staff Focus that is sent via email to all staff.

12.3 Approved guidelines will be disseminated to appropriate staff quarterly via email.

12.4 Regular memos are posted on the guideline and audit notice boards in each clinical area to notify staff of the latest revised guidelines and how to access guidelines via the intranet or clinical guideline folders.

13.0 References

Royal College of Obstetricians and Gynaecologists (2011) Use of Anti-D Immunoglobulin for Rhesus D Prophylaxis. Guideline No. 22. Update March 2011.

NHS Blood and Transplant (2010) Blood Groups and red cell antibodies in pregnancy

National Institute for Clinical Excellence (2008) Pregnancy – Routine Anti-D prophylaxis for rhesus negative women. August: NICE. TA156.

National Institute for Clinical Excellence (2008) Antenatal Care. NICE. CG62

British Committee for Standards in Haematology (2014) guideline for the use of anti-D immunoglobulin for the prevention of haemolytic disease of the fetus and newbo