# S2. Additional search details

|  | **Randomized controlled trials** | **Comparative observational studies** |
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| **Databases and dates** | * MEDLINE and MEDLINE in Process via OVID (1957-2019)
* Embase Classic + Embase via OVID (1947-2019)
* Cochrane Library including EBM Reviews - Cochrane Central Register of Controlled Trials (1991 – 2019)
* EBM Reviews - Cochrane Database of Systematic Reviews (2005 – 2019)
* EBM Reviews - Database of Abstracts of Reviews of Effects (1st Quarter 2016)
 | * MEDLINE and MEDLINE in Process via OVID (1957-2019)
* Embase Classic + Embase via OVID (1947-2019)
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| **Search dates** | January 2000 to November 26, 2019 | January 2000 to November 26, 2019 |
| **Search filters** | * Embase: Scottish Intercollegiate Guidelines Network (SIGN) filter (<https://www.sign.ac.uk/search-filters.html>)
* All other databases: Cochrane Highly Sensitive Search Strategy (<https://work.cochrane.org/pubmed>), sensitivity- and precision-maximizing version (2008 revision)
 | * An adapted version of Scottish Intercollegiate Guidelines Network (SIGN) filter (<https://www.sign.ac.uk/search-filters.html>)
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| **Grey literature (same for all study designs)** | To identify relevant literature published at any time, we searched the following websites:* Society of Obstetricians and Gynaecologists of Canada (SOGC)
* The American College of Obstetricians and Gynecologists (ACOG)
* American Journal of Obstetrics and Gynecology (AJOG)
* National Health Service (NHS)
* National Institute for Health and Care Excellence (NICE)
* Society for Maternal-Fetal Medicine (SMFM)
* Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

Additionally, we searched:* The bibliographies of the guidelines from the four national guideline groups: SOGC [1], ACOG [2,3], the Royal College of Obstetricians and Gynaecologists (RCOG) [4–6], RANZCOG [7], and in known systematic reviews [8–10]
* Relevant systematic reviews identified through the databases searches
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**References**

[1] Fung Kee Fung K, Eason E. Prevention of Rh Alloimmunization. SOGC Clinical Practice Guidelines. No. 133. J Obstet Gynaecol Can 2003;25:765–73.

[2] ACOG. Practice Bulletin No. 181: Prevention of Rh D Alloimmunization. Obstet Gynecol 2017;130:e57. https://doi.org/10.1097/AOG.0000000000002232.

[3] Hendrickson JE, Delaney M. Hemolytic Disease of the Fetus and Newborn: Modern Practice and Future Investigations. Transfus Med Rev 2016;30:159–64. https://doi.org/10.1016/j.tmrv.2016.05.008.

[4] RCOG. Gestational Trophoblastic Disease (Green-top Guideline No. 38) 2010.

[5] RCOG. Rhesus D Prophylaxis, The Use of Anti-D Immunoglobulin for (Green-top Guideline No. 22) 2011.

[6] RCOG. Red Cell Antibodies during Pregnancy, The Management of Women with (Green-top Guideline No. 65) 2014.

[7] RANZCOG. Guidelines for the use of Rh(D) Immunoglobulin (Anti-D) in obstetrics in Australia 2015.

[8] McBain RD, Crowther CA, Middleton P. Anti-D administration in pregnancy for preventing Rhesus alloimmunisation. Cochrane Database Syst Rev 2015:CD000020. https://doi.org/10.1002/14651858.CD000020.pub3.

[9] Crowther C, Middleton P. Anti-D administration after childbirth for preventing Rhesus alloimmunisation. Cochrane Database Syst Rev 2000:CD000021. https://doi.org/10.1002/14651858.CD000021.

[10] Karanth L, Jaafar SH, Kanagasabai S, Nair NS, Barua A. Anti-D administration after spontaneous miscarriage for preventing Rhesus alloimmunisation. Cochrane Database Syst Rev 2013:CD009617. https://doi.org/10.1002/14651858.CD009617.pub2.