

## Abortion care - Anti-D prophylaxis

### Consultation on draft guideline - Stakeholder comments table 31/03/2025 – 14/04/2025

Stakeholder	Document	Page No	Line No	Comments	Developer's response
ACP-UK (Association of Clinical Psychologist s)	Guideline	General	General	ACP-UK recognises that seeking an abortion can be a challenging process and women can report high levels of distress, including trauma symptoms, anxiety and depression post-abortion. We would welcome recognition within this guideline that women will require access to psychological support both prior to making the decision around abortion and following the abortion procedure.	Thank you for your comment. We agree that access to psychological support for decision making around abortion and following the procedure is important; however, this is outside the scope of this topic update.
ACP-UK (Association of Clinical Psychologist s)	Guideline	General	General	ACP-UK would also welcome recognition in this guideline (which is for women and girls under the age of 18) that age-appropriate information is given to both girls under the age of 18 (in the context of the potential for significant distress and challenging circumstances) and to women over the age of 18 (particularly where young people are still highly vulnerable, as in the context of learning disabilities or social vulnerability, for example). This information may need to be relayed in the presence of an appropriate adult.	Thank you for your comment. Information provision on abortion care is outside the scope of this topic update, so we are unable to make a recommendation on this.
British Pregnancy Advisory	Guideline	004	003	When comparing the wording of the proposal with the current guideline (which says 'do not offer anti-D prophylaxis to women who are having a	Thank you for your comment. We have amended the recommendation to:

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Service (BPAS)				<p>medical abortion up to and including 10+0 gestation'), we are concerned that the removal of a 'do not offer' provision could lead to some providers interpreting this change as a weakening of the current guideline's position on anti-D.</p> <p>The provision in the WHO guideline says 'For both medical and surgical abortion at &lt;12 weeks: <b>Recommend against</b> anti-D immunoglobulin administration'. Although the guideline update refers to that proposal, we believe it would be more accurate and accessible for providers to include a specific 'do not offer' addition.</p> <p>We would recommend adding a new 1.3.2 at line 6 saying "Do not offer anti-D prophylaxis to women who are having a medical or surgical abortion up to and including 11+6 gestation".</p>	For people who are rhesus D negative and are having a medical or surgical abortion up to and including 11+6 weeks' gestation, follow the recommendation against use of anti-D prophylaxis in section 3.3.3 of the World Health Organization Abortion care guidelines.
British Pregnancy Advisory Service (BPAS)	Guideline	004	General	We strongly support the proposal to align with the World Health Organization abortion care guidelines on anti-D which advise against the use of anti-D for abortions <12+0. This change will maintain high standards of care, reduce cost and clinic time, and improve accessibility for those services where women are required to attend separate appointments for blood tests rather than	Thank you for your comment.

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				undergo Point of Care testing for their rhesus status.	
British Society of Abortion Care Providers (BSACP)	Guideline	004	002 - 011	<p>We agree with the proposed changes, however suggest making the wording in point 1.3.1 more explicit.</p> <p>Suggest:</p> <p>1.3.1 – Do not offer anti-D prophylaxis to women who are having a medical or surgical abortion up to and including 11+6 weeks' gestation, in line with WHO guidance section 3.3.3 [insert guideline link].</p>	<p>Thank you for your comment. We have amended the recommendation to:</p> <p>For people who are rhesus D negative and are having a medical or surgical abortion up to and including 11+6 weeks' gestation, follow the recommendation against use of anti-D prophylaxis in section 3.3.3 of the World Health Organization Abortion care guidelines.</p>
British Society of Abortion Care Providers (BSACP)	Evidence review Q	014	017	Currently this states 'up to and including 10+0 weeks gestation' but should now state 'up to and including 11+6 weeks gestation'.	<p>Thank you for your comment. We have checked the text and the text that you have highlighted and can confirm that it is correct. This paragraph references how the change in recommendation may affect resource use, and so references the previous relevant recommendations (1.3.1 Offer anti-D prophylaxis to women who are rhesus D negative and are having an abortion after 10+0 weeks' gestation, and 1.3.3 Consider anti-D prophylaxis for women who are rhesus D negative and are having a surgical abortion up to and including 10+0 weeks' gestation.)</p>

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British Society of Abortion Care Providers (BSACP)	Evidence review Q	014	017 - 018	<p>Currently this states the number of women in these groups is small and cost savings would be modest.</p> <p>However, using the 2022 England and Wales abortion statistics, there are just under 21,000 women having surgical abortions at less than 12 weeks – current guidance means these women require Rh testing, which would cease with the guideline update.</p> <p>At a cost of £54 per administration of Anti-D for the approximately 15% that are Rh negative, this guideline change would represent a saving of over £170,000 per annum in drug costs alone, plus additional savings from testing and staff/laboratory time.</p> <p>Suggest deleting sentence “However... modest”</p>	<p>Our estimate of the resource impact of the change in NICE guidelines is based on England data only. We estimate that approximately 8,000 women are in the population covered by the offer recommendation in the previous NICE guidance, which we estimate would lead to just over 1,000 women not being treated with Anti-D, with an estimated treatment saving of £63,000.</p> <p>If changes to the ‘consider’ recommendation are also taken into account then we estimate that a further saving of up to £80,000 could be realised.</p> <p>We have amended the text to acknowledge that some savings due to a reduced need for rhesus D testing can be expected.</p> <p>Nevertheless, we still think it is reasonable to quantify the savings to the NHS as ‘modest’ especially in the context where there may already have been some adoption of WHO guidance.</p>
British Society of Abortion	Evidence review Q	014	018 - 020	Suggest deleting the sentence ‘Furthermore,... all be realised’ as it is inaccurate.	We did receive advice that at least some NHS services were already following WHO guidance. However, we

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Care Providers (BSACP)					have edited the sentence to reflect that current NHS practice may be varied.
Doctors for Choice UK	Guideline	General	General	I agree with the proposed changes	Thank you for your comment.
Doctors for Choice UK	Guideline	004	003 - 005	<i>Make the wording in point 1.3.1 more explicit. E.g. Do not offer anti-D prophylaxis to individuals having a medical or surgical abortion under 12 weeks of pregnancy, in line with WHO guidance section 3.3.3.</i>	Thank you. We have amended the recommendation to make it more explicit:  For people who are rhesus D negative and are having a medical or surgical abortion up to and including 11+6 weeks' gestation, follow the recommendation against use of anti-D prophylaxis in section 3.3.3 of the World Health Organization Abortion care guidelines
Forth Valley Hospital	Guideline	General	General	We agree that, in order to bring national practice in line with the RCOG best practice in abortion care paper, and with WHO guidelines based on high quality evidence, Anti-D should no longer be offered to people having a termination of pregnancy under 12 weeks.	Thank you for your comment.
Homerton University Hospital (Homerton Healthcare NHS)	Guideline	General	General	<i>Homerton Abortion Care Service supports the proposed changes.</i>  <i>We are an NHS-based abortion care service and welcome this simplification to the patient care pathway.</i>	Thank you. We have amended the recommendation to make it more explicit:  For people who are rhesus D negative and are having a medical or surgical abortion up to and including 11+6 weeks' gestation, follow the recommendation against

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Foundation Trust)				<p><i>We would ask that consideration is given to making the wording of the recommendation even more explicit as an aid to busy clinicians with less familiarity of the WHO guideline –</i></p> <p><i>i.e. our suggestion for the wording would be 1.3.1 – Do not offer anti-D prophylaxis to women who are having a medical or surgical abortion up to and including 11+6 weeks' gestation, in line with WHO guidance section 3.3.3</i></p> <p><i>and then add a link to the WHO guidance (rather than clinicians needing to go to another source to see the explicit instruction)</i></p> <p>We welcome the removal of unnecessary use of this blood product.</p>	use of anti-D prophylaxis in section 3.3.3 of the World Health Organization Abortion care guidelines
MSI Reproductive Choices UK	Guideline	004	General	<p>We agree with the proposed changes, however we make the following additional suggestion: 1.3.3 – Do not offer anti-D prophylaxis to women who are having a medical or surgical abortion up to and including 11+6 weeks' gestation</p>	<p>Thank you. We have amended the recommendation to make it more explicit:</p> <p>For people who are rhesus D negative and are having a medical or surgical abortion up to and including 11+6 weeks' gestation, follow the recommendation against use of anti-D prophylaxis in section 3.3.3 of the World Health Organization Abortion care guidelines</p>

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NHS England	Guideline	General	General	Abortion services are provided by services outside of primary care. The additional advice of women who are rhesus negative and have an abortion (medical or surgical) above 10 weeks and require anti-D prophylaxis is unlikely to have an impact on primary care.	Thank you for your comment.
NUPAS (National Unplanned Pregnancy Advisory Service)	Guideline	004	003 - 005	Women at gestations up to and including 11+6 weeks who are having a medical or surgical abortion should not be offered Anti-D, in line with WHO guidance section 3.3.3 <a href="https://srhr.org/abortioncare/chapter-3/pre-abortion-3-3/clinical-services-recommendation-8-rh-immunization-for-abortion-at-gestational-ages-12-weeks-3-3-3/">https://srhr.org/abortioncare/chapter-3/pre-abortion-3-3/clinical-services-recommendation-8-rh-immunization-for-abortion-at-gestational-ages-12-weeks-3-3-3/</a> (guideline should be more explicit about the gestation at which anti-D becomes necessary, for the avoidance of confusion).	Thank you. We have amended the recommendation to make it more explicit:  For people who are rhesus D negative and are having a medical or surgical abortion up to and including 11+6 weeks' gestation, follow the recommendation against use of anti-D prophylaxis in section 3.3.3 of the World Health Organization Abortion care guidelines
NUPAS (National Unplanned Pregnancy Advisory Service)	Guideline	005	026 - 027	Women in the first 10 weeks (up to 9 weeks and 6 days) of pregnancy may now self-administer <i>both abortion drugs</i> (mifepristone <i>and</i> misoprostol) at home in England and Wales.	Thank you for your comment. The context section has now been updated with the latest statistics from 'Abortion statistics, England and Wales: 2022' as suggested
Royal College of Nursing	Guideline	006	012	Updated statistics indicate that in 2022 252,122 women in England and Wales had an abortion.	Thank you for your comment. The context section has now been updated with the latest statistics from

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(Women's Health Forum)					'Abortion statistics, England and Wales: 2022' as suggested.
Royal College of Nursing (Women's Health Forum)	Guideline	006	013	Updated statistics indicate that in 2022 80% of abortions were performed in the independent sector.	Thank you for your comment. The context section has now been updated with the latest statistics from 'Abortion statistics, England and Wales: 2022' as suggested.
Royal College of Nursing (Women's Health Forum)	Guideline	006	016	Updated statistics indicate that in 2022 88% of abortions were carried out at under 10 weeks gestation.	Thank you for your comment. The context section has now been updated with the latest statistics from 'Abortion statistics, England and Wales: 2022' as suggested.
Royal College of Nursing (Women's Health Forum)	Guideline	006	020 - 021	Updated statistics indicate that in 2022 86% of abortions are medical abortions, and this increase is likely due to the rise of telemedicine during the COVID pandemic.	Thank you for your comment. The context section has now been updated with the latest statistics from 'Abortion statistics, England and Wales: 2022' as suggested.
Royal College of Nursing (Women's Health Forum)	Guideline	006	027	Taking both mifepristone and misoprostol at home is the most common abortion procedure, and accounted for 61% of abortions in 2022 in England and Wales.	Thank you for your comment. The context section has now been updated with the latest statistics from 'Abortion statistics, England and Wales: 2022' as suggested.

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Health Forum)					
Royal College of Obstetricians and Gynaecologists (RCOG)	Guideline	004	003 - 005	<p>Do not offer anti-D prophylaxis to women who are having a medical or surgical abortion up to and including 11+6 weeks' gestation</p> <p>Rationale - in line with WHO guidance section 3.3.3 [insert guideline link].</p>	<p>Thank you. We have amended the recommendation to make it more explicit:</p> <p>For people who are rhesus D negative and are having a medical or surgical abortion up to and including 11+6 weeks' gestation, follow the recommendation against use of anti-D prophylaxis in section 3.3.3 of the World Health Organization Abortion care guidelines.</p>

*\*None of the stakeholders who comments on this clinical guideline have declared any links to the tobacco industry.*

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