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Transfusion Medicine | LETTER TO THE EDITOR

Routine antenatal anti-D prophylaxis

Dear Sir,

I read with interest the article by Davis *et al.* (2011) on routine antenatal anti-D prophylaxis (RAADP), suggesting that neither the two dose nor the one dose regime appeared to provide adequate cover at delivery for a large percentage of pregnant women. These results confirm our findings at King's Lynn, presented at the British Blood Transfusion Society annual scientific meeting in September 2008 (Clout, 2008).

We reviewed the data relating to 6 months' deliveries at our Trust following the introduction of single dose of 1500 IU anti-D administered at 28 weeks' gestation. Of 231 Rhesus D negative cases, 198 cases were available for review, of whom 100 had no anti-D was detectable at delivery. For 12 of these women, we could not be sure if they received their antenatal prophylaxis, two cases had refused RAADP, leaving 86 women who had received 1500 IU of anti D at 28 weeks' gestation but who had no detectable anti-D at delivery. Fifty-six of these women (64%) delivered beyond term (20 up to six days beyond term, 18 six to thirteen days beyond term and 18 fourteen days beyond term).

The most important outcome for Rhesus D Prophylaxis is prevention of sensitisation in the next at risk pregnancy. Unfortunately, there is a paucity of data on this true outcome measure of the efficiency of the national RAADP programme.

Following our findings, we recommended that any women found to be sensitised to Rhesus D should be fully investigated to identify the cause for sensitisation, including details on the dose and timing of RAADP. I now propose that the SHOT reporting system is used to collect data on the failure of RAADP, which will enable the current national programme to be fully evaluated in terms of its efficacy in the prevention of sensitisation to Rhesus D.

ACKNOWLEDGMENT

A. J. K. designed the audit and collected the data in collaboration with D Clout.

CONFLICT OF INTEREST

The author has no competing interests.

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