Ethics of routine treatment to pregnant women questioned

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Routine treatment given to pregnant women who have a RhD negative blood group is being questioned on ethical grounds in a recent report published in Biomedical Central.

A group of researchers from the University of the West of England (UWE Bristol), the Monash University in Melbourne, Australia and University Hospitals Bristol NHS Trust are calling for an ethical review in light of developments that enable clinicians to detect the blood group of the foetus which may be the same as that of the mother.

Since the 1960's all women in the UK with the blood group Rhesus D (RhD) negative have been routinely given a blood product called Anti D

immunoglobulin (Anti-D Ig) that reduces the incidence of haemolytic disease of the foetus and new-born (HFDN). This disease can arise when the blood group of the mother and foetus are different. The routine use of this product was established when there was no test available that could identify the foetal blood group.

The researchers are calling for a review of routine treatment because since 1997 it has been possible to predict the blood group of the foetus from a sample of maternal blood. This means that 40,000 women (a third of those given the treatment routinely) per year, who are RhD negative but who carry a foetus which is also RhD negative and therefore not at risk of HFDN, are being given the treatment unnecessarily.

Professor Julie Kent from UWE Bristol explains, "We do not think that it is necessary to offer all women with RhD negative blood groups this treatment since there is a new test which is able to predict the foetal blood group. If foetal RhD genotyping using maternal blood was offered to all RhD negative pregnant women it would assist them to make an informed choice about whether or not to have antenatal Anti-D Ig."

"Further, while the potential risks of HDFN are well established, and the risks of receiving Anti-D Ig are very low, should we accept that pregnant women and their RhD negative foetuses are exposed to a plasma product sourced from non-local, overseas donors where there are no clinical or other benefits to the woman or the foetus? We think the ethical issues raised by current policy and practice need to be widely discussed and addressed."

More information: The complete paper is available online: www.biomedcentral.com/1471-2393/14/87