

**For ALL pregnant women  
with Rh (D) negative  
blood group**

**Rh (D) immunoglobulin Material Fax Request Sheet**

To order support information on Rh (D) immunoglobulin  
please fill in your details below and fax to:  
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**Contact Details:**

Name: \_\_\_\_\_

Role:  O&G       Haematologist       Pathologist       GP       Nurse       Midwife  
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Organisation: \_\_\_\_\_

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Item description: <small>(please tick)</small>	Order Quantity:
<input type="checkbox"/> "You and Your Baby: Important information for Rh (D) negative women" (6 page booklet)*	_____
<input type="checkbox"/> "Important Information for Rh (D) Negative Women: Prevention of Haemolytic Disease of the Newborn". This booklet is for women who experience early pregnancy loss (6 page booklet)*	_____
<input type="checkbox"/> Guidelines for the use of Rh (D) immunoglobulin wall poster (500mm x 340mm)*	_____
<input type="checkbox"/> Approved Product Information for Rh (D) Immunoglobulin-VF	_____
<input type="checkbox"/> Consumer Medicine Information for Rh (D) Immunoglobulin-VF	_____
<input type="checkbox"/> Frequently Asked Questions about the use of Rh (D) immunoglobulin	_____

\*Can also be downloaded in pdf format from [www.transfusion.com.au/RhD](http://www.transfusion.com.au/RhD)

To print additional copies of this leaflet and other information about Rh (D) Immunoglobulin products visit [www.csl.com.au](http://www.csl.com.au) or [www.transfusion.com.au/RhD](http://www.transfusion.com.au/RhD)

For further technical support, please contact ARCBS in your capital city or CSL Bioplasma.

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Date effective:  
by 31 March 2006

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CSL Limited, Bioplasma Division, 189-209 Camp Road Broadmeadows Victoria Australia 3047. ABN: 99 051 588 348.  
For Medical/Technical Inquiries: 1800 067 140, Email: [medicalaffairs\\_bioplasma@csl.com.au](mailto:medicalaffairs_bioplasma@csl.com.au),  
For Customer Service Inquiries: 1800 063 892, Email: [customer.service.bmw@csl.com.au](mailto:customer.service.bmw@csl.com.au), Internet: [www.csl.com.au](http://www.csl.com.au)

or  
Australian Red Cross Blood Service (ARCBS), ABN: 50 169 561 394 003.  
Contact the Transfusion Medicine Specialist in your capital city.  
Email: [clinicalinfo@arcbs.redcross.org.au](mailto:clinicalinfo@arcbs.redcross.org.au), Internet: [www.transfusion.com.au/RhD](http://www.transfusion.com.au/RhD).  
ARCBS acknowledges the support of Australian Governments in funding its operations.

To print additional copies of this leaflet and other information about Rh (D) Immunoglobulin products visit [www.csl.com.au](http://www.csl.com.au) or [www.transfusion.com.au/RhD](http://www.transfusion.com.au/RhD)



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For best practice the National Blood Authority (NBA) 2003 Guidelines<sup>1</sup> recommend:




Recommended for ALL Rh (D) negative pregnant women

Date effective: by 31 March 2006

# Guidelines for the use of Rh (D) immunoglobulin

in pregnant women with Rh (D) negative blood group, and no pre-existing anti-D antibodies

For each sensitising event\*, administer Rh (D) immunoglobulin as indicated below.

Week 1 to Week 12 (first trimester)	Beyond Week 12 (second & third trimester)	Postpartum
Rh (D) Immunoglobulin-VF (Single pregnancy)	Rh (D) Immunoglobulin-VF (Multiple pregnancy#)	Rh (D) Immunoglobulin-VF
250 IU Solution for intramuscular injection	625 IU Solution for intramuscular injection	625 IU Solution for intramuscular injection
		

Routine prophylaxis is recommended for ALL Rh (D) negative pregnant women (Primigravida/Multigravida).

## Administer at Week 28 and Week 34

The batch number of every vial of human immunoglobulin administered must be recorded in the patient's medical history and in accordance with other legal statutory requirements.

In some circumstances, access to an intravenous Rh (D) immunoglobulin preparation may be warranted. A quantity of intravenous Rh (D) immunoglobulin will be available for this purpose. Contact ARCBS for further information.

### References:

1. National Blood Authority Guidelines on the prophylactic use of Rh (D) immunoglobulin (anti-D) in obstetrics, June 2003.

# Multiple pregnancy refers to more than one fetus in utero, for example twins or triplets.

Rh (D) Immunoglobulin-VF

625 IU

The doses at 28 & 34 weeks are given in ADDITION to any doses given for sensitising events.



### \* Sensitising events include :

normal delivery, ectopic pregnancy, miscarriage, termination of pregnancy and ultrasound needle guided procedures such as chorionic villus sampling, amniocentesis, cordocentesis and fetoscopy. Also abdominal trauma considered sufficient to cause fetomaternal haemorrhage, external cephalic version or antepartum haemorrhage

Rh (D) immunoglobulin should be administered as soon as possible after the sensitising event, but always within 72 hrs for successful immunoprophylaxis.

If Rh (D) immunoglobulin has not been administered within 72 hrs, a dose offered within up to 9-10 days may provide protection.

To avoid wastage, Rh (D) immunoglobulin should not be given to women with preformed anti-D antibodies, except where the preformed anti-D is due to the antenatal administration of Rh (D) immunoglobulin.

Original studies<sup>1</sup> have shown that 100 IU of Rh (D) immunoglobulin is sufficient to protect against a Fetomaternal Haemorrhage (FMH) of 1 mL of fetal red cells (2 mL whole blood). For example, Rh (D) immunoglobulin 625 IU is sufficient to protect against a Fetomaternal Hemorrhage (FMH) of 6 mL of fetal red cells (12 mL of whole blood).

Quantify the magnitude of the FMH following a sensitising event (including delivery) to ensure an adequate dose of Rh (D) immunoglobulin is offered, as more than one dose may be required.

Tests to assess the volume of FMH include, but are not limited to, the Kleihauer-Betke acid elution test and flow cytometry.

- The majority of fetal bleeds are less than 5 mL of red blood cells.
  - In about 50% of cases, FMH is less than 0.05 mL
  - In about 5% of cases, FMH is greater than 0.5 mL
  - In about 3% of cases, FMH is greater than 1 mL
  - In up to 0.6% of cases, FMH is 30 mL or greater.

Approximately 17% of pregnant women will be Rh (D) negative, and their babies (if Rh (D) positive) may be at risk of developing Haemolytic Disease of the Newborn (HDN) due to Rh (D) incompatibility.<sup>1</sup>

Antibody formation occurs during pregnancy in 1.5% of Rh (D) negative women carrying a Rh (D) positive infant, despite use of postnatal prophylaxis.<sup>1</sup>

The rate of antibody formation can be reduced to 0.2% or less by the administration of Rh (D) immunoglobulin during pregnancy, at 28 weeks and 34 weeks (antenatal prophylaxis), as well as after delivery.<sup>1</sup>

Please review the approved Product Information before prescribing. Refer to boxed warning in Product Information. **INDICATIONS:** The prevention of Rh sensitisation in Rh (D) negative females at or below child bearing age. **CONTRAINDICATIONS:** Individuals who are Rh (D) positive or D<sup>u</sup> positive; Rh negative and D<sup>u</sup> negative individuals previously sensitised to the Rh (D) antigen; individuals with IgA deficiency; individuals with coagulation disorders that would contraindicate intramuscular injections. **SPECIAL WARNINGS:** Rh (D) Immunoglobulin-VF is made from human plasma. Products made from human plasma may contain infectious agents, such as viruses and theoretically Creutzfeldt-Jacob Disease (CJD) agents, that can cause disease. The risk that such products will transmit an infectious agent has been reduced by screening plasma donors, and by dedicated virus removal and inactivation procedures included in the manufacturing process. Despite these measures, such products may still potentially transmit disease. Vaccination for patients in receipt of medicinal products from human plasma should be considered where appropriate. **PRECAUTIONS:** Rh (D) Immunoglobulin-VF must not be administered intravenously. It should not be given to Rh (D) positive infants. Rh (D) Immunoglobulin-VF should be given with caution to patients with a history of prior systemic allergic reactions following the administration of human immunoglobulin preparations. Rh (D) Immunoglobulin-VF may interfere with subsequent serological testing. It may affect responses to live attenuated viral vaccines. **ADVERSE EFFECTS:** Local tenderness, erythema and stiffness at the injection site. For less common reactions consult approved Product Information. **DOSAGE & ADMINISTRATION:** 250 IU after sensitising events during the first trimester of pregnancy; this should be increased to 625 IU for twin and multiple pregnancies. 625 IU after sensitising events beyond the first trimester. For mismatched transfusions or large fetomaternal bleeds 100 IU Rh (D) Immunoglobulin-VF should be administered for each 1.0 mL of Rh (D) positive red cells. The dose should be given as early as possible and within 72 hours of exposure. Rh (D) Immunoglobulin-VF should be given by intramuscular injection and does not contain an antimicrobial agent.

The approved Product Information is available from CSL Limited, Bioplasma Division, 189-209 Camp Road Broadmeadows VIC 3047 Australia (ABN 99 051 588 348). For Medical/Technical Inquiries: (Toll free) 1800 067 140.