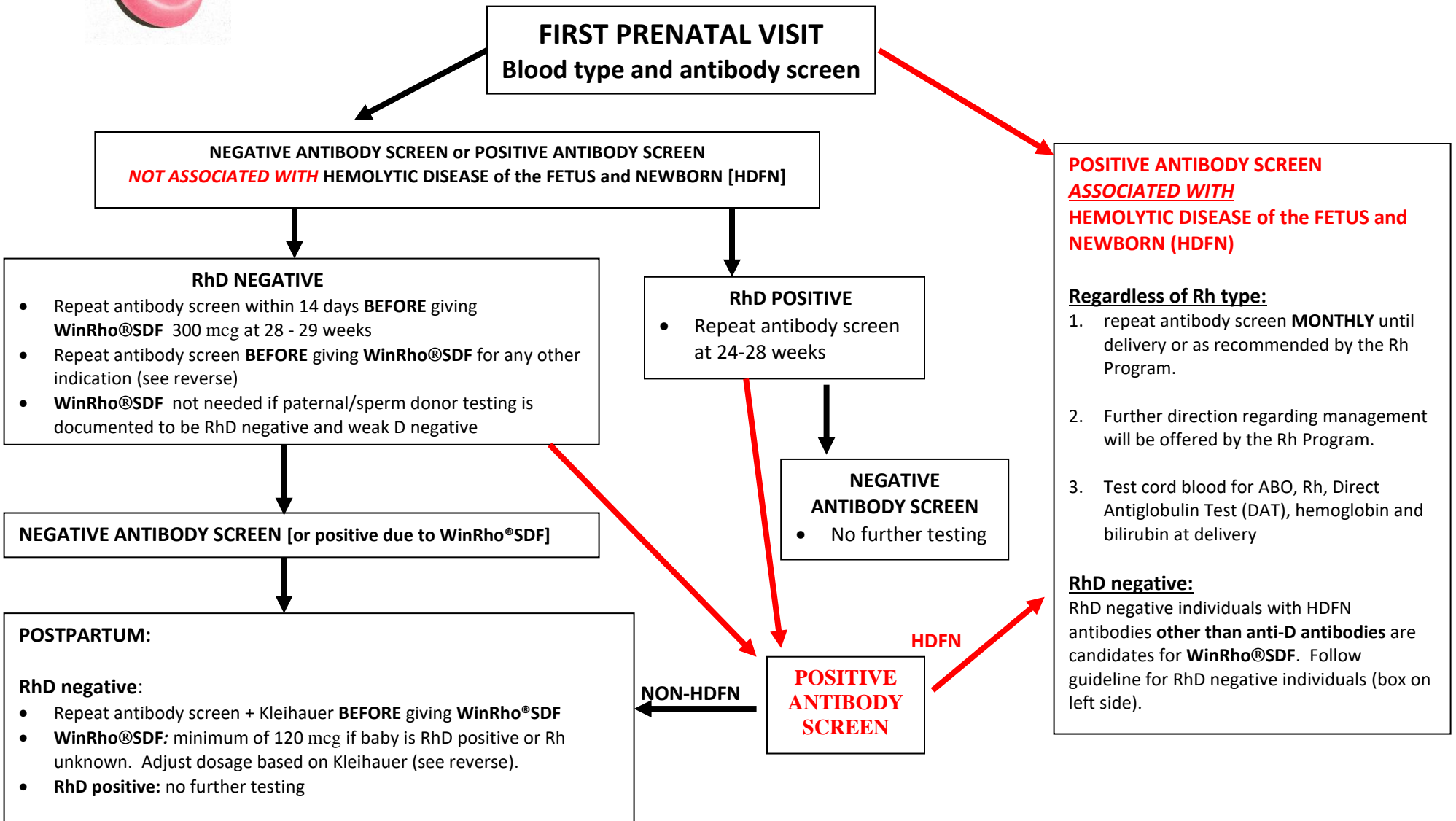




Guideline for Perinatal Antibody Screening and Rh_o(D) immunoglobulin (WinRho®SDF) Administration



See dosage and indications for Rho(D) Immune globulin administration on reverse

Indications for administration of Rho(D) Immune globulin (WinRho®SDF)¹

► **Always confirm RhD negative status and draw antibody screen BEFORE administering WinRho®SDF. Testing is required within the previous 14 days.**

NOTE:

1. WinRho®SDF not needed if paternal/sperm donor testing is documented to be RhD negative and weak D negative.
2. **Administer within 72 hours of event to ensure effectiveness** (if omitted, *give as soon as possible*, up to 28 days later).
3. WinRho®SDF is a *blood product* that requires a written order and consent form. Recipients should be informed of the risks and benefits of the product and informed consent should be obtained. Refer to pamphlet “*The Rh Factor and Pregnancy*”. All forms are available on the website below or through contacting the Rh Program.
4. Due to the possibility of a reaction to WinRho®SDF, vital signs should be taken pre-administration and recipients advised to stay for 15 to 30 minutes post-injection.
5. Administer by **DEEP IM or IV route**, to ensure adequate absorption. **Note:** *Volumes of 2 mL or less can be given in the deltoid muscle. Volumes greater than 2 mL can be given in the ventrogluteal or vastus lateralis muscles.*²
6. Injection reporting forms are available from the Rh Program or our website. Please mail or fax completed copy to the Rh Program.

- **28 - 29 weeks gestation:** give **300 mcg**. If WinRho®SDF was given within prior 3 weeks, may delay injection for up to 6 weeks later.
- **Postpartum when infant is RhD positive, Rh indeterminate or Rh unknown:** obtain Kleihauer and give minimum of **120 mcg**. May withhold injection if WinRho®SDF has been given **within 3 weeks of delivery** provided Kleihauer is negative AND passive anti-D antibodies (due to Rho(D) Immune globulin) are detected at delivery.
- **Surgical abortion, surgical ectopic or partial molar pregnancy management:** up to 12 weeks gestation: minimum **120 mcg**; after 12 weeks gestation: **300 mcg**.
- **Threatened abortion, spontaneous abortion, medical abortion:** **Less than 8 weeks (56 days) gestation with confident and reliable pregnancy dating may safely withhold blood testing (ABO/Rh and antibody screen) and WinRho®SDF.**³ Less than 8 weeks gestation with **unreliable** dating give minimum of **120 mcg**; 8 to 12 weeks gestation give minimum of **120 mcg**; after 12 weeks gestation give **300 mcg**.
- **Antepartum bleeding, placental abruption, placenta previa with bleeding, abdominal trauma, amniocentesis, cordocentesis, chorionic villus sampling (CVS):** up to 12 weeks gestation: minimum **120 mcg**; after 12 weeks gestation: **300 mcg**. For repeat events 6 or more weeks later obtain Kleihauer, antibody screen and give an additional **300 mcg**. For repeat events less than 6 weeks later: may withhold WinRho®SDF when Kleihauer is negative AND passive anti-D antibodies (due to Rho(D) Immune globulin) are detected.
- **External versions:** obtain Kleihauer and give minimum of **120 mcg**
- **Platelet transfusion if platelet donors are RhD positive:** **120 mcg** covers up to 6 full buffy coat or apheresed transfused platelet units and protects for up to 4-6 weeks. WinRho®SDF should be administered within 72 hours of the transfusion. *Rationale:* Platelets from RhD positive donors contain a small amount of red blood cells.
- **Transfusion of RhD positive red blood cells (RBC) to RhD negative recipient:** **24 mcg** per mL red blood cells (RBC's). *Caution:* see product insert for limitations or consult with the Rh Program or your local blood transfusion service.

KLEIHAUER TEST DOSING for fetomaternal hemorrhage (FMH) of RhD positive whole blood:

Maternal circulation estimated whole blood volume = 5000 mL. Administer **12 mcg WinRho®SDF per mL of fetal whole blood.**

120 mcg protects for FMH of **0% to 0.2% of maternal whole blood volume** ($0.002 \times 5000 \text{ mL} = 10 \text{ mL fetal whole blood} \times 12 = 120 \text{ mcg required}$)

300 mcg protects for FMH of **0% to 0.5% of maternal whole blood volume** ($0.005 \times 5000 \text{ mL} = 25 \text{ mL fetal whole blood} \times 12 = 300 \text{ mcg required}$)

Depending on dose calculated above: (1) IM route up to **1200 mcg** every 12 hours or (2) IV route administer up to **600 mcg** every 8 hours until the total dose has been administered. Consult with the Rh Program for further assistance or refer to the product insert under “Dosage and Administration”.

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¹ Prevention of Rh Alloimmunization. No. 133, Reaffirmed Guidelines. JOGC January 2018.

² Perry & Potter. *Clinical Nursing Skills & Techniques*. Elsevier Mosby 10th edition, 2021

³ Guideline on Rh Prophylaxis before 8 weeks (56 days) gestation for Early Pregnancy Complications and Medical Abortions. Rh Program of NS June 2022.