

From the Chief Medical Officer
Dr Henrietta Campbell CB

HSS(MD) 13/2004

To: General Practitioners
Chief Executives of HSS Boards & Trusts
Medical Directors of HSS Trusts
Nursing Directors of HSS Trusts
Directors of Public Health
Consultant Obstetricians and Gynaecologists
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Your Ref:
Our Ref:
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Dear Colleague

ANTI-D PROPHYLAXIS FOR RHESUS D NEGATIVE WOMEN

In 2002 NICE issued guidance recommending that routine antenatal Anti-D prophylaxis be offered to all non-sensitised pregnant women who are Rhesus D (RhD) negative. Earlier the Royal College of Obstetricians and Gynaecologists issued guidance containing the same recommendation. This recommendation has been accepted by the DHSSPS and in Priorities for Action 2003/04, Boards and Trusts were asked to ensure that by March 2004 routine Anti-D prophylaxis is offered at 28 and 34 weeks to all non-sensitised pregnant women who are RhD negative.

BACKGROUND

Approximately 17% of women in Northern Ireland are RhD negative. RhD negative women who carry a RhD positive fetus may produce antibodies to the fetal RhD antigens after a fetomaternal haemorrhage. These antibodies may then cross the placenta in future pregnancies and cause haemolytic disease of the fetus if it is RhD positive. A woman can also be sensitised by a previous miscarriage, spontaneous or elective abortion, or amniocentesis or other invasive procedure.

Haemolytic disease of the newborn (HND) can range in severity from being detectable only in laboratory test, through to stillbirth, birth of infants with severe disabilities or death of newborn children from an anaemia and jaundice.

For over 30 years Anti D has been given to Rhesus D negative women at the time of a sensitising event during pregnancy and immediately after the birth if the baby is Rhesus positive. This programme has been extremely successful in reducing the mortality and morbidity in the babies of future pregnancies. However, even with this preventive measure, 1% -1.5% of Rhesus D negative women still develop antibodies during pregnancy. A number of studies have now shown that routine antenatal Anti-D prophylaxis can reduce sensitisation to around 0.3%, resulting in around four times fewer women becoming sensitised and consequently a reduction in fetal deaths and disability. This reduction in affected babies will result in considerable savings to the HPSS in terms of the requirement for special care and intensive care for these babies at birth, as well as the care for those with any long-term disability, including neurological and developmental problems.

NICE GUIDANCE

The DHSSPS has considered the guidance produced by NICE for England and Wales. The guidance states:

- *It is recommended that routine antenatal Anti-D prophylaxis (RAADP) is offered to all non-sensitised pregnant women who are RhD negative.*
- *The clinician (obstetrician, midwife or general practitioner) responsible for the prenatal care of a non-sensitised RhD negative woman should discuss with her RAADP and the options available so that the woman can make an informed choice about treatment. This discussion should include the circumstances where RAADP would be neither necessary nor cost effective. Such circumstances might include those where the woman:*
 - *has opted to be sterilised after the birth of the baby*
 - *is in a stable relationship with the father of the child, and the father is known to be, or found to be, RhD negative*
 - *is certain that she will not have another child after her current pregnancy.*

The difference between RAADP (ie routine prophylaxis at 28 and 34 weeks) and prophylactic Anti-D given because of likely sensitisation should be clearly explained to the woman.

- *A woman's use of RAADP at 28 and 34 weeks should not be affected by whether she has already had antenatal Anti-D prophylaxis(AADP) for a potentially sensitising event early in pregnancy. A woman's use of post-partum Anti-D prophylaxis should similarly not be effected by whether she has had RAADP or AADP as a result of a sensitising event.*

A full copy of the guidance can be obtained from the NICE website at www.nice.org.uk.

ACTION

Boards and Trusts should ensure that routine Anti-D prophylaxis is offered at 28 and 34 weeks to all non-sensitised pregnant women who are Rhesus D negative. These injections should be accommodated within the planned schedule of antenatal appointments recommended in NICE guidelines about which Circular HSS(MD) 3/2004 has already been issued.

Yours sincerely

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