Are we following the guidelines: Is there equitable access to Routine Antenatal Anti-D Prophylaxis for pregnant people in the Wellington Region?

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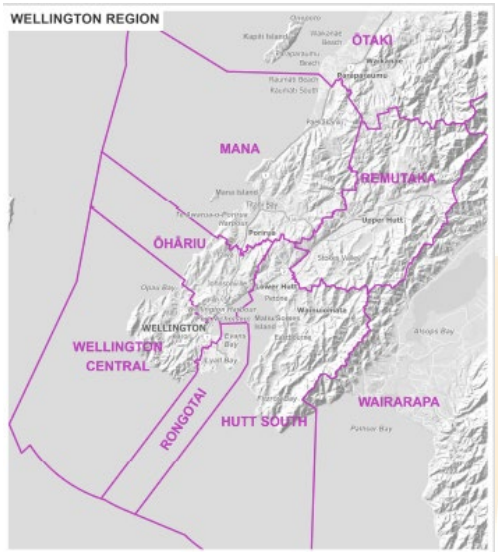
Background

Routine Antenatal Anti-D Prophylaxis (RAADP) between 28 and 34 weeks is recommended for Rhesus negative people by RANZCOG[1] and the New Zealand Blood Service (NZBS)[2], in order to reduce the risk of Haemolytic Disease of the Foetus and Newborn (HDFN).

Despite the availability of a hospital Anti-D clinic, anecdotally, many pregnant people are not receiving RAADP.



Aims

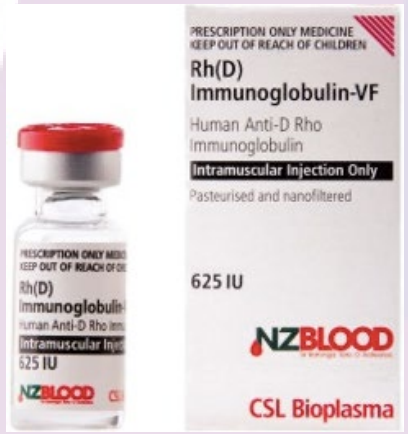
An audit was performed to assess the rates of RAADP administration at Wellington Maternity Units and whether the NZBS and RANZCOG guidelines are being followed.

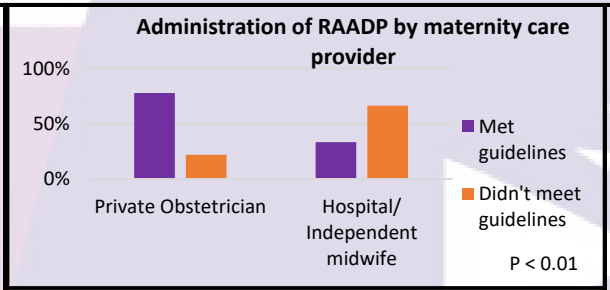
Results

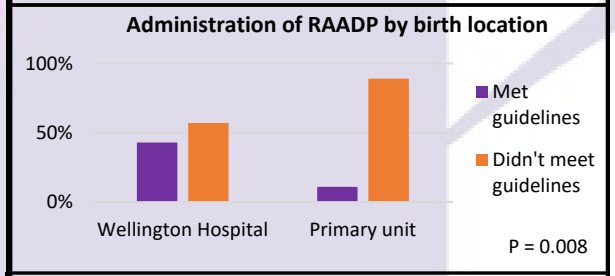
Over 6 months, 1881 people gave birth in Wellington Hospital and primary care maternity units. 209 were Rhesus negative. Three people were excluded as they birthed before 28 weeks and one was already isoimmunised. 205 people were included in the audit. People were classed as their care having met the RAADP guidelines if they received either a single 1250 IU dose or two 625 IU doses of Anti-D. Only 83/205 (40%) of pregnant people's care met RAADP guidelines.

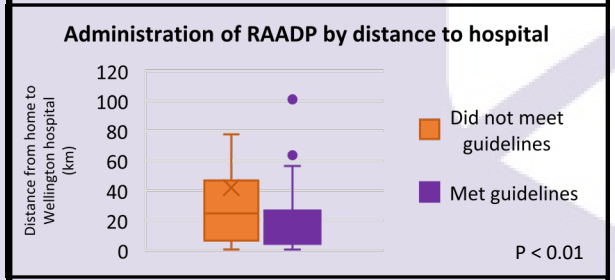
One person became isoimmunised during pregnancy.

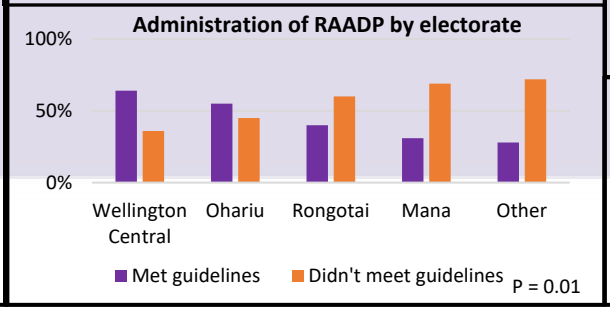
People were more likely to receive RAADP if they had a private obstetrician, lived closer to hospital, or lived in an electorate with higher socio-economic status. There was no evidence that RAADP administration was affected by age, parity, ethnicity, or attendance at a hospital antenatal clinic.











Conclusion

RAADP guidelines are not being followed in the Wellington region. This has caused harm, with one person becoming isoimmunised during their pregnancy.

The administration of RAADP is inequitable with people living closer to hospital, cared for by a private obstetrician, and living in wealthier electorates more likely to receive RAADP. This needs to be urgently addressed.

Strengths of our data include having included 100% of Rhesus negative people birthing in hospital.

Limitations include that we were unable to identify people who had home births, and we were unable to assess the reasons for RAADP being omitted. The sample size of ethnicity subgroups were small, making it difficult to assess for significant differences.

Recommendations

- Establish a second Anti-D clinic at Porirua and assess whether Anti-D can be administered in primary care
- Information sheets for patients
- Consider simplifying the dosing regimen to one 1250 IU to improve compliance
- Ongoing education for antenatal care providers
- Further research needed to ascertain what are the barriers to RAADP administration
- Re-audit RAADP administration rates after these changes have been made to ensure improved adherence to guidelines

References:

1. RANZCOG Women's Health Committee. Guidelines for the use of Rh(D) Immunoglobulin (Anti-D) in obstetrics. RANZCOG. Current edition 2019.
2. Gounder, D. Use of Rh D immunoglobulin (Anti-D Immunoglobulin) during pregnancy and the post-partum period. New Zealand Blood Service National Guideline. Guideline no. 11G13006. Current edition 2020.