Clinique des femmes de l'Outaouais

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Anti-D Human Immunoglobulins:

Information for the Pregnant Person with Rh-negative Blood Type or Weak D-positive

1. WHAT IS HUMAN ANTI-D IMMUNOGLOBULIN?

It is a safe product obtained from the human plasma (blood) of several carefully selected donors. It contains specific antibodies directed against the antigen D (Rh-positive). This product is administered as a preventive treatment for certain problems related to pregnancy patients whose blood type is Rh-negative or weak D-positive.

2. WHO SHOULD RECEIVE THIS PRODUCT IN THE CONTEXT OF A PREGNANCY TERMINATION?

A person with a Rh-negative blood type and who has undergone a pregnancy termination, either induced or spontaneous, DEPENDING ON THE AGE OF PREGNANCY.

- Previously, any pregnant person with a Rh-negative blood type received anti-D immunoglobulin (WinRho) at some point during pregnancy. Following extensive studies, the Society of Obstetricians and Gynecologists of Canada (SOGC) published new guidelines in April 2024 regarding Anti-D Immunoglobulin:
  - In the event of spontaneous or induced abortion, less than 8 weeks since the last menstruation, in a non-sensitized RhD-negative person, it is recommended NOT to administer WinRho.
  - In the event of spontaneous or induced abortion, between 8 and 12 weeks since the last menstrucation, evidence shows no benefit from receiving WinRho, but there have been very rare cases where pregnant people with a RH negative blood type have developed antibodies. The decision whether to receive a WinRho (120ug) is up to the pregnant person.
  - In the event of spontaneous or induced abortion, more than 12 weeks since the last menstruation, in a non-sensitized RhD-negative person, it is recommended to administer WinRho 300 ug.

3. WHY SHOULD I RECEIVE THIS PRODUCT?

During pregnancy or birth, the fœtus' red blood cells can pass into the pregnant person's blood. This can also happen during an abortion, miscarriage, ectopic pregnancy, amniocentesis or any other bleeding from the placenta.

When the blood of a Rh-positive fœtus enters the blood of a Rh-negative or weak D-positive pregnant person, other than type 1, 2, 3 or Rh type 42, this person's defence system (immune system) will view the fœtus' red cells as a threat and will start producing antibodies.
These antibodies can penetrate the placenta, destroy the foetus' red cells and cause anemia. The antibodies formed in the pregnant person's blood will remain there permanently, causing any future pregnancies to be considered high-risk.

4. How does human anti-D immunoglobulin work?

The anti-D antibodies from human immunoglobulin target the foetus' red blood cells in the pregnant person's blood circulation and help to eliminate them. The pregnant person therefore does not develop her own antibodies. Their effectiveness is about 98%.

5. What are the risks of transmitting an infectious disease?

Human immunoglobulin is treated chemically in two stages and is then filtered to minimize the risk of transmitting any virus. No transmission of either a disease or a virus has been reported to date with this product.

6. How is it administered?

Human anti-D immunoglobulin is administered by intramuscular injection. This must be administered within 72 hours after an abortion or miscarriage.

7. Are there any side effects?

Side effects are rare but some people may feel discomfort or a slight swelling at the injection site, or be slightly feverish.

As a precaution, we will ask you to wait fifteen minutes following the administration of the product before leaving the clinic.

If you have ever had a reaction following the administration of blood products in the past, you should notify the nurse or the doctor BEFORE receiving the product.

8. What choices can I make about receiving WinRho?

Several academic societies such as the Society of Obstetricians and Gynecologists of Canada (SOGC), the World Health Organization (WHO) and the National Abortion Federation (NAF) indicate that the evidence shows no benefit from receiving WinRho for a pregnancy less than 8 weeks.

Concerning pregnancies between 8 and 12 weeks, the evidence shows no benefit from receiving WinRho. There have been very rare cases where pregnant people with a Rh-negative blood type have developed antibodies. For this reason, some pregnant people between 8 and 12 weeks may decide to receive the WinRho. If you choose to receive it, you will need to sign a consent.

For pregnancies greater than 12 weeks, evidence indicates that receiving WinRho is very beneficial. If you choose not to receive WinRho during a pregnancy greater than 12 weeks, you should understand that there could be significant risks for future pregnancies: anemia, jaundice and other complications up to and including fetal death.

It is also important to understand that if you develop your own anti-D antibodies and need a blood transfusion, the laboratory may have difficulty finding compatible blood for you.

Currently, there is no known effective alternative to this treatment. If you refuse to receive the product for a pregnancy greater than 12 weeks, you will have to sign a treatment refusal form.

References :

Cangene corporation, *Monographie WinRho*® SDF, Winnipeg

CISSS de l'Outaouais (2020) *ANTI-D information*, Gatineau

Fung-Kee-Fung, K., Wong, K., Walsh, J., Hamel, C. & Clarke, J. (2024) *Prevention of Rh D Alloimmunization*, SOGC Clinical Practice Guideline. No. 448, April 2024.

National Abortion Federation (2022) *Clinical Policy Guidelines for abortion care*, p. 11-12.

World Health Organisation (2022) *Abortion Care Guidelines*, p. 44-45.

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REFUSAL OF TREATMENT

I, the undersigned _____ refuse the WinRho injection

recommended by doctor _____.

I acknowledge having been informed of the risks and consequences that my refusal to receive WinRho may entail.

I take full responsibility for it and I sign.

Signature : _____

Date : _____

Witness : _____

CONSENT TO WINRHO INJECTION

I, the undersigned _____ authorize the Clinique des femmes de l'Outaouais to administer anti-D immunoglobulins (WinRho) to me as recommended by Dr. _____ since my blood type is RH negative or low D.

I have received and read a copy of the document Anti-D Human Immunoglobulins: Information for the Pregnant Person with Rh-Negative or Low D, produced by the clinic and have had the opportunity to discuss all matters relating to this injection.

I sign.

Signature : _____

Date : _____

Witness : _____