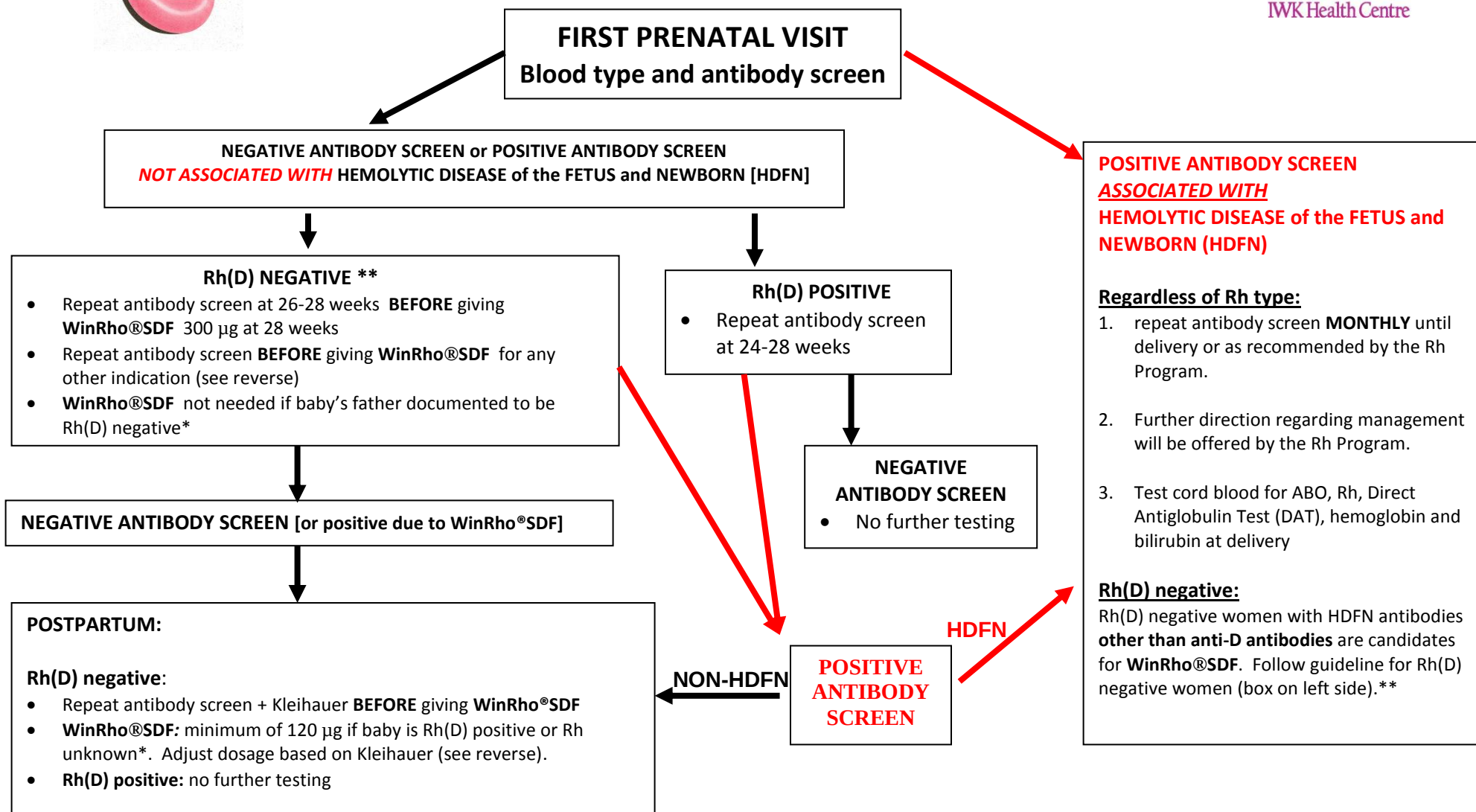




Guideline for Perinatal Antibody Screening and Rho(D) immune globulin (WinRho®SDF) Administration



*See dosage and indications for Rho(D) Immune globulin administration on reverse

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. Website: <http://rcp.nshealth.ca/rh>

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**Indications for administration of Rho(D) Immune globulin (WinRho®SDF)
to Rh(D) negative women (without allo anti-D antibodies) unless father of the baby is documented to be Rh(D) negative:**

► **Always confirm Rh negative status and draw antibody screen *BEFORE* administering WinRho®SDF. Obtain vital signs pre-administration; see notes below regarding administration. Testing is required within the previous 14 days. Some facilities require testing within 72 or 96 hours before issuing blood products.**

- **28 weeks gestation:** give **300 µg**. If **300 µg** is given *prior* to 28 weeks, a repeat injection is recommended 8 – 12 weeks later.
- **Postpartum:** obtain Kleihauer; give minimum of **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 miscarriage or termination, ectopic pregnancy, partial molar pregnancy; abdominal trauma:** up to 12 weeks gestation, give minimum of **120 µg**; after 12 weeks gestation, give **300 µg**.
- **Antepartum bleeding (threatened miscarriage):** up to 12 weeks gestation, give minimum of **120 µg**; after 12 weeks, give **300 µg**; repeat antibody screen and WinRho®SDF every 6 weeks if bleeding episodes continue; obtain Kleihauer* test for bleeding episodes in second and third trimester.
- **Amniocentesis, cordocentesis, chorionic villus sampling (CVS):** obtain Kleihauer and give **300 µg**; obtain Kleihauer + antibody screen for repeat procedures and give an additional **300 µg** if Kleihauer* is *positive AND/OR* antibody screen is *negative* [ie. passive anti-D antibodies due to WinRho®SDF are *not found*.]
- **External versions, placental abruption, placenta previa with bleeding:** give minimum of **120 µg** in combination with Kleihauer* testing due to risk of fetomaternal hemorrhage.
- **Platelet transfusion if platelet donors are Rh(D) positive:** **120 µg** covers up to 6 full buffy coat or apheresed transfused platelet units and protects for up to 4-6 weeks. WinRho®SDF should be administered within 72 hours of the transfusion. *Rationale:* Platelets from Rh(D) positive donors contain a small amount of red blood cells.
- **Transfusion of Rh(D) positive red blood cells (RBC's) to Rh(D) negative recipient:** **24 µg** per mL red blood cells (RBC's). *Caution:* see product insert for limitations, or consult with the Rh Program or your blood transfusion service.

***KLEIHAUER TEST DOSING for critical fetomaternal hemorrhage (FMH) of Rh(D) positive whole blood:**

Maternal circulation estimated whole blood volume = 5,000 mL. Administer 12 µg WinRho®SDF per mL of fetal whole blood (may use 10 µg per mL with IV administration).

120 µg protects for FMH of **0.0% to 0.2% of maternal whole blood volume** ($0.002 \times 5000 \text{ mL} = 10 \text{ mL fetal whole blood} \times 12 = 120 \text{ µg required}$)

300 µg protects for FMH of **0.0% to 0.5% of maternal whole blood volume** ($0.005 \times 5000 \text{ mL} = 25 \text{ mL fetal whole blood} \times 12 = 300 \text{ µg required}$)

Depending on dose calculated above: (1) administer **600 µg** every 8 hours **via the IV route** or (2) **1,200 µg** every 12 hours **via the IM route** until the total dose has been administered. Consult with the Rh Program for further assistance or refer to the product insert under "Dosage and Administration".

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 **IV or DEEP IM route**, to ensure adequate absorption. **Note:** *the dorsogluteal muscle should not be used for IM injection. Rationale: variation in placement of the sciatic nerve; risk of decreased absorption and potentially the effectiveness of WinRho®SDF. Volumes of 2 mL or less can be given in the deltoid muscle. Volumes greater than 2 mL can be given in the ventrogluteal or vastus lateralis muscles.*

3. WinRho®SDF is a *blood product*. Recipients should be informed of the source and safety, and informed consent should be obtained. Consent forms are also available from the Rh Program. Refer to Rh Program pamphlet *The Rh Factor and Pregnancy*. All forms are also available on the website below.

4. Due to the possibility of a reaction to WinRho®SDF, vital signs should be taken pre-administration and recipients advised to stay for 15 to 30 minutes post-injection.

5. Injection reporting forms (3-part) are available from the Rh Program or our website. Please mail or fax a completed copy to the Rh Program as soon as possible.

References: Prevention of Rh Alloimmunization. SOGC Clinical Practice Guidelines No. 133, Sept 2003. JOGC Vol 25, No 9; Cangene Corporation website: www.winrho.ca

Perry & Potter. *Clinical Nursing Skills & Techniques*. Elsevier Mosby 8th edition, 2014.

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