# GUIDELINES FOR PERINATAL TESTING and ADMINISTRATION OF WINRHO® SDF (Rh IMMUNE GLOBULIN)

The Manitoba Rh Clinical Program Guidelines reflect the current recommended standards and are consistent with other Canadian and international prenatal testing programs and practice guidelines [1-7]. The Fetal Assessment Unit is notified of all high-risk mothers who have clinically significant red cell antibodies. It remains the responsibility of the referring physician to refer the patient to the Fetal Assessment Unit.

## 1. REQUISITIONS

- Sample(s) from each mother, father or cord blood submitted MUST be accompanied by its own requisition. Refer to https://www.blood.ca/en/hospital-services/laboratory-services (see Requisitions and Forms>Winnipeg to access or verify date of most current form version).
- Use the **Request for Perinatal Testing** form (Rh101 / 1000107827) for mother and father samples. Note: The requisition is available as an electronic fillable form when used on-line or can be printed on demand.
- Use the blue **Request for Cord / Neonate Blood Testing** form (Rh105) for cord or neonate samples.

## 2. SAMPLES

- Mother and/or Father – 2 EDTA tubes (lavender top)
- Cord Blood – 1 EDTA tube (lavender top)

## 3. GUIDELINES FOR PERINATAL TESTING

| | Initial Visit | Father | 26 – 28 Weeks | Post Partum | Cord Blood | As Requested |
|---|---|---|---|---|---|---|
| **Rh Unknown, First Pregnancy** | X | | X | | | |
| **Subsequent Pregnancy, Rh Positive and Previous CBS Report On File** | X | | ** | | | |
| **Rh Negative** | X | If requested | X | X | X | |
| **Clinically Significant Antibodies Detected** | X | X | | X | X | X |
| ** 28 weeks or additional samples may be submitted for patients at increased risk of alloimmunization (previous transfusion, fetal trauma or procedure, IV drug use) | | | | | | |

## 4. PATIENT ELIGIBILITY FOR ADMINISTRATION OF RhIG (WinRho® SDF)

### I. RhIG (WinRho® SDF) IS indicated for Rh (D) Negative women without anti-D antibodies under the following scenarios:

**Any type of abortion (spontaneous, medically-induced or surgical) ≤ $12^{+0}$ weeks' gestational age**

- Rh testing and RhIG (WinRho® SDF) administration are no longer recommended prior to 12 weeks' gestational age provided that dating is assured/certain. Patient should be counseled that the risk of alloimmunization is low.
- For patients under 12 weeks' gestation, although not recommended, Rh testing and RhIG (WinRho® SDF) administration may be considered at patient request as part of a shared decision-making process,
- If treatment is planned, give 1500 International Units (300 micrograms) RhIG (WinRho® SDF) by intravenous route. The Manitoba Rh Program/Clinic is not typically responsible for the administration of RhIG (WinRho® SDF) to patients in this circumstance.
- This recommendation would also apply to ectopic pregnancies managed expectantly, medically or surgically.

**Any type of abortion (spontaneous, medically-induced or surgical) > $12^{+0}$ weeks' gestational age**

- Give 1500 International Units (300 micrograms) RhIG (WinRho® SDF) by intravenous route.
- The Manitoba Rh Program/Clinic is not typically responsible for the administration of RhIG (WinRho® SDF) to patients in this circumstance.

**Ongoing pregnancy at 28-30 weeks' gestational age**

- Give 1500 International Units (300 micrograms) RhIG (WinRho® SDF) by intravenous route.
- Administration of RhIG (WinRho® SDF) is organized by the Manitoba Rh Program/Clinic
- Late referrals and treatment will be considered up to 36 weeks' gestational age beyond which treatment will be deferred until delivery (See Post-Partum guideline below)

**Ante-Partum Events such as Bleeding, Abdominal Trauma, Amniocentesis or Other Invasive Procedures**

- Give 1500 International Units (300 micrograms) RhIG (WinRho® SDF) by intravenous route at the time of the event
- For ongoing vaginal bleeding give an additional 1500 International Units (300 micrograms) RhIG (WinRho® SDF) every 12 weeks until delivery.
- Patients can be referred to the Manitoba Rh Program for the administration of RhIG (WinRho® SDF) – please refer to the Manitoba Rh Program/Clinic guidelines for patient referral protocols.

**Post-Partum (> 20 weeks gestation)**

- Includes preterm/term deliveries with either live born or stillborn infants.
- Give 1500 IU (300 micrograms) RhIG (WinRho® SDF) by intravenous route if the infant is Rh (D) positive or the Rh is unknown.

**II. RhIG (WinRho® SDF) is <u>NOT</u> indicated for Rh (D) Negative women when:**

- Any abortion ≤ $12^{+0}$ weeks' gestational age (see 4-I)
- The fetus is Rh (D) negative.
- The mother has Anti-D antibodies (e.g. patient is alloimmunized)

## 5. GUIDELINES FOR ADMINISTRATION OF RhIG (WinRho® SDF)

- Administer RhIG (WinRho® SDF) within 72 hours of event (refer to section 4-I above) to ensure effectiveness.
- If treatment is delayed, give the injection up to 28 days after the event. Patients should be counseled that there is a lower likelihood of protection against alloimmunization.
- Collect blood samples prior to administering RhIG (WinRho® SDF). Ensure the blood does not come into contact with needles used to reconstitute the RhIG (WinRho® SDF).
- Administer RhIG (WinRho® SDF) by intravenous route to ensure maximum efficacy.
- The attending physician/midwife will be notified if additional RhIG (WinRho® SDF) is required post-partum based on the results of quantitative Fetal Red Cell Detection (Kleihauer-Betke) testing.

**NOTE**: RhIG (WinRho® SDF) is a blood product and your facility's policies for the administration of blood products must be followed.

**REFERENCES**:


1. Standards for Blood Banks and Transfusion Services, AABB, 28th Edition, Nov 2012.
2. J. Judd *Practice Guidelines for Prenatal and Perinatal Immunohematology, Revisited*. Transfusion, Vol 41, pp 1445-1452, Nov 2001.
3. K. Fung et al. Prevention of Rh Alloimmunization. SOGC Clinical Practice Guidelines. JOGC, No. 133, January 2018
4. Product Monograph, WINRHO® SDF, Rho (D) Immune Globulin (Human) for Injection, Cangene Corporation, Dec 23, 2010.
5. National Abortion Federation. Clinical Policy Guidelines for Abortion Care (2022).
6. World Health Organization. Abortion Care Guideline. Geneva: World Health Organization (2022).
7. S. Horvath et al. Society of Family Planning committee consensus on Rh testing in early pregnancy, Contraception (2022).