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TO THE PRODUCT USER

Use of Rh (D) Immunoglobulin (Anti-D) in Obstetrics

I am writing to advise you of changes in the availability of Anti-D and its appropriate use. The Rh (D) antenatal prophylaxis program can now be extended to **all** Rh (D) negative women without preformed Anti-D (Stage 2) and should be uniformly **implemented by 1 January 2005**. The use of WinRho SDF™ for postnatal prophylaxis is still required for Stage 2 of the program.

You will be aware that in March 1999 the National Health and Medical Research Council (NHMRC) issued *Guidelines on the Prophylactic Use of Rh (D) Immunoglobulin (Anti-D) in Obstetrics* that suggested ways in which to balance best practice in the use of Anti-D with a limited national supply.

Subsequently CSL Limited, in addition to its continued supply of the 625 IU dose, was contracted to develop a 250 IU dose of Anti-D for first trimester use and import WinRho SDF™, a 600 IU dose from Canada. The Australian Red Cross Blood Service (ARCBS) also implemented strategies to increase the collection of plasma with Anti-D.

Stage 1 of the program provided routine antenatal prophylaxis for Rh (D) negative women having their first baby reaching at least 28 weeks gestation.

For Stage 2, the available Rh (D) immunoglobulin products should be used as indicated below, unless alternate supply arrangements are made.

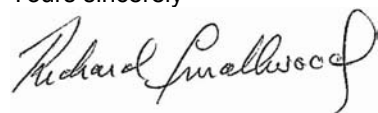
- First trimester sensitising events¹ (<12 weeks): Rh (D) immunoglobulin 250 IU
- First trimester sensitising events¹ (multiple pregnancies <12 weeks): Rh (D) immunoglobulin 625 IU
- Second and third trimester sensitising¹ events: Rh (D) immunoglobulin 625 IU
- **All** Rh (D) negative women without preformed Anti-D: Rh (D) immunoglobulin 625 IU at 28 and 34 weeks gestation
- Postnatal prophylaxis: WinRho SDF™ 600 IU

Note 1: Sensitising events include ectopic pregnancy, miscarriage, termination of pregnancy and ultrasound guided procedures such as chorionic villus sampling, amniocentesis, cordocentesis and fetoscopy, as well as abdominal trauma considered sufficient to cause fetomaternal haemorrhage, external cephalic version, antepartum haemorrhage and normal delivery.

ARCBS continues to increase the collection of plasma with Anti-D. Stage 3 of the Rh (D) antenatal prophylaxis program (whereby the program will be fully supported by domestic Anti-D) will be implemented when there are adequate local supplies of Rh (D) immunoglobulin.

For further information on Anti-D and to order any of the products, please contact your local ARCBS Centre.

Yours sincerely



Richard Smallwood
Chair, National Blood Authority Advisory Board
10 September 2004