



Guideline for Rh prophylaxis before 8 weeks (56 days) gestation for Early Pregnancy Complications and Medical Abortions

Following careful consideration of the best available evidence, the Rh Program of Nova Scotia has developed a guideline for the management of Rh prophylaxis before 8 weeks (56 days) gestation for early pregnancy complications and medical abortions. The benefits of administering Rh immune globulin before 8 weeks gestation have not been demonstrated. In contrast, there are significant benefits to individuals and health care providers when barriers such as blood testing and Rh prophylaxis can be avoided. These guidelines will also be available on our website. Please contact the Rh Program of Nova Scotia for further information.

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

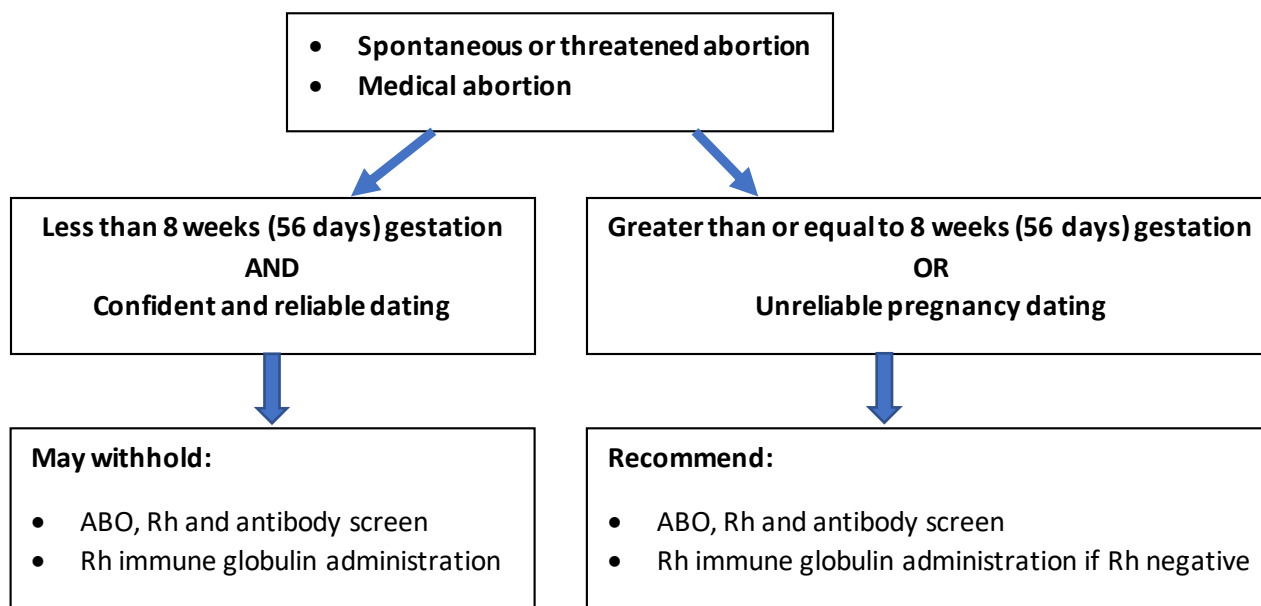


Guideline on Rh prophylaxis before 8 weeks (56 days) gestation for Early Pregnancy Complications and Medical Abortions

Rh immune globulin (WinRho®SDF) may be safely withheld prior to 8 weeks (56 days) gestation for spontaneous, threatened or medical abortions when there is **confident and reliable** pregnancy dating. Reliable dating includes any of the following:

- Ultrasound dating
- Certain conception dating
- Known first day of LMP for individuals having regular (28-day) cycles and, in the three months prior to conception, absence of lactation, hormonal contraception or IUD use.¹

The risk of anti-D alloimmunization before 8 weeks gestation is negligible²³⁴. The benefits of offering the choice to omit prophylaxis include reducing resource utilization as well as removing barriers to timely medical abortions. Surgical management of early pregnancy complications and surgical abortions may be associated with a higher risk of alloimmunization and Rh prophylaxis is still recommended for these individuals at any gestational age.



¹ Bracken H, Clark W, Lichtenberg E, Schweikert S, Tanenhaus J, Barajas A, Alpert L, Winikoff B. Alternatives to routine ultrasound for eligibility assessment prior to early termination of pregnancy with mifepristone-misoprostol. BJOG, 2011;118:17-23.

² Wiebe E, Campbell M, Aiken A, Albert A. Can we safely stop testing for Rh status and immunizing Rh-negative women having early abortions? A comparison of Rh alloimmunization in Canada and the Netherlands. Contraception: X 1 (2019) 100001

³ Horvath S, Tsao P, Huang Z, Zhao L, Du Y, Sammel M, et al. The concentration of fetal red blood cells in first-trimester pregnant women undergoing uterine aspiration is below the calculated threshold for Rh sensitization. Contraception 102 (2020) 1-6.

⁴ <https://www.nice.org.uk/guidance/ng140/chapter/Recommendations#anti-d-prophylaxis>