

## Journal Club: Article Summary

<b>Title/Authors:</b>	<p><a href="#"><u>Can we safely stop testing for Rh status and immunizing Rh-negative women having early abortions? A comparison of Rh alloimmunization in Canada and the Netherlands.</u></a></p> <p>Ellen R. Wiebe, Mackenzie Campbell, Abigail R.A. Aiken, Arianne Albert</p>
<b>Year:</b>	2018
<b>Funding source:</b>	There was no funding
<b>Aim:</b>	To compare Rh alloimmunization rates in two countries (Canada and the Netherlands) with completely different policies regarding abortion-related use of anti-D immunoglobulin, to ultimately determine any benefit in use. In the Netherlands, the policy is to offer anti-D immunoglobulin to Rh-negative women having spontaneous abortions over 10 weeks 0 days gestation and induced abortions over 7 weeks 0 days. In Canada, it is recommended to offer all Rh-negative women having induced or spontaneous abortions anti-D immunoglobulin.
<b>Study Design:</b>	Using public databases to obtain the population data, the number of births, the abortion rates (the percentage of women having induced abortions in one year) and the Rh-negativity rates (percentage of Rh negative women) in Canada and the Netherlands. Both countries do routine prenatal blood screening and we obtained the rates of clinically significant antibodies from public databases

<b>Results:</b>	<p>In nearly 2 million blood samples from pregnant women in both Canada and the Netherlands, the prevalence of clinically significant antibodies was statistically lower in the Netherlands: 4.21 (95% CI: 4.12 to 4.30) and 4.03 (95% CI: 3.93 to 4.12) per 1000, respectively. Canada and the Netherlands had small differences in rates of abortion (1.9 per 100 vs 1.2 per 100) and of Rh negativity (13.0% vs 14.5%).</p>
<b>Take-away:</b>	<p>Despite different anti-D Ig treatment policies, researchers found a similar prevalence of clinically significant perinatal antibodies among women in Canada and the Netherlands. This suggests that the Dutch policy of not treating Rh-negative women having spontaneous abortions under 10 weeks or induced abortions under 7 weeks gestation can be safely adopted by other countries.</p>
<b>Discussion Questions:</b>	<ol style="list-style-type: none"> <li>1) Are the Canadian and Dutch abortion and fertility data comparable to data from the United States?</li> <li>2) How feasible would it be in your setting to stop testing the Rh status of women at early gestations having medication abortion or miscarriage? Or having procedural abortions? Up to what gestational age would you feel comfortable stopping Rh testing?</li> <li>3) What additional data (if any) might you need before making a protocol change in your setting?</li> </ol>
<b>Relevant Research</b>	<p>Mark A et al. <a href="https://doi.org/10.1016/j.contraception.2019.02.008">Foregoing Rh testing and anti-D immunoglobulin for women presenting for early abortion: a recommendation from the National Abortion Federation's Clinical Policies Committee</a>. Contraception. May 2019, Volume 99, Issue 5, 265–266. doi: <a href="https://doi.org/10.1016/j.contraception.2019.02.008">https://doi.org/10.1016/j.contraception.2019.02.008</a>.</p>