Resource impact statement

Resource impact
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The guideline update sets out recommendations on anti-D prophylaxis for people who are rhesus D negative and are having an abortion. The updated recommendations advise people to follow World Health Organization (WHO) abortion care guidelines, which the Royal College of Obstetricians and Gynaecologists base their recommendations on.

The WHO recommendations advise against anti-D immunoglobulin administration for both medical and surgical abortion at less than 12 weeks. The previous NICE guideline recommended offering anti-D prophylaxis to people who are rhesus D negative and having an abortion after 10 weeks' gestation, and to consider anti-D prophylaxis for people who are having a surgical abortion up to and including 10 weeks' gestation. An existing recommendation was amended to ensure that people who need anti-D prophylaxis when having an abortion at 12 weeks or over do not incur delays in receiving treatment because of their rhesus status testing or the availability of anti-D prophylaxis.

For hospitals and clinics that currently follow the WHO guidelines, this update will not result in a change in practice.

For hospitals and clinics that currently follow the previous NICE guideline, savings will be generated as services will no longer need to test rhesus D status in people having an abortion at less than 12 weeks. Testing for rhesus D status is primarily undertaken by point-of-care tests in the independent sector, but hospitals will likely be using serum testing, which may require an additional appointment with a phlebotomist or nurse. Costs of the tests will vary depending on the test used and the amount of additional time needed to administer.

The resulting reduction in anti-D prophylaxis use may in turn lead to some further cost savings. Treatment with anti-D prophylaxis is inexpensive and the estimated population for those needing treatment in England is around 2,700, so any savings generated by not needing to offer anti-D prophylaxis are likely to be moderate.

In 2022, 99% of abortions in England and Wales were funded by the NHS, with 80% of abortions taking place in the independent sector (see the Office for Health Improvement and Disparities' abortion statistics in England and Wales). The potential savings will only be fully realised by the NHS if the abortion tariffs are reduced to reflect the changes.