



WHAT IS THE ROLE OF THE RH CLINICAL PROGRAM?

- The Rh Clinic treats local RH negative pregnant women with RH Ig (RH Immune Globulin, WinRho) as per the “Guidelines for Perinatal Testing and Administration of WinRho”.
- The clinic mainly treats pregnant women at 28 weeks’ gestation as well as in other circumstances such as bleeding in the first trimester; antepartum bleeding in the second/third trimesters; and post-procedure (e.g. amniocentesis)
- The clinic manages all RH negative pregnant patients within the province of Manitoba and Northwestern Ontario. Referring Health Care Providers (HCP) are notified of the 28-week treatment via an appointment letter at 22 weeks’ gestation based on the provided estimated due date (EDD).
- Any changes in EDD by more than 7 days or changes in pregnancy status (e.g. pregnancy loss) need to be communicated to the RH clinic to cancel and/or adjust the appointment date accordingly.

HOW DOES A PATIENT ENTER THE RH CLINICAL PROGRAM?

- A patient enters the RH Clinical Program once an initial prenatal blood sample has been ordered and sent to the Canadian Blood Services (CBS) Perinatal Lab.
- The clinic receives a daily download from the CBS network identifying all RH negative or RH Indeterminate perinatal samples.
- The RH negative status of the patient will be entered as *‘Health Issue’* on the Shared Health Electronic Patient Record (EPR) and any reactions to RH Ig will be entered under *‘Allergies’*

WHAT IS REQUIRED PRIOR TO PATIENT TREATMENT?

- Confirmation of a patient’s RH negative status AND the absence of Anti-D antibodies. Ideally the blood sample should be drawn in the current pregnancy.
- Completion of the **‘Appointment Package Checklist’** by the HCP that accompanies the 28-week appointment letter.
- The **‘Appointment Package Checklist’** includes:
 - A signed and dated **‘RH Immune Globulin Order Form’**. The form must include the patient’s name, PHIN, date of birth and estimated due date (EDD). Please indicate any allergies, including prior reactions to RH Ig.
 - A signed and dated **‘Refusal of Treatment’** form sent with the accompanying documentation (if applicable)
 - A signed and dated **‘Change in Pregnancy Status’** form in the event of an early pregnancy loss, preterm delivery and/or changes in the estimated due date (EDD) greater than 7 days (if applicable)

CONFIRMATION OF TREATMENT WITH RH IG

- A ‘Treatment Confirmation’ letter will be sent to the referring HCP following treatment in the RH Clinic for all patients.

Jennifer Hunt MD
Medical Director- Manitoba Rh Program

820 Sherbrook Street, Winnipeg, Manitoba, Canada R3A 1R9 | Ph 204.787.3661 | Ph 1.877.499.8774 | www.hsc.mb.ca





CAN PATIENTS WITH BLEEDING BE REFERRED DIRECTLY TO THE RH CLINIC?

- The RH Clinic does not accept walk-in visits by patients.
- Health Care Providers (HCP) may refer their stable patients with bleeding urgently to the RH Clinic by contacting the clinic directly Monday to Friday between 0800-1200 (excluding holidays) at **204-787-2762**.
- If there is a same-day appointment available, the RH Clinic will notify the HCP of the visit time and the HCP will contact the patient directly. If the clinic is unable to accommodate the patient with an appointment within 72 hours, HCPs are instructed to refer the patient to the nearest Emergency Department for treatment.
- Prior to seeing the patient in the RH Clinic, the HCP must indicate the reason for treatment and fax the following documentation to **204-787-2873**:
 - Patient’s name, date of birth, PHIN, Estimated due date (EDD)
 - Confirmation of the patient’s RH negative status * (*see comment below*)
 - A completed ‘**RH Immune Globulin Order Form**’

** If the patient’s Rh status is unknown please send a perinatal type and screen STAT. If the patient has been previously documented as RH negative in the CBS Traceline System, the RH Clinic can draw the initial type and screen prior to treatment.*

MANAGEMENT OF RH NEGATIVE PATIENTS SCHEDULED FOR D&C:

- Women presenting with a missed abortion (i.e. asymptomatic early pregnancy loss without bleeding) and elect to proceed with a scheduled D&C can receive RH Ig during the hospital admission for this procedure.
- Responsible care providers must ensure that an order for RH Ig is added to the pre-/post-operative orders for their patient.
- A separate visit to the RH Clinic at Women’s Hospital is *not* required to avoid omissions and/or delays in RH Ig administration.
- Avoidance of additional visits to health care facilities is particularly important during the COVID-19 pandemic.

INFORMATION FOR UNINSURED PATIENTS:

- Please advise uninsured (‘self-pay’) patients of the fees related to RH IG treatment in the RH Clinic. Further information can be obtained by contacting HSC Finance at **204-787-1070**.

Uninsured Status	Outpatient Clinic Visit
Non-resident of Canada	\$1077.00
Resident of Canada	\$359.00

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RH CLINIC APPOINTMENT PACKAGE CHECKLIST

- Notify the patient of the upcoming appointment
(*enclosed letter*)

- Health Care Provider (HCP) to complete the RhIG Order Form and fax to the RH Clinic prior to the patient's scheduled appointment. ***Ensure to include the patient's name, DOB, PHIN and due date (EDD)***

- If applicable, complete the "Refusal of Treatment" or "Change of Pregnancy Status" form

- If a language barrier exists, HCP must arrange for an interpreter for the patient's first visit.

**PLEASE FAX ALL RELEVANT FORMS TO THE RH CLINIC
204-787-2873**

***Please call the clinic nurse you have any questions/concerns
204-787-2762***

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CHANGE OF PREGNANCY STATUS FORM

Patient name: _____

DOB (dd-mm-yyyy): _____

PHIN: _____

The above-mentioned patient is pregnant and RH negative. She has been scheduled for treatment with RHIG at 28 weeks' gestation at the RH Clinic as per provincial guidelines.

The patient cannot attend her scheduled appointment due to: *(check all that apply)*

- Pregnancy loss has occurred. Date: _____
- Preterm birth has occurred. Date: _____
- Patient has moved out-of-province/out-of-country Date: _____
- The Estimated Due Date (EDD) has changed by more than 7 days from the original and the patient will need a new appointment with the RH Clinic.

Please indicate new EDD: _____

 HCP Signature

 Date (dd-mm-yyyy)

PLEASE FAX THIS FORM TO THE RH CLINIC
204-787-2873

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REFUSAL OF TREATMENT FORM

Patient name: _____

DOB (dd-mm-yyyy): _____

PHIN: _____

EDD (dd-mm-yyyy): _____

The above-mentioned patient is pregnant and RH negative. She has been scheduled for treatment with RHIG at 28 weeks' gestation at the RH Clinic as per provincial guidelines.

- The patient is declining treatment on the basis of her partner's blood type.
- The patient is declining treatment due to other reason(s)

I can confirm that the following conditions have been met:

- Paternity is assured and paternal blood sampling from this pregnancy confirms RH negative status (please fax a copy of this result) – if applicable
- Patient understands the risks of non-treatment.

 HCP Signature

 Date (dd-mm-yyyy)

 Patient Signature

 Date (dd-mm-yyyy)

**PLEASE FAX THIS FORM ALONG WITH PATERNAL TYPE &
 SCREEN RESULT TO THE RH CLINIC
 204-787-2873**

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