Guidelines on Rh Testing and Rh D Immunoglobulin Administration for Abortion or Pregnancy Loss at Less Than 12 Weeks of Gestation

Organizational Guideline	Recommendation[1]
National	
American College of Obstetricians and Gynecologists[2]	"For patients at less than 12^{+0} weeks of gestation who are undergoing abortion (managed with uterine aspiration or medication) or experiencing pregnancy loss (spontaneous or managed with uterine aspiration or medication): • ACOG suggests forgoing routine Rh testing and RhIg prophylaxis. • Although not routinely indicated, Rh testing and RhIg administration can be considered on an individual basis in the context of a shared decision-making discussion about the potential benefits and risks."
Society for Maternal–Fetal Medicine[3]	"In care settings in which RhD testing and RhIg administration are logistically and financially feasible and do not hinder access to abortion care, we recommend offering both RhD testing and RhIg administration for spontaneous and induced abortion at <12 weeks of gestation in unsensitized, RhD-negative individuals. The limited data supporting RhD testing and RhIg administration for first-trimester abortion do not justify additional restrictions on abortion access."
Society of Family Planning[4,5]	• "Rh testing and administration are not recommended prior to 12 weeks gestation for patients undergoing spontaneous, medication, or uterine aspiration abortion." • "For patients under 12 weeks gestation, although not recommended, Rh testing and Rh immunoglobulin administration may be considered at patient request as part of a shared decision-making process, discussing the patient's future fertility desires in the context of existing data."
National Abortion Federation[6]	• "Below 12 weeks from the last menstrual period, patients and providers may forego [sic] Rh testing and anti-D immune globulin for patients who are Rh negative. This recommendation applies to both medication abortion and aspiration procedures."
International	
Society of Obstetricians and Gynaecologists of Canada[7]	• "Routine blood group typing and antibody screening in pregnant individuals before 8 weeks gestation is not recommended (conditional, low)." • "For non-sensitized Rh D-negative individuals who have experienced threatened, spontaneous or induced abortion, ectopic pregnancy, or molar pregnancy before 8 weeks gestation, we recommend not administering Rho(D) immune globulin (conditional, low)." • "For non-sensitized Rh D-negative individuals who have experienced threatened, spontaneous, or induced abortion, ectopic pregnancy or molar pregnancy between 8 and 12 weeks gestation, we suggest not administering Rho(D) immune globulin. In individuals who are more risk averse, Rho(D) immune globulin may be considered (conditional, low)."
International Federation of Gynecology and Obstetrics[8]	"[Administer] anti-Rh(D) immunoglobulin prophylaxis (500 IU; 100 μg) after a surgical abortion (all gestational ages), or after spontaneous or medical abortion/miscarriage after 10 weeks."

National Institute for Health and Care Excellence Abortion Care[9]	• "Offer anti-D prophylaxis to women who are rhesus D negative and are having an abortion after 10^{+0} weeks' gestation.
	• "Do not offer anti-D prophylaxis to women who are having a medical abortion up to and including 10^{+0} weeks' gestation."
	• "Consider anti-D prophylaxis for women who are rhesus D negative and are having a surgical abortion up to and including 10^{+0} weeks' gestation."
	• "Providers should ensure that:
	  ○ rhesus status testing and anti-D prophylaxis supply does not cause any delays to women having an abortion
	  ○ anti-D prophylaxis is available at the time of the abortion"

National Institute for Health and Care Excellence Ectopic Pregnancy and Miscarriage Management[10]	• "Offer anti-D immunoglobulin prophylaxis at a dose of 250 IU (50 micrograms) to all rhesus-negative women who have a surgical procedure to manage an ectopic pregnancy or a miscarriage."
	• "Do not offer anti-D immunoglobulin prophylaxis to women who:
	  ○ receive solely medical management for an ectopic pregnancy or miscarriage **or**
	  ○ have a threatened miscarriage **or**
	  ○ have a complete miscarriage **or**
	  ○ have a pregnancy of unknown location."

Royal College of Obstetricians and Gynaecologists[11]	• "Pre-abortion assessment does not require routine blood tests. A determination of Rhesus blood status may be considered if the duration of pregnancy is over 12 weeks and anti-D is available." • "If available, anti-D should be offered to non-sensitised RhD-negative individuals from 12 weeks of pregnancy and provided within 72 hours of the abortion."
World Health Organization[12, 13]	"For both medical and surgical abortion at < 12 weeks: Recommend against anti-D immunoglobulin administration."

[1]Organizational guidelines are current as of August 2024.

[2] Rh D immune globulin administration after abortion or pregnancy loss at less than 12 weeks of gestation. Clinical Practice Update. American College of Obstetricians and Gynecologists. Obstet Gynecol 2024;144.

[3]Prabhu M, Louis JM, Kuller JA. Society for Maternal-Fetal Medicine statement: RhD immune globulin after spontaneous or induced abortion at less than 12 weeks of gestation. SMFM Publications Committee. Am J Obstet Gynecol 2024;230:B2-5. doi: 10.1016/j.ajog.2024.02.288

[4]Horvath S, Goyal V, Traxler S, Prager S. Society of Family Planning committee consensus on Rh testing in early pregnancy. Contraception 2022;114:1-5. doi: 10.1016/j.contraception.2022.07.002

[5]The Society of Family Planning guidelines advise that although sharp curettage is not recommended, if its use is deemed medically necessary, Rh D immunoglobulin (50 mcg/ 250 IU) should be administered.

[6]National Abortion Federation. Clinical policy guidelines for abortion care. NAF; 2024. Accessed August 6, 2024. https://prochoice.org/providers/quality-standards/

[7]Fung-Kee-Fung K, Wong K, Walsh J, Hamel C, Clarke G. Guideline no. 448: prevention of Rh D alloimmunization. J Obstet Gynaecol Can 2024;46:102449. doi: 10.1016/j.jogc.2024.102449

[8]Visser GH, Thommesen T, Di Renzo GC, Nassar AH, Spitalnik SL. FIGO/ICM guidelines for preventing Rhesus disease: a call to action. FIGO Committee for Safe Motherhood, Newborn Health. Int J Gynaecol Obstet 2021;152:144-7. doi: 10.1002/ijgo.13459
[9]National Institute for Health and Care Excellence. Abortion care. NICE guideline [NG140]. NICE; 2019. Accessed August 6, 2024. https://www.nice.org.uk/guidance/ng140
[10]National Institute for Health and Care Excellence. Ectopic pregnancy and miscarriage: diagnosis and initial management. NICE guideline [NG126]. NICE; 2023. Accessed August 6, 2024. https://www.nice.org.uk/guidance/ng126
[11]Royal College of Obstetricians and Gynaecologists. Best practice in abortion care. Making abortion safe. RCOG; 2022. Accessed August 6, 2024. https://www.rcog.org.uk/media/geify5bx/abortion-care-best-practice-paper-april-2022.pdf
[12]World Health Organization. Abortion care guideline. WHO; 2022. Accessed August 6, 2024. https://iris.who.int/bitstream/handle/10665/349316/9789240039483-eng.pdf
[13]The World Health Organization guidelines address spontaneous and induced abortion.