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Para 3.1.2 – It might be worth pointing out that in certain ethnic groups, particularly those of Pakistani origin, that the probability of Rh-Negative women having a RhD-positive partner is skewed from what would be expected purely from the prevalence of RhD-negativity within that population due to the practice of consanguineous marriage – this would also affect the cost-benefit analysis reported in Para 6.2.2.2

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9 – Under further research, it would be interesting for there to be further studies comparing RAADP with rigorous application of appropriate treatment regimes for sensitising events. The evidence presented on p. 85 makes it clear how poor the adherence to these regimes was; Mackenzie's (1999) study shows that sensitisations do decrease with better awareness of appropriate treatment of potentially sensitising events. Research in this area could have a significant impact on the cost benefit analysis.

There is no mention of specific problems for Jehovah's witnesses in using Anti-D immunoglobulin. Although some authorities claim that anti-D does not count as a blood product in the same way as donated whole blood does, many Jehovah's witnesses appear to be concerned about this issue.