Reproductive Care Program of Nova Scotia

RCP

2022-2024 REPORT

Reproductive Care Program of Nova Scotia

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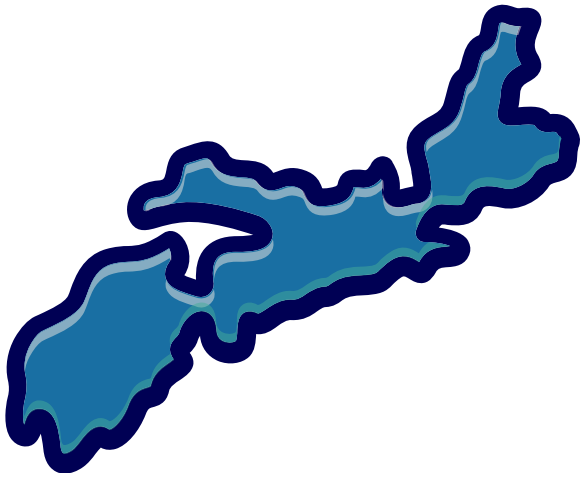
About the Reproductive Care Program of Nova Scotia

RCP is a province wide program that works collaboratively with healthcare providers, leaders, and researchers to monitor and promote optimal perinatal and newborn health in Nova Scotia.



Mandate:

- Support provincial health system planning for the perinatal and newborn population.
- Identify emerging perinatal health issues and develop provincial strategies for resolution.
- Advise on education priorities for perinatal care providers.
- Provide advice and direction on key policy and strategic directions to support the perinatal health system.

Core Activities:

- Provide continuing education for perinatal and newborn healthcare providers.
- Facilitate quality programs, including perinatal clinical reviews and the development of provincial KPIs.
- Develop and disseminate clinical standards and guidelines and documentation tools.
- Analyze and distribute perinatal health information.
- Create educational materials, such as eLearning orientation modules, webinars, and workshops.
- Manage the Nova Scotia Atlee Perinatal Database (NSAPD).
- Identify and support perinatal research initiatives.
- Recommend strategies for data quality and usage.

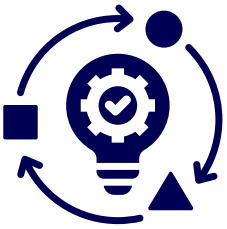
Highlights 2022-2024

- Celebrated the 50th and 60th anniversaries of the RCP and Rh Program.
- Developed new Vision and Mission statements.
- Engaged Blaze Studios to update the RCP Website and Brand.
- Developed a Perinatal and Newborn Manager committee to promote provincial collaboration and communication.
- Presented the Nova Scotia Prenatal Record development and implementation process at the Canadian Association of Perinatal and Women's Health Nurses (CAPWHN) in Winnipeg.
- Developed Fetal Health Surveillance Case Study Bank for FHS instructors and presented the process at CAPWHN in Montreal.
- Led Perinatal clinical reviews in all regional hospitals throughout Nova Scotia, engaging with 150+ perinatal health care providers each year,
- Participated in the SmartParent pilot implementation.
- Provided workshops on Fetal Heath Surveillance (Fundamentals and Instructor Training),
- Launched ACoRN 2nd edition in Nova Scotia and PEI.
- Facilitated multiple ACoRN and NRP provider and instructor workshops.
- Provided interprofessional education workshops at community facilities on 'Care of the Pregnant Person in the ED'
  - 16 workshops for 80+ community healthcare providers in Nova Scotia.
- Provided education workshops in regional facilities on 'Skilled Labour Support' and 'Care of the unwell newborn'
  - 8 workshops for 60+ healthcare providers in Nova Scotia.
- Hosted multiple RCP Webinars
- Succession and recruitment, hired:
  - Programmer Analyst/web developer, Database administrator, Program Admin Coordinator, 4 Perinatal Nurse Consultants, Data analyst. 3 Health records technicians, Rh Coordinator, and Midwife.
- Recruitment for a Family Medicine Physician in progress.
- Assumed the responsibility for coding NSH facility data for the NSAPD to improve data quality and timeliness.
- Published report of perinatal health indicators 2011-2020.
- Developed SCANS report and dashboard
- Completed an aggregate data report and infographic for midwifery in NS.
- Developed Key performance/perinatal health indicator dashboard

Key Initiatives

Perinatal Clinical Reviews :

- Audit tool
- Process Review
- IWK

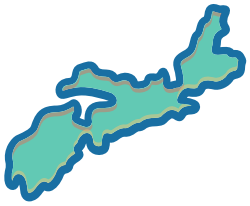


Educational Programs:

- Webinars
- eLearning series
- Workshops

Reports: NSAPD:

- SCANS Dashboard
- Midwifery Report
- KPIs

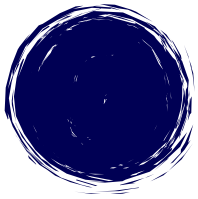


Provincial Initiatives:

- Health Services Planning
- Pregnancy & Postpartum Mortality Review

Clinical Practice Resources:

- Guidelines
- Prenatal Record
- Antenatal Screening & Testing Guidelines



Strategic Planning:

- Vision/Mission
- Team Goals
- Branding and Website

Strategic Goals

- Improve Data quality - timely, complete, accurate
- Improve access to data and information - dashboard of KPIs, website, mobile app
- Develop an easier and efficient data Integration/collection processes
- Update Annual report process - data, infographics, integration with OPOR
- Update PCR process - audit tool, travel, process and evaluation
- Develop knowledge translation strategy - data and clinical resources
- Define evaluation strategies and improve current processes

Perinatal Clinical Reviews

INTENT & PURPOSE

Overall: Opportunity for Health Professionals to reflect upon and discuss ways to provide optimal care for the child-bearing population and their newborns.

1. Identify education needs/supports
2. System Changes
3. Documentation/ Data Quality
4. Communication
5. Interprofessional Collaborations

EXAMPLES OF INITIATIVES STEMMING FROM PCRS

Acute Care of at-Risk Newborns: During a PCR, there was an identified need for education for regional facilities on caring for at-risk newborns. RCP led the roll out of the ACORN course across the province to address this need.

Skin-to-Skin After a Cesarean Birth: During PCRs, it was identified that skin-to-skin rates immediately after a C-birth were low. RCP collaborated with regional facilities to discuss barriers and co-created an instructional video with IWK Health to support regional facilities in increasing skin-to-skin following a cesarean birth.

SCAN ME!

[PCR process Poster (nshealth.ca)]

Practice Toolkit: During PCRs, it was identified that regional facilities were interested in expanding their capacity and knowledge in caring for pregnant persons diagnosed with opioid use disorder and their infants diagnosed with Neonatal Opioid Withdrawal Syndrome. RCP is leading the development of this toolkit inclusive of a comprehsive summary & knowledge translation tools.

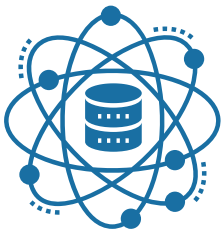
The RCP leads PCRs at all regional facilities in Nova Scotia on an annual basis.

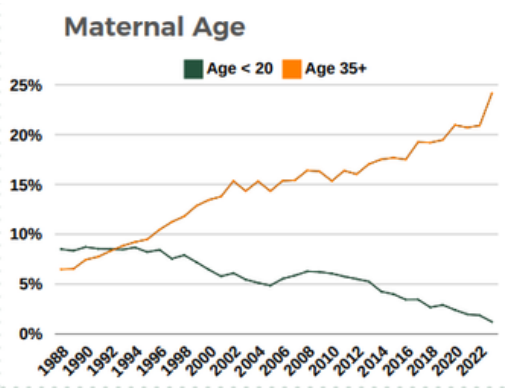
- 7-8 clinical reviews/year and ad hoc/RCA quality reviews as needed, averaging to 1-2/year.
- **Plan to lead 1st IWK PCR in January 2025.**

Nova Scotia Atlee Perinatal Database

DATA MANAGEMENT TEAM

"Without data you're just another person with an opinion."
William Edwards Deming





Data
- Prenatal Records
- Partograms
- Birth Records
- Vital Stats
- CIHI
- Cardiology
- Fetal Assessment
- Admin / Discharge

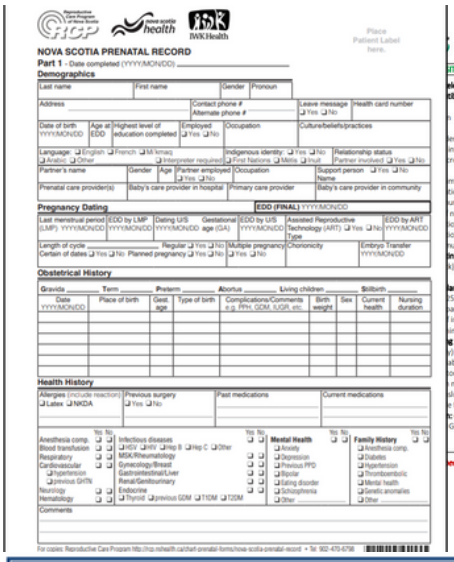
Information
- Clinical Information Management
- Postpartum / Postnatal guidelines
- Quality Assessment Reviews
- Maternal & Newborn Indicator Development
- Guidelines
- Accreditation
- Health Systems Planning

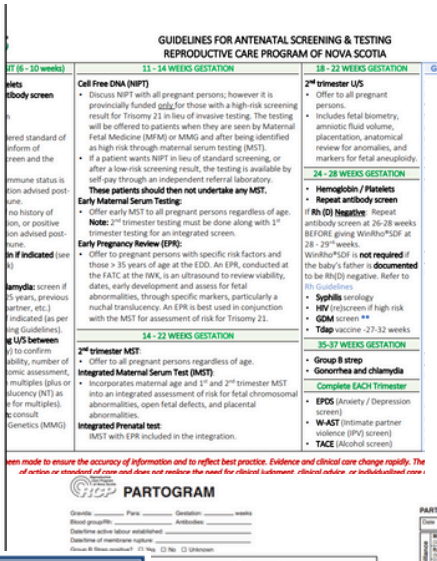
Poster - Data Team (nshealth.ca)

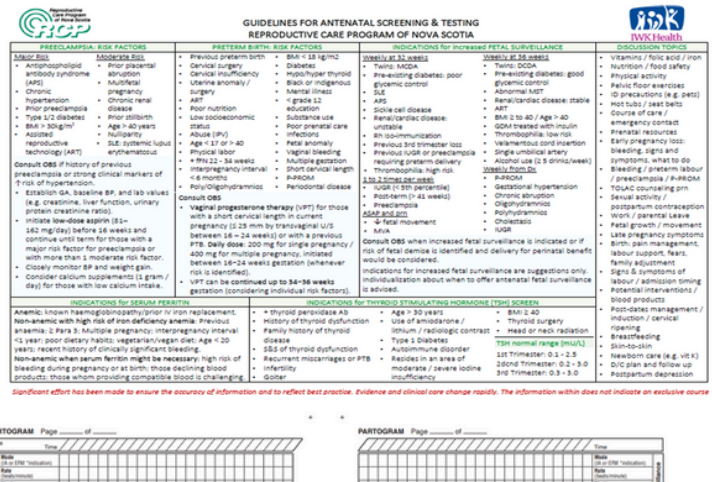
- Mi'kmaq Client Linkage Registry
- Health Services Planning
- Coding Quality Review
- NSAPD report - 2011-2020
- Data linkage with IWK pharmacy
- Support critical database infrastructure with:
  - Rh Program
  - FATC
  - Pediatric Cardiology
  - Perinatal Follow-up Program
- Performed major upgrade of NSAPD and updated version of Oracle database software
- Surveillance of Congenital Anomalies
  - Canadian and provincial advisory committee
  - Dashboard
- Data Access Requests supporting:
  - BFI
  - Public Health (SDoH)
  - out of hospital births
  - perinatal glycemic control
  - newborn hypoglycemia
- Data access requests for research (PERU)
- Data reports for PCR visits

Clinical Practice Resources

- Antenatal Laboratory Screening and Testing Guidelines
- Prenatal Record and Companion Document
- Labour Partogram
- Guideline for Care of the Late Preterm Infant
- Safe Infant Sleep
- Unanticipated Birth: Guidelines for Labour Assessment, Imminent Delivery and Transfer (revised)
- Gestational Diabetes Mellitus (GDM) Screening in NS
- Prevention and Management of Iron Deficiency in preterm infants
- Routine Bilirubin Screening and Management
- Healthy Babies Healthy Families Postpartum and Postnatal Guidelines_2nd Ed (review)
- Skin to Skin Care in the OR - video
- Guideline for Assessment of the Best Estimate of Gestational Age
- RSV Infection Prophylaxis Guidelines
- Counseling tool Trial of Labour/Birth after previous Cesarean
- Form updates - newborn weight graph / postpartum care path
- Low risk drinking guidelines (consult)
- Nova Scotia Loving Care Series (review)
- Tobacco free NS
- Primary Mental Health Toolkit (in consultation with IWK RMH)


NOVA SCOTIA PRENATAL RECORD


GUIDELINES FOR ANTENATAL SCREENING & TESTING
REPRODUCTIVE CARE PROGRAM OF NOVA SCOTIA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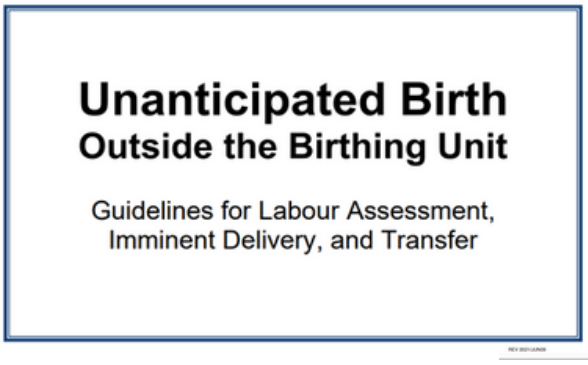
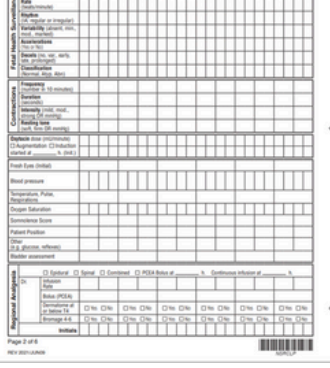

Unanticipated Birth
Outside the Birthing Unit

Guidelines for Labour Assessment, Imminent Delivery, and Transfer


PARTOGRAM


PARTOGRAM

Education

Online Webinar Series

- Birth Depression & Therapeutic Cooling
- Support of the Neonate Awaiting Transport
- The 'New' RCP NS Prenatal Record
- The Primary Care Perinatal Mental Health Toolkit
- Managing Preterm Newborns with Iron Deficiency
- RCP Anniversary Celebration Webinar Series
- Maritime Newborn Screening

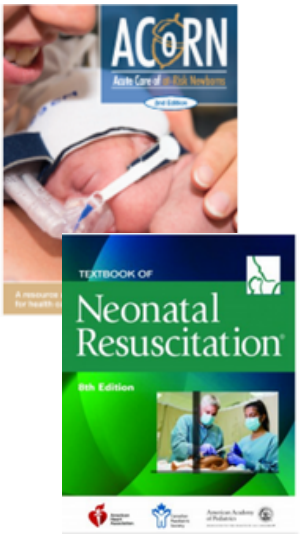
RCP Perinatal Orientation

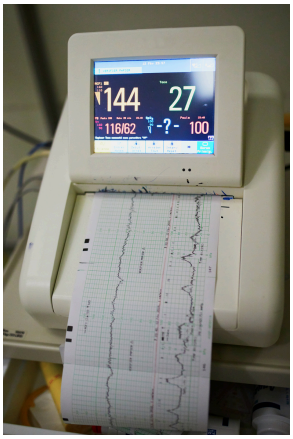
eLearning Series *update in progress

- Antenatal Assessment and Care
- Labour and Birth
- Fetal Health Surveillance*
- Supportive Care in Labour*
- Infant feeding*
- Postpartum Care*
- Care of the Late Preterm Infant*

Interprofessional education / workshops

- Perinatal Orientation eLearning
- Fundamentals of Fetal Health Surveillance (FHS)
- Fetal Health Surveillance Instructor
- Acute Care of at-Risk Newborns (ACoRN)
- Neonatal resuscitation program (NRP) - instructor training
- Supportive Care in Labour Support
- Care of the Late preterm Infant
- Care of the Obstetrical Patient and the Newly Born in the Emergency Department
- Neonatal Abstinence Syndrome (NAS)





Provincial Initiatives

Health Services Planning

Pregnancy & Newborn Care Council: A Collaborative Partnership across Health Sectors

Supporting IWK's and Provincial 'Action for Health' initiatives

- System Leadership, Partnership and Advocacy
- Accelerate Newborn, Women's and Gender-Diverse Health Agenda

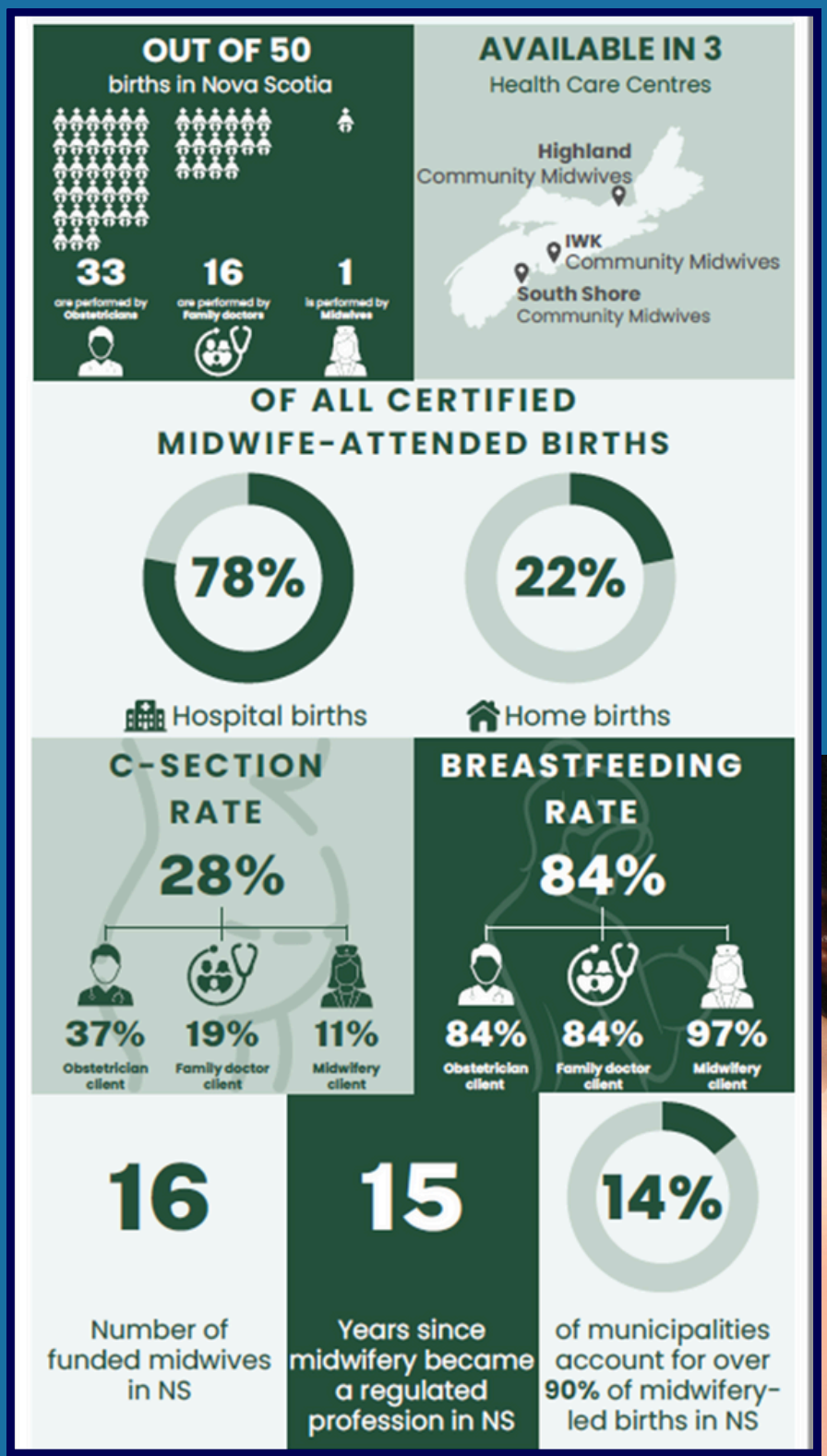
Goals:

- Inform strategy development and priority setting to improve care and outcomes
- Monitor perinatal system performance and emerging trends
- Provide a system integration lens to inform NSH, IWK Health, Tajikeimɨk, and DHW of the provincial perinatal and newborn systems of care

Current Priorities:

- Perinatal and key performance indicators dashboard
- Provincial perinatal and newborn capacity assessment to revise Tiers of Service
- Business Case submission focusing on equitable access to perinatal and newborn services across NS

Midwifery in Nova Scotia Report



The RCP Midwifery report presents data from the Nova Scotia Atlee Perinatal Database (NSAPD). The report provides a comprehensive analysis of midwifery practices in Nova Scotia, with a focus on key areas such as the number of births, place of birth, number of active midwives, hospital versus home births, and urban vs rural location of births.

Click here for full report.

Pregnancy & Postpartum Mortality Review System

Pregnancy & Postpartum Mortality Review Committee

RCP is leading the development of a Pregnancy and Postpartum Mortality Review Committee (PPMRC) to ensure processes are in place to:

- Complete ascertainment of deaths
- Complete a full review of the death including whether it was preventable
- Ensure results are appropriately shared back to care providers, administrators, and the community
- Share data, what has been learned from the reviews, how it might be applied to prevent both severe maternal morbidity and mortality,
- Contribute to reliable, and informative national data

Work is currently underway to implement the committee, within RCP (IWK).

Data Collection

Plan to create a Nova Scotia Pregnancy & Postpartum Mortality Review Database and explore transitioning to a prospective case identification system.

Strategic Planning

The RCP and Rh Program began the strategic planning process in September 2022. The team participated in multiple engagement sessions to define the Vision and Mission, and identify goals for the program.

The consensus for the vision emphasized a commitment to perinatal care, inclusive language, with a focus on outcomes for the perinatal and newborn population.

The predominant themes that emerged to shape the mission were leadership and advocacy.

Strategic Plan

Vision

Optimal outcomes for pregnant people, their newborns, and families by equipping health care providers to deliver the highest quality care

Mission

Provide leadership and advocacy in perinatal and newborn care in Nova Scotia through:

- Evidence-informed practice guidelines and resources, knowledge translation, and interprofessional education
- High quality data collection and analysis, quality improvement, research, and health system planning

RCP Website & Branding

Purpose of website update and rebranding

- Website update required as current platform outdated,
  - mobile compatible for easier access
- Establish a provincial brand & identity
- Establish the program as the primary source for perinatal and newborn clinical guidelines, resources, standards, and data for health care providers in Nova Scotia

New name and Logo

Perinatal and Newborn Health Nova Scotia

Our Purpose:

To improve pregnancy and newborn outcomes in Nova Scotia.

Our Promise:

A commitment to optimize health and wellness of Nova Scotia's pregnant persons and their infants.

Our Position:

We are Nova Scotia's experts in perinatal health.

Additional Initiatives

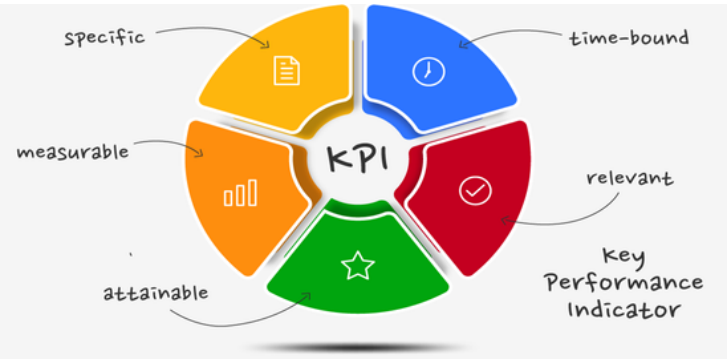
NS Prenatal Record- EMR

The RCP Prenatal Record (PNR) has been integrated into both EMRs used by community care providers in Nova Scotia. While it is already functional in one EMR, efforts are being made to implement it in the second EMR soon. Moreover, care providers in specific clinical settings still rely on the PNR in paper form.

An agreement has been made with Newfoundland to customize the NS RCP PNR for the care context in NL, a first step towards exploring an Atlantic Antenatal Record.

KPI Development

- KPIs have been identified for the perinatal/newborn population
- A dashboard is in development to demonstrate trends over the last 10 years



Smart Parent

The SmartParent program supports parents in making informed decisions for a healthy pregnancy, childbirth, and early parenthood to improve the health of both parent and infant. It focuses on individuals with uncomplicated pregnancies and healthy infants by providing supplementary information to healthcare providers.

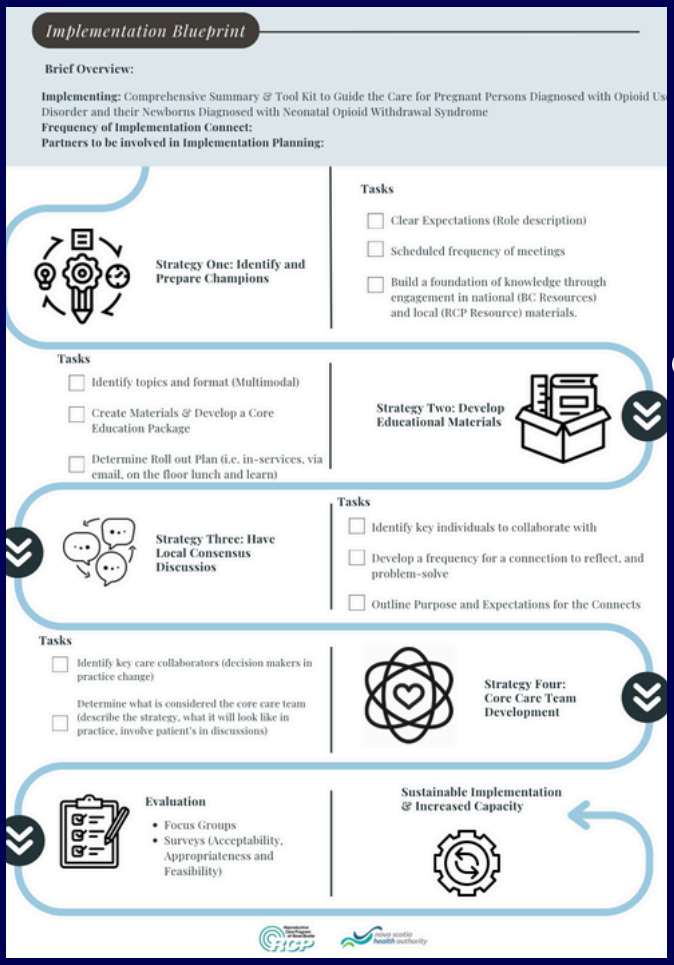
Comprehensive Summary and Clinical Toolkit: Supporting Healthcare Providers in Caring for Perinatal Populations impacted by opioid use disorder.

Creation of the Toolkit

- 40+ inter-professional experts and patients with lived experience
- Literature reviews, expert experience, and lived experienced combined with intentional considerations of advancing equity for equity-deserving perinatal populations created this 256 page summary and 24+ knowledge translation tools (including an implementation guidance)

Pilot Site: South Shore Regional Hospital

- We took a systematic approach to explore implementation related barriers and facilitators
  - x 2 multidisciplinary focus groups
- Literature integrated with focus group findings supported the creation of an implementation blue print (highlighted to the left)
- Strategies were prioritized and operationalized
  - Strategies one through three have began


Implementation Blueprint

Brief Overview:

Implementing: Comprehensive Summary & Tool Kit to Guide the Care for Pregnant Persons Diagnosed with Opioid Use Disorder and their Newborns Diagnosed with Neonatal Opioid Withdrawal Syndrome
Frequency of Implementation Connect:
Partners to be involved in Implementation Planning:

Strategy One: Identify and Prepare Champions

Tasks
- Clear Expectations (Role description)
- Scheduled frequency of meetings
- Build a foundation of knowledge through engagement in national (BC Resources) and local (RCP Resource) materials.

Strategy Two: Develop Educational Materials

Tasks
- Identify topics and format (Multimodal)
- Create Materials & Develop a Core Education Package
- Determine Roll out Plan (i.e. in-services, via email, on the floor lunch and learn)

Strategy Three: Have Local Consensus Discussios

Tasks
- Identify key individuals to collaborate with
- Develop a frequency for a connection to reflect, and problem-solve
- Outline Purpose and Expectations for the Connects

Strategy Four: Core Care Team Development

Tasks
- Identify key care collaborators (decision makers in practice change)
- Determine what is considered the core care team (describe the strategy, what it will look like in practice, involve patient's in discussions)

Evaluation
- Focus Groups
- Surveys (Acceptability, Appropriateness and Feasibility)

Sustainable Implementation & Increased Capacity

- Staff report greater feelings of capacity and confidence since implementation of the toolkit and summary

Next Steps

- Finalizing Internal Review
- External Review (January 2025)
- Intentional, Responsive and Systematic Dissemination and implementation Spring 2025
- Formal Evaluation of the Implementation at SSRH

50th and 60th Anniversary Celebrations

RCP & Rh Programs Anniversary Celebration Doodle Video

RCP and Rh Programs Anniversary Celebration

- RCP & Rh Anniversary Webinar Celebration 2023
- Rh Program Presentation (November 27, 2023)
- NS Atlee Perinatal Database Presentation (November 28, 2023)
- Supporting Perinatal Practice Presentation (November 29, 2023)
- Perinatal Clinical Reviews Presentation (November 30, 2023)
- Working towards optimal perinatal outcomes... (December 1, 2023)

The RCP Team

Manager
Barbie Leggett

Program Administration Coordinator
Abigail Murano

RCP Medical/Clinical Team

- Dr. Melissa Brooks: OBS Medical Advisor
- Dr. Balpreet Singh: Neo Medical Advisor
- Shannon Kaupp: Midwife Advisor
- Leanne MacKeen: Perinatal Nurse Consultant
- Heather Ezurike: Perinatal Nurse Consultant
- Sarah Maguire: Perinatal Nurse Consultant
- Maddie Gallant: Perinatal Nurse Consultant
- Becky Attenborough: Consultant

Data Team Access

- Irene Gagnon: Health Information Coordinator
- Lynn Kabatay: Health Records Technician
- Kome Eboreime: Health Records Technician
- Dianne Duncan: Health Records Technician
- Kristina Whiffen: Programmer /Application Developer
- Thilina Senevirathne: Database Administrator
- Joseph Orji: Programmer Analyst / Web Developer
- John Fahey: Research Analyst
- Estevam Teixeira: Data Analyst
- Cora Cole: Project Manager SCA NS

Timeline of the RCP

The Reproductive Care Program of Nova Scotia

Celebrating 50 years of Improving Perinatal and Newborn Health

1973

The inception of the Reproductive Care Program of Nova Scotia

1974-1979

- Designed and implemented provincial Prenatal Record
- Regional Facilities visited by the RCP
- Nursery & Neonatal Procedure & Transport Manual Produced
- Perinatal Mortality Surveys in Windsor/Truro
- Distributed 10,000 copies of the booklet "Having a Happy Birthday"
- Produced and distributed an Obstreical Manual for care providers

1980-1984

- Provincial Perinatal Database Established
- Perinatal Survey Developed
- Fetal Monitoring Statement developed and approved
- Maternal Transport Manual Produced
- Microcomputers purchased to manage new databases
- First RCP clinical workshop held across the province
- Hosted national conference on 'Regionalized Care & Prevention of Handicap'

1985-1989

- The Rh and RCP Programs amalgamate
- St. Matha's Hospital became Database Pilot Site
- Standardized Chart forms package introduced
- Provincial C-Section Study Conducted
- Provincial Chart Forms Committee Struck
- First Full year of provincial data collected

1990-1994

- Established Perinatal Health Goals
- Completed First Annual Provincial Perinatal Database Report
- Introduced NALS jointly with the Heart and Stroke Foundation
- Nova Scotia Cesarean section Implementation conference
- RCP celebrated 20 years
- The Perinatal Education Partnership Project (PEPP)

1995-1999

- First Regional Morbidity and Mortality Review conducted
- "Care of Healthy Women During Labor & Birth – A Nova Scotia Consensus Document" developed
- Participated in the interdisciplinary working group for midwifery regulation in NS
- Produced the database report "Perinatal Care in Nova Scotia 1988-1995"
- Data Linkage completed between RCP + Western Region
- Advanced Life Support in Obstetrics course offered

2000-2004

- Perinatal Epidemiology Research Unit (PERU) initiated
- RCP moves the Rh Database from SIR to the Oracle Platform
- First Postpartum / Postnatal guidelines distributed
- Cesarean Section quality reviews initiated in the province

2005-2009

- Celebrated 35th Anniversary with a conference " The Perfect Storm"
- ACoRN program initiated and course offered.
- Midwifery regulated in NS
- Coordinated a province-wide and national initiative for fetal fibronectin.
- Worked with Health Promotion and Protection to create messages for H1N1 and the perinatal population

2010-2014

- Developed Maternal Newborn Orientation Learning Modules
- Began Newborn Transition QA Reviews
- Funded by PHAC, RCP led the SCA-NS Project (Surveillance of Congenital Anomalies in NS)
- Developed Perinatal Indicators
- Collaborated on expansion of Newborn Screening
- IWK Cardiology database established

2015-2019

- Led Health Services planning for Perinatal / Newborn Population
- Updated - AIPHa (Atlee Perinatal Health) Report
- Collaborated with DCPNS on the Clinical Guidelines: Diabetes in Pregnancy
- Offered Advances in Labour and Risk Management (ALARM®)
- Newborn Transition from Hospital to Home - Provincial report of QA reviews
- Developed Guideline Ophthalmia Neonatorum Prevention in NS
- Clinical resource: Working with Pain in Labour: Systemic Medications

2020-2023

- Revised Prenatal Record and Antenatal Screening and testing Guidelines
- Revised provincial Labour Partogram
- Developed and updated guidelines for:
  - Care of the Late Preterm infant
  - Healthy Babies, Healthy Families
  - Assessment of the "Best Estimate" of GA
  - Unanticipated Birth: Guidelines for Labour Assessment, Imminent Delivery, and Transfer
  - Resources for COVID - 19 and Pregnancy
- Threat Risk Assessment of NSAPD
- Provincial Launch of ACoRN 2nd Edition
- Provincial launch of FHS education
- Knowledge to Action Report Mi'kmaw First Nations

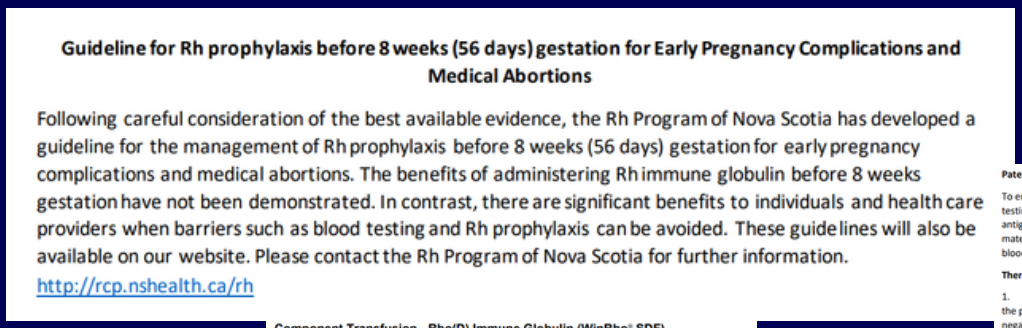
2024+

- Updating Atlee Perinatal Health Report
- Implementing a toolkit for care of pregnant persons diagnosed with opioid use disorder
- Updating the Perinatal e-learning orientation modules
- Rebranding / website update
- Leading the development of Responsive and Trauma Informed Perinatal Care
- Tiers of Perinatal and Newborn Service
- Revising of Provincial Perinatal Indicators

The Rh Program

The Rh Program of Nova Scotia was established in 1964 and transitioned under the umbrella of the RCP in 1988. The Rh Program's focus is on the prevention and management of problems caused by Rh and other blood group antibodies. Similarly to the RCP, the Rh Program provides education and consultation service for healthcare providers across the province, as well as NB and PEI on request.

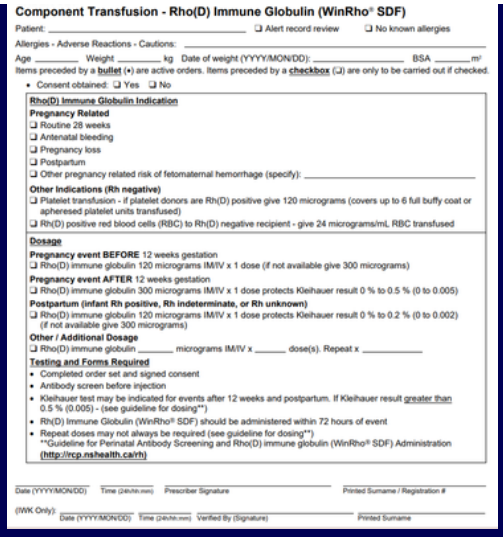
Guidelines and Forms



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



Component Transfusion - Rho(D) Immune Globulin (WinRho® SDF)

Patient: _____ ❑ Alert record review ❑ No known allergies

Allergies - Adverse Reactions - Cautions: _____

Age _____ Weight _____ kg Date of weight (YYYY/MON/DD): _____ BSA _____ m²

Items preceded by a **bullet** (•) are active orders. Items preceded by a **checkbox** (❑) are only to be carried out if checked.

- Consent obtained: ❑ Yes ❑ No

Rho(D) Immune Globulin Indication

Pregnancy Related
❑ Routine 28 weeks
❑ Antenatal bleeding
❑ Pregnancy loss
❑ Postpartum
❑ Other pregnancy related risk of fetomaternal hemorrhage (specify): _____

Other Indications (Rh negative)
❑ Platelet transfusion - if platelet donors are Rh(D) positive give 120 micrograms (covers up to 6 full buffy coat or apheresed platelet units transfused)
❑ Rh(D) positive red blood cells (RBC) to Rh(D) negative recipient - give 24 micrograms/mL RBC transfused

Dosage

Pregnancy event BEFORE 12 weeks gestation
❑ Rho(D) immune globulin 120 micrograms IM/IV x 1 dose (if not available give 300 micrograms)

Pregnancy event AFTER 12 weeks gestation
❑ Rho(D) immune globulin 300 micrograms IM/IV x 1 dose protects Kleihauer result 0 % to 0.5 % (0 to 0.005)

Postpartum (infant Rh positive, Rh indeterminate, or Rh unknown)
❑ Rho(D) immune globulin 120 micrograms IM/IV x 1 dose protects Kleihauer result 0 % to 0.2 % (0 to 0.002) (if not available give 300 micrograms)

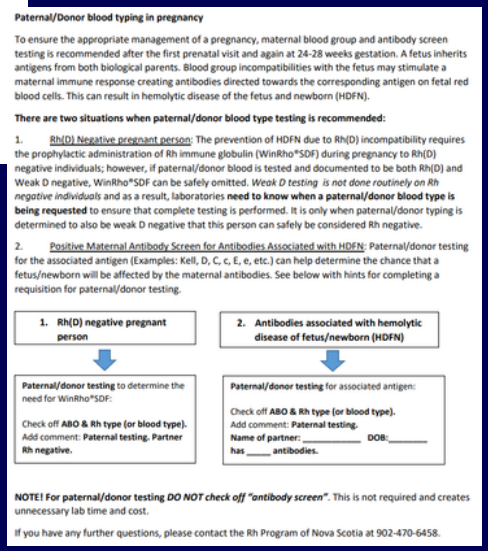
Other / Additional Dosage
❑ Rho(D) immune globulin _____ micrograms IM/IV x _____ dose(s). Repeat x _____

Testing and Forms Required
- Completed order set and signed consent
- Antibody screen before injection
- Kleihauer test may be indicated for events after 12 weeks and postpartum. If Kleihauer result greater than 0.5 % (0.005) - (see guideline for dosing**)
- Rh(D) Immune Globulin (WinRho® SDF) should be administered within 72 hours of event
- Repeat doses may not always be required (see guideline for dosing**)

**Guideline for Perinatal Antibody Screening and Rho(D) immune globulin (WinRho® SDF) Administration (http://rcp.nshealth.ca/rh)

Date (YYYY/MON/DD) Time (24h/hh:mm) Prescriber Signature Printed Surname / Registration #

(IWK Only): Date (YYYY/MON/DD) Time (24h/hh:mm) Verified By (Signature) Printed Surname



Paternal/Donor blood typing in pregnancy

To ensure the appropriate management of a pregnancy, maternal blood group and antibody screen testing is recommended after the first prenatal visit and again at 24-28 weeks gestation. A fetus inherits antigens from both biological parents. Blood group incompatibilities with the fetus may stimulate a maternal immune response creating antibodies directed towards the corresponding antigen on fetal red blood cells. This can result in hemolytic disease of the fetus and newborn (HDFN).

There are two situations when paternal/donor blood type testing is recommended:

1. Rh(D) Negative pregnant person: The prevention of HDFN due to Rh(D) incompatibility requires the prophylactic administration of Rh immune globulin (WinRho®SDF) during pregnancy to Rh(D) negative individuals; however, if paternal/donor blood is tested and documented to be both Rh(D) and Weak D negative, WinRho®SDF can be safely omitted. *Weak D testing is not done routinely on Rh negative individuals* and as a result, laboratories **need to know when a paternal/donor blood type is being requested** to ensure that complete testing is performed. It is only when paternal/donor typing is determined to also be weak D negative that this person can safely be considered Rh negative.

2. Positive Maternal Antibody Screen for Antibodies Associated with HDFN: Paternal/donor testing for the associated antigen (Examples: Kell, D, C, c, E, e, etc.) can help determine the chance that a fetus/newborn will be affected by the maternal antibodies. See below with hints for completing a requisition for paternal/donor testing.

1. Rh(D) negative pregnant person	2. Antibodies associated with hemolytic disease of fetus/newborn (HDFN)
Paternal/donor testing to determine the need for WinRho®SDF: Check off **ABO & Rh type (or blood type).** Add comment: **Paternal testing. Partner Rh negative.**	**Paternal/donor testing** for associated antigen: Check off **ABO & Rh type (or blood type).** Add comment: **Paternal testing.** **Name of partner:** _____ **DOB:**_____ **has _____ antibodies.**

NOTE! For paternal/donor testing *DO NOT check off "antibody screen"*. This is not required and creates unnecessary lab time and cost.

If you have any further questions, please contact the Rh Program of Nova Scotia at 902-470-6458.

The Rh Team

Manager
Barbie Leggett

Program Administration Coordinator
Abigail Murano

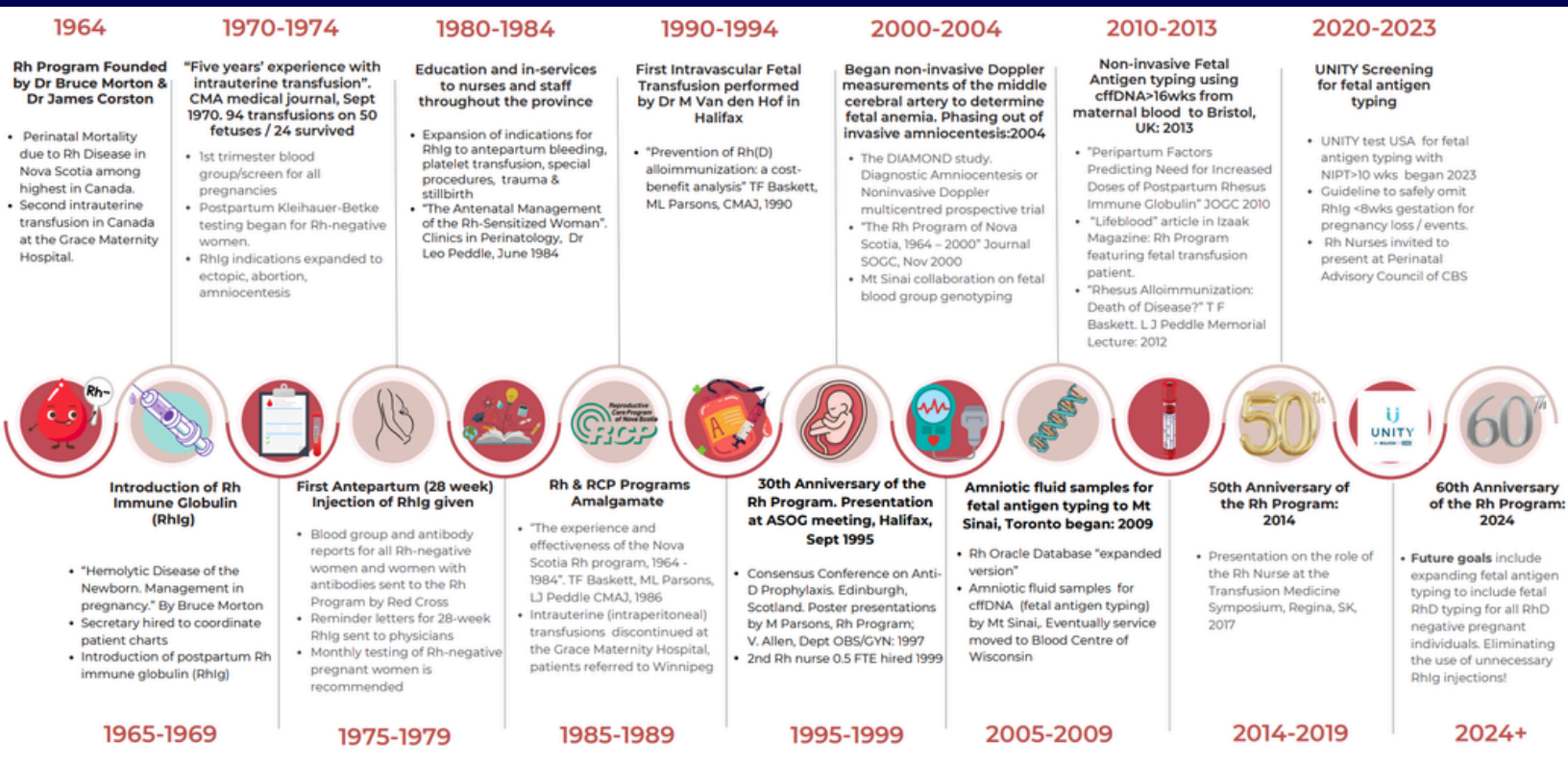
Rh Program Team

- Dr Michiel Van den Hof: Medical Advisor
- Marg Parsons: Rh Coordinator
- Erin Dowe: Rh Coordinator

The Rh Timeline

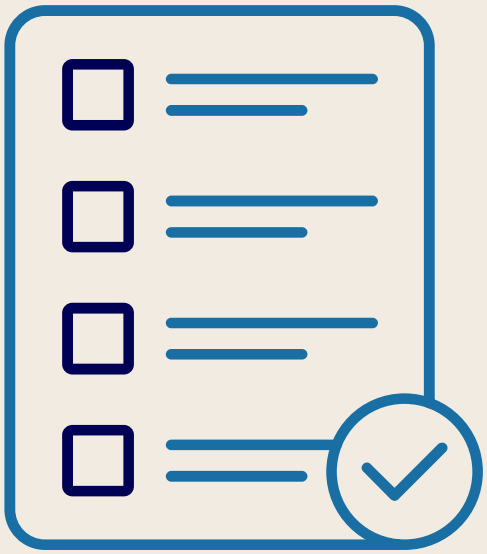
The Rh Program of Nova Scotia

Celebrating 60 years of excellence in Rh Related Disease Management



Planning for the Future ...

- Website update and branding
- OPOR
- OAT resource and toolkit implementation province wide
- Perinatal Orientation eLearning Series update
- Late Preterm Infant Guidelines update and Implementation
- ACoRN - Provincial coordination and implementation
- Virtual Care for consultation and newborn transports
- Simulation sessions - interdisciplinary education
- Integration of Province wide Root Cause Analysis/Serious Incident Reporting
- Trauma-Responsive Perinatal Care - Develop and Implement Guideline and toolkit
- Dashboards for KPI's and Health Indicators
- Diabetes Care - Coordination of Provincial Antenatal Care and Education
- Revision of Prenatal/Antenatal Record and Antenatal Screening and Testing Guidelines
- Stabilization and Expansion of Midwifery - partnering with Tajikeimik
- Family Medicine Advisor to join the PNHNS team



Acknowledgements

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RCP would like to thank all of our provincial colleagues and partners for their collaboration, support, and passion as we work together to achieve optimal outcomes for the perinatal and newborn population in Nova Scotia.

Perinatal and Newborn Health Nova Scotia

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https://rcp.nshealth.ca/