Rh Immune Globulin WinRho®

Anti-D Immunoglobulin

Storage: +2 to 8° C
Shelf life: Until expiry

Do not freeze vials. Store vials in its original package at suggested temperature in order to protect from light.

Contains Human anti-RhD immune globulin. Product is prepared from human plasma by anion-exchange column chromatography.

Each 1.3 ml ready to use vial contains 1,500IU (300ug) of anti-D immune globulin.

Indications

- Routine antenatal anti-D prophylaxis (RAADP) for non-immunised RhD-negative mothers.
- Anti-D prophylaxis for obstetric events or procedures in non-immunised RhD-negative mothers.
- Post-delivery prophylaxis for non-immunised RhD-negative mothers where the newborn is RhD-positive.
- Ancillary management of non-immunised RhD-negative women of childbearing age who is inadvertently exposed to RhD-positive red cells.

Contraindications

- Hypersensitivity to active substance or to any of the ingredients used in preparation.

Rationale for use

The D antigen is expressed on red cells and is highly immunogenic. Individuals who do not express the antigen on their red cells (i.e. D-negative) have a high likelihood of developing anti-D antibodies when they are exposed to D-positive red cells. Anti-D present in the D-negative individual can then elicit a haemolytic transfusion reaction when they are transfused D-positive red cells. Furthermore, anti-D in the immunised pregnant woman can cross the placenta. If the conceived baby is D-positive, the transplacentally transported anti-D is capable of haemolysing foetal red cells causing haemolytic disease of newborn and subsequent foetal anaemia with hydrops.

Rh Immune Globulin (RhIg) is administered in order to prevent immunisation of D-negative individuals upon exposure to D-positive red cells either through transfusion or feto-maternal bleeding. When administered, RhIg binds to the exogenous D-positive red cells and removes them from circulation, therefore preventing immunization of the D-negative individual.

Administration

- Read all instructions in package insert
- For intravenous administration, deliver as a bolus over 5 to 15 seconds
- For intramuscular administration, deliver into the deltoid muscle or the antero-lateral aspect of the upper thigh

Indication	Timing of administration and recommended dose	Tests
RhD-incompatible pregnancy (i.e. D-negative mother with potential D-positive foetus and non-immune)		
Routine antenatal anti-D prophylaxis (RAADP)	Give 1,500 IU at 28 weeks gestation	D typing, Rh phenotyping and antibody screening to be performed before administration of anti-D. If antibody screening positive and anti-D identified with no history of RhIg administration in last 12 weeks, consider the mother as immunized and withhold RAADP.
Post-delivery	Give 1,500 IU within 72 hours of birth If estimated FMH is >12.5 ml red cells, give 120 IU for each additional 1 ml of foetal red cell, rounded to the next vial. E.g. If estimated FMH is 30ml red cell Additional dose = (30 x 120) – 1,500 IU = 1,100 IU Give 1 more vial of 1,500 IU RhIg	D typing and DAT on newborn sample. If newborn is confirmed D-positive, perform Kleihauer test on maternal sample if large feto-maternal haemorrhage (FMH) is suspected. No interventions necessary if newborn is confirmed D-negative.
Threatened abortion at any time	Give 1,500 IU immediately	Perform Kleihauer test on maternal sample if large FMH suspected. If FMH exceeds 12.5 ml foetal red cells, give additional vials of RhIg as above.
Amniocentesis and CVS before 34 weeks gestation	Give 1,500 IU immediately after procedure	
Abortion, amniocentesis or any other manipulation after 34 weeks	Give 1,500 IU within 72 hours	
Incompatible red cell transfusion (D+ red cells given to D- women who have not formed anti-D and of child bearing potential)		
Give iv. 90 IU for each ml of incompatible red cell transfused, at intervals of 3,000 IU every 8 hours		If large volume of incompatible blood transfused, consider red cell exchange.
Incompatible platelet transfusion (D+ platelets given to D- individual who has not formed anti-D)		
Give iv. 1,500 IU for every 6-8 adult platelet dose. For platelet transfusion dependant patients, repeat 1,500 IU every 12 weeks.		

Adverse reactions and precautions

This product is prepared from human plasma and includes manufacturing processes that reduce viruses by way of a solvent/detergent viral inactivation and a virus removal nanofiltration step. As with any blood product, a potential problem with PCC preparations is the transmission of blood borne pathogens including those of unknown origin. This risk is however considerably lower as compared to non viral-inactivated products which includes FFP.