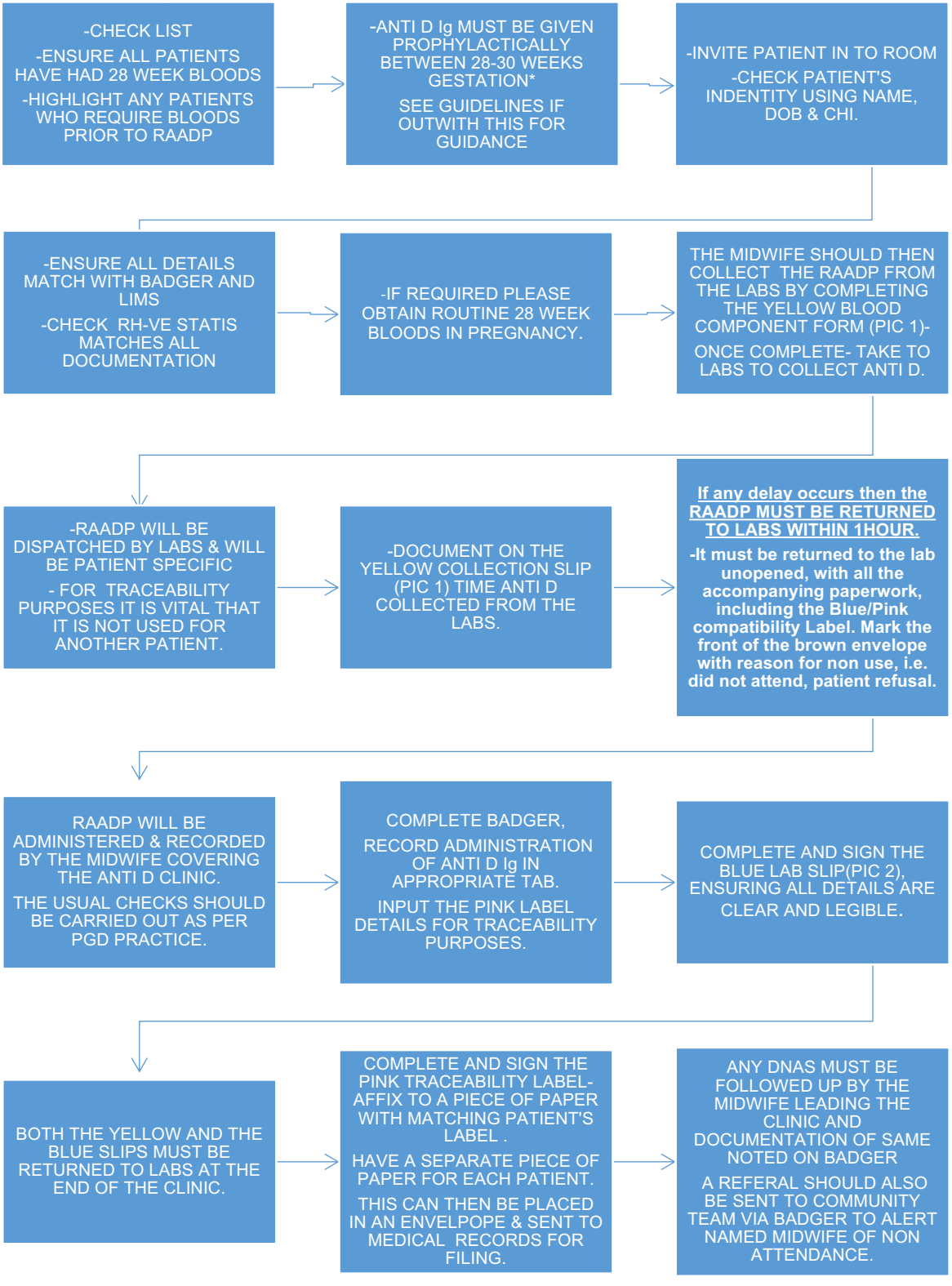
Anti-D administration at 28-30 weeks of gestation

Target audience	Maternity staff
Patient group	D-negative individuals receiving RAADP between 28-30 weeks of gestation. The term 'women/birthing people' is used within this document to include women, girls, trans men, and non-binary and intersex people, who are pregnant or have recently been pregnant.

Summary



Introduction

- Please also see the guideline entitled “Anti-D prophylaxis” available here: https://www.rightdecisions.scot.nhs.uk/media/0kxpwjfy/anti-d-prophylaxis.pdf.
- Routine Antenatal Anti-D Prophylaxis (RAADP) has been shown to reduce antenatal sensitisation from 1% to 0.35% of pregnancies.
- RAADP should be given prophylactically between 28 and 30 weeks of gestation and within 72 hours of a potentially-sensitising event (PSE) or on delivery of a Rhesus D positive baby.
- Failure to do this requires submission of an InPhase, which prompts subsequent reporting to Serious Hazards of Transfusion (SHOT) by the Transfusion Practitioner. The adverse event must be fully documented by the staff involved. A full investigation and report will follow to ensure learning and preventative actions are put in place.
- Given the above, if the patient does not attend for or cancels their booked RAADP appointment, it is of great importance that the midwife running the anti-D clinic ensures follow-up and reappointment of these patients given the short window of opportunity to administer the injection.
- The importance of attending these scheduled appointments should be discussed at all antenatal clinic appointments in the lead up to this.
- The named consultant should be notified of any patient with missed or late administration of anti-D and this should be documented clearly on BadgerNet.
- The patient can attend the clinic and be administered anti-D but it should be prescribed for administration as outwith the recommended gestation of 28-30 weeks. If RAADP is being administered outwith the 28-30 weeks of gestation window, it should be prescribed by a medical professional.
- Routine 28-week pregnancy bloods constitute a purple bottle for full blood count (FBC) and a pink bottle for group and save (G&S). If these bloods have not been obtained by the community midwife prior to the anti-D appointment, then these should then be taken with consent prior to the administration of RAADP.
- You do not need to wait for the result of the G&S to administer the RAADP.

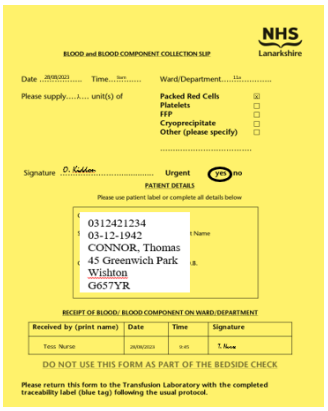
Procedure for administration of anti-D

- RAADP should be offered to all non-sensitised pregnant patients who are Rh D Negative. RAADP use should not be affected by other antenatal anti-D prophylaxis earlier in pregnancy. If doubt exists, then contact the Wishaw Blood Transfusion Laboratory for advice.
- Once identified by booking bloods, the Rh D negative non-sensitised patient should be given a patient information leaflet at the next visit, usually at 12 weeks of gestation. Document this on BadgerNet.

- RAADP should be discussed at the next visit, usually at 16 or 22 weeks of gestation. If the patient gives consent, this should be noted in the relevant section in BadgerNet and referral made on BadgerNet for the anti-D clinic where they should attend between 28-30 weeks of gestation.
- Arrangements for ordering RAADP can then be made using a routine transfusion request form using the completed RAADP label. The label must clearly indicate the date required.
- The intended date of RAADP administration should be clearly documented in the BadgerNet record.
- We recommend a single dose of 1500 units at 28-30 weeks of gestation. This is administered after routine bloods are drawn.
- RAADP will be dispatched from the laboratory on a NAMED patient basis only. For traceability purposes, it is vital that the anti-D is not used for any other patient.
- If not used, it must be returned to the laboratory with all the accompanying paperwork, including the blue/pink compatibility label. Mark the front of the brown envelope with reason for non-use, ie. did not attend, patient refusal.
- Anti-D will be administered and recorded by the midwife leading the anti-D clinic. The usual checks should be done as per PGD practice.
- Anti-D is a blood product, and is administered by one midwife following the Blood Components Clinical Procedures Manual (please see "Anti-D prophylaxis" guideline).
- All documentation must be completed by the midwife administering the RAADP:

    1. Complete and sign the pink label and affix to Kardex where prescribed. If not prescribed, ensure the pink label is attached to a blank piece of paper with patient label attached so this can be sent to medical records. Details on pink slip are entered into BadgerNet in anti-D tab.
    2. Complete and sign the blue tag (picture 2) ensuring all details are clear and legible and return to the laboratory.
    3. Complete BadgerNet to record administration of the anti-D.

Picture 1:



BLOOD and BLOOD COMPONENT COLLECTION SLIP

NHS Lanarkshire

Date ..29/08/2023.. Time..9am.. Ward/Department..11e..

Please supply....1.... unit(s) of

Packed Red Cells ☒
Platelets ☐
FFP ☐
Cryoprecipitate ☐
Other (please specify) ☐

Signature ..D. Kellar.. Urgent yes no

PATIENT DETAILS

Please use patient label or complete all details below

0312421234
03-12-1942
CONNOR, Thomas
45 Greenwich Park
Wishton
G657YR

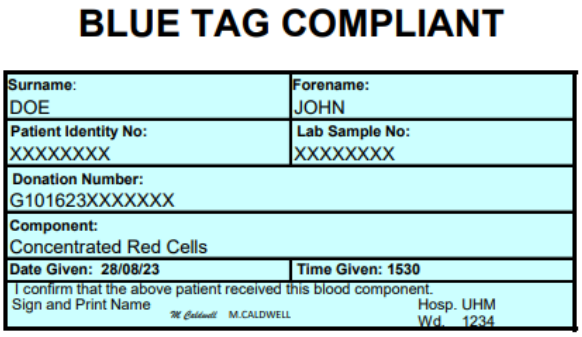
RECEIPT OF BLOOD/ BLOOD COMPONENT ON WARD/DEPARTMENT

Received by (print name)	Date	Time	Signature
Tess Nurse	29/08/2023	9:45	T. Nurse

DO NOT USE THIS FORM AS PART OF THE BEDSIDE CHECK

Please return this form to the Transfusion Laboratory with the completed traceability label (blue tag) following the usual protocol.

Picture 2:



BLUE TAG COMPLIANT

Surname: DOE	**Forename:** JOHN
Patient Identity No: XXXXXXXX	**Lab Sample No:** XXXXXXXX
Donation Number: G101623XXXXXX	
Component: Concentrated Red Cells	
Date Given: 28/08/23	**Time Given: 1530**
I confirm that the above patient received this blood component. Sign and Print Name M Caldwell M.CALDWELL	Hosp. UHM Wd. 1234

References

1. Routine antenatal anti-D prophylaxis for women who are rhesus D negative. NICE technology appraisal guidance 156 (2008).

2. RCOG Guideline No 22. Use of Anti-D immunoglobulin for Rh prophylaxis. Revised March 2011.

3. NHSL Guideline “Anti-D prophylaxis”.

Clinical governance

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