COUNCIL OF EUROPE
COMMITTEE OF MINISTERS

RECOMMENDATION No. R (81) 5

OF THE COMMITTEE OF MINISTERS TO MEMBER STATES CONCERNING ANTENATAL ADMINISTRATION OF ANTI-D IMMUNOGLOBULIN

(Adopted by the Committee of Ministers on 17 March 1981 at the 331st meeting of the Ministers' Deputies)

The Committee of Ministers, under the terms of Article 15.*b* of the Statute of the Council of Europe,

Considering that the aim of the Council of Europe is to achieve a greater unity between its members and that this aim may be pursued, *inter alia*, by the adoption of common regulations in the public health field ;

Recalling its Resolution (78) 29 on harmonisation of legislations of member states relating to removal, grafting and transplantation of human substances, which was adopted with a view to ensuring better protection of donors, prospective donors and recipients of human substances and to enhancing the progress of medical science and therapeutics ;

Considering that recent findings have shown that the perinatal mortality and morbidity from Rh haemolytic disease of the newborn may be reduced to a low level by postnatal administration of anti-D immunoglobulin ;

Taking note of the fact that antenatal administration of anti-D immunoglobulin necessitates obtaining three to four times the quantity of immunoglobulin by plasmapheresis of human volunteer donors with an accompanying increased hazard to such donors as well as an increase in the cost of production of anti-D immunoglobulin,

Recommends to the governments of member states that the attention of the relevant scientific and medical circles be drawn to the advantages which could accrue from the administration of anti-D immunoglobulin under the circumstances mentioned in the appendix to this recommendation.

Appendix to Recommendation No. R (81) 5

1. Except following amniocentesis, version or abdominal trauma, anti-D immunoglobulin should not be given during the antenatal period to Rh-negative expectant mothers.

2. All Rh-negative mothers should be given an adequate dose of anti-D immunoglobulin postnatally following the delivery of a Rh-positive baby or following an abortion.

3. Where possible, each Rh-negative mother's blood should be examined for transplacental haemorrhage to detect those cases (approximately 1%) in which the amount of anti-D immunoglobulin is insufficient to protect against a transplacental haemorrhage in excess of 10 ml-25 ml ; in any such case the dose of anti-D immunoglobulin should be appropriately increased.