How information technology systems can support safe practice in anti-D Ig management in pregnancy

Potentially sensitising events (10-20 weeks)

Electronic patient record (EPR) systems:
- Linking admission clinical details to D-type from laboratory results to create best practice advisory flag for anti-D Ig order/prescription
- Best practice advisory at patient discharge if anti-D Ig not administered

Laboratory information management systems:
- Prevent release of anti-D Ig to D-positive blood group, presence of immune anti-D
- Print compatibility labels for use with blood-tracking systems

Blood-tracking systems/EPR:
- Use as confirmatory safety scan for patient identification
- Control dereservation dates to support collection/administration before 72 hours

Non-Invasive Prenatal Testing for Fetal Rh-D genotype (cffDNA)

Electronic patient record (EPR) systems:
- Best practice advisory flag generated by D-negative result from booking bloods for sample collection

Laboratory information management systems:
- Reflex test requirement generated by D-negative result from booking bloods

Blood-tracking systems/EPR:
- Electronic transfer of cffDNA result and comment for anti-D Ig requirement

Potentially sensitising events (from 20 weeks)

Electronic patient record (EPR) systems:
- Linking admission clinical details to D-type from laboratory results to create best practice advisory flag for anti-D Ig order/prescription
- Reflex test order for fetomaternal haemorrhage (FMH) estimation
- Best practice advisory at discharge if anti-D Ig not administered

Laboratory information management systems:
- Control release of anti-D Ig based on mothers D-type, cffDNA result, presence of immune anti-D
- Print compatibility labels for use with blood-tracking / EPR systems
- Algorithm for FMH estimation from input cell counts

Blood-tracking systems/EPR:
- Use as confirmatory safety scan for patient identification
- Control dereservation dates to support collection/administration before 72 hours

Routine antenatal anti-D Ig prophylaxis (RAADP)

Electronic patient record (EPR) systems:
- Best practice advisory for order/prescription RAADP based on D-type, presence of immune anti-D
- Appointment reminder for administration of RAADP

Laboratory information management systems:
- RAADP release controlled based on cffDNA result, mothers D-type, presence of immune anti-D
- Print compatibility labels for use with blood-tracking / EPR systems

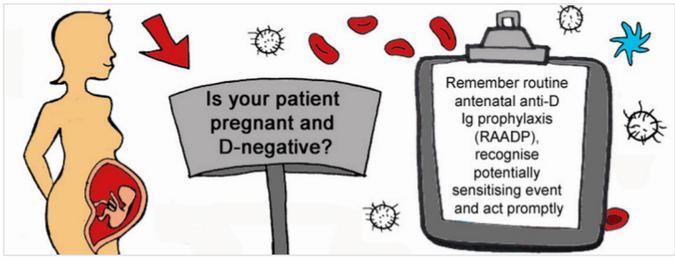
Blood-tracking systems/EPR:
- Use as confirmatory safety scan for patient identification
- Administration date/time accuracy supporting identification of potential immune anti-D

Post delivery

Electronic patient record (EPR) systems:
- Order sets for maternal bloods based on D-type containing FMH estimation and group and save
- Anti-D Ig order generation based on cffDNA result/cord blood type
- Best practice advisory at discharge if anti-D Ig not administered

Laboratory information management systems:
- Anti-D Ig release controlled based on cord blood result,mothers D-type, presence of immune anti-D
- Print compatibility labels for use with blood-tracking / EPR systems

Blood-tracking systems/EPR:
- Use as confirmatory safety scan for patient identification
- Control dereservation dates to support collection/administration before 72 hours



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