

## **Pregnancy: routine anti-D prophylaxis for rhesus negative women (review of TA41) – comments from the Department of Health.**

**Page 36** – with reference to "current national guidance that routine anti-D prophylaxis be offered to all non-sensitised pregnant women who are RhD-negative", we are very concerned that (**page 37**), the current uptake of RAADP is uncertain and that the best evidence is that only 75% of maternity units are offering it. In our view, this must constitute a medico-legal/financial risk to those units who do not offer RAADP.

**Page 36** – with reference to "..such prophylaxis would not be necessary..the father of the child is known, or found to be, RhD-negative", we feel that as part of the guideline, the father could ask to be tested. In our opinion, there is variation of practice relating to testing the father. We understand that some units will test the father on request to avoid giving anti-D if he is RhD negative, and that some units and/or GPs make the father pay to be tested (others appear to suggest that he goes to donate blood, in order to find out his blood group).

**Page 46, 3.3.2** - relating to the bullet points, we consider that the second and third bullets could have the potential to be problematic. Could you please consider the significance of bullet no. 1, as there are a number of women who change their mind and opt for IVF after sterilisation.

**Overall**, we see no conflict or problems with our policy on maternity and this appraisal (nor the implementation), but we feel that the risks are those in the observations above, relating to variations in practice. In our view, publication of the HTA could trigger justified adverse comments about variation in service provision.