

Personal Statement of Professor Alan D Cameron

I have been a consultant obstetrician for 16 years and provide Regional and supra Regional clinical expertise for women with pregnancies complicated by Rhesus sensitisation. This involves the development of guidelines for referring obstetricians who consider that their patients require fetal evaluation and /or fetal therapy in the form of detailed prenatal ultrasound evaluation and where necessary the performance of in utero therapy. This therapy is performed using ultrasound guided intravascular fetal blood transfusions via either the umbilical or hepatic veins.

I am the Director of the Ian Donald Fetal Medicine Unit which holds the National Services Division agreement to provide interventional fetal therapy for Scotland. Our Unit performs 50-60 transfusions on 15-20 patients per year and serves the populations of Scotland and Northern Ireland.

Since the NICE recommendation was made in 2002 I have been involved in the implementation of anti D immunoprophylaxis locally. As a referral Unit for those women who have sensitised pregnancies I consider that as approximately 50% of our cases have arisen as a result of an occult antenatal event, that adherence to the NICE guideline should lead to long term benefits for mothers and their unborn babies. The benefits will be as a result of less sensitisation and thus fewer in utero transfusions will eventually be required. To date there has been no significant decline in fetal therapy noted but accurate data collection is required to determine future trends.