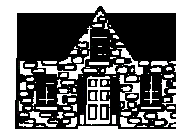


## RH PREVENTION PROGRAM OF HAMILTON



### **CONTACT INFORMATION:**

Stonechurch Family Health Centre  
1475 Upper Ottawa Street  
Hamilton Ontario  
L8W 3J6  
Phone: 905 575 0108  
Fax: 905 575 0859

### **Gentle Reminders ...**

- We always need bloodwork from the patient's current pregnancy
- Please always include the patient's EDC
- Please let us know prior to the patient's appointment at the Rh Prevention Clinic if:
  - Her EDC has been revised, or
  - If she has received WinRho earlier in her current pregnancy
  - Referral forms can be downloaded at <http://fammedmcmaster.ca/fampractice/stonechurch/RhPrevention>
  - We are also happy to send extra referral forms by mail!
  - In the interest of sensitivity, please contact us to cancel your patient's Rh Clinic appointment if she has had a miscarriage or termination .

The Society of Obstetricians and Gynecologists of Canada has established widely accepted clinical practice guidelines for the "Prevention of Rh Alloimmunization", published in 2003 (1).

It is generally agreed in the literature that a repeat antibody screen at 34-36 weeks is unwarranted and this is reflected in this Canadian guideline. In accord with this, most clinics in Canada do not perform repeat antibody testing at 34 weeks.

The Rh Prevention Program of Hamilton has used this clinical practice guideline to establish our local policies and procedures.

## 34 WEEK FOLLOW-UP ANTIBODY SCREEN DISCONTINUED!



As such, we are eliminating this step in our monitoring and prevention program effective April 1, 2007.

Please advise your patients accordingly.

Please contact the Rh Prevention program staff if you have any questions or concerns.

1. Fung Kee FK, Eason E, Crane J et al. Prevention of Rh alloimmunization. *J.Obstet.Gynaecol.Can.* 2003;25:765-773.

### FIRST TRIMESTER BLEEDING OR MISCARRIAGE ... DID YOU GIVE WINRHO?

Please remember to check your patient's Rh status when she presents with bleeding or following a miscarriage in the first trimester! As per the SOGC guidelines published in 2003, "after miscarriage or threatened abortion or induced abortion during the first 12 weeks of gestation, non-sensitized D-negative women should be given a minimum anti-D of 120 mcg."

Ideally, Rh immunoglobulin should be given within 72 hours of a potentially sensitizing event. If this hasn't happened, it should be given as soon as the need is recognized, and is still helpful if administered for up to 28 days after the event.

In the Rh Prevention Clinic, we have found that 56 % of women who had experienced a potentially sensitizing event earlier in their pregnancy did NOT receive Rh immunoglobulin.

Not sure what to do? Please call us—we are happy to help!

**DID YOU KNOW ...**  
... that administration of WinRho and MMR at the same time may decrease the vaccine's effectiveness?  
Although this is a theoretical interaction, consider ordering a follow-up rubella titre to ensure your patient is adequately protected!

### RH PREVENTION PROGRAM OF HAMILTON: STATUS REPORT

*On December 1, 2006, Hamilton Health Sciences assumed the administration of the Regional Rh Prevention Program of Hamilton. We are happy to report that the transition from Canadian Blood Services is now complete. Thank you for your patience during our first three months. Please contact us with questions or concerns!*