

National Institute of Health and Clinical Excellence

Routine antenatal anti-D prophylaxis

Stakeholder Comments

Please use this form for submitting your comments to the Institute.

1. Please put each new comment in a new row.
2. Please do not paste other tables into this table, as your comments could get lost – type directly into this table.
3. Please insert the **section number** in the 1st column. If your comment relates to the document as a whole, please put '**general**' in this column. **Please refer to section numbers and not page numbers.**

	Name:	
	Organisation:	Royal College of Paediatrics and Child Health
Comment No.	Section number <small>Indicate section number or 'general' if your comment relates to the whole document</small>	Comments Please insert each new comment in a new row.
1	General	The document is far too long
2	General	Despite the length, it is clear and comprehensive
3	General	Recommendations are not very clear – is it going to be left to individual Trusts / PCTs to decide whether to give prophylaxis to all or only to primips?
4	General	We are concerned that Rhesus haemolytic disease appears to be increasing again and Anti-d prophylaxis appears to be effective in prevention, albeit with relatively sparse evidence. I think that this reflects the fact that it would be a major undertaking to carry out a national study on outcomes and I also believe it would be unethical to perform a randomised trial.
6	General	The document is extremely repetitive, with the same text repeated two or three times in some cases.
7		In performing a cost analysis of a still birth, in terms of counselling time, morbidity in the mother and additional input to future pregnancies, should be quantifiable from available evidence. In addition, the cost burden of to a family of a child with significant disability, which may result from either HDN or IUT, should be incorporated into the economic model. Again, recent data has confirmed the loss of income to families caring for a child with significant disability, in addition to any compensation that may be payable from a potentially preventable condition. All of these factors merit full costing before coming to a final conclusion as to the merit of the programme.

Please add extra rows as needed

With thanks to: [REDACTED] (Consultant Neonatologist), [REDACTED] (Consultant Neonatologist),