Rh(-) incompatibility and RhOGAM Informed Consent

What is the Rh factor?
An antigen, or protein known as the Rh factor is present in the blood of approximately 83% of women. The other 17%, approximately, do not have the Rh factor and have a negative blood type. If the father of the baby has the Rh antigen, he can pass this on to the baby even if the mother is Rh-. If this occurs, the mother’s blood type may be incompatible with the baby’s. This is also called ABO incompatibility. Here’s another resource for more information [http://www.betterbirth.com/site/rh-negative](http://www.betterbirth.com/site/rh-negative).

What are the dangers of being Rh- in pregnancy?
If an Rh- mother’s blood mixes with an Rh+ baby’s blood during pregnancy, the mother’s body may develop antibodies that fight against her baby’s blood cells. This process is called isoimmunization and can have mild to severe effects on the fetus/newborn. The unborn baby may develop serious anemia and associated complications including severe physical malformations, jaundice, and life threatening conditions. Repeated miscarriages may also result in future pregnancies if isoimmunization occurs. Since the mother’s body cannot develop antibodies unless her blood mixes with a baby’s Rh+ blood, the risk of harm is mainly for future pregnancies with RH+ babies. The first Rh+ baby is at extremely low risk.

What are the risks of me developing harmful antibodies in my pregnancy?
- History of blood transfusion
- Invasive testing like amniocentesis
- History of miscarriages or abortions or procedures like D&C.
- Blood mixing at delivery
- Presence of antibodies

How do I know if I have antibodies already, or if I develop them?
We offer an antibody test at your first visit, again at 28 weeks, and repeat it postpartum if your baby is Rh+. We can check for them at any time if indicated. We can also check the baby for antibodies postpartum.

What can I do to protect my baby from antibodies?
Midwives offer the same preventative treatment as an OB/GYN. RhoGAM is a medication used to block the development of antibodies. It is offered at 28 weeks, and by 72 hours postpartum. RhoGAM is very effective at preventing isoimmunization. With RhoGAM, the risk of developing antibodies after birth is reduced from 16 in 100 to less than 2 in 100; and the incidence of developing antibodies before 28 weeks is reduced from 2 out of 100 women to 1 in 1000. Alternatively, you can avoid trauma to the abdomen, and invasive procedures that may cause blood mixing. A Rh- woman in her first pregnancy, with an Rh- father, and who tests negative for antibodies, may safely decline treatment. Her baby is at extremely low risk.

About RhoGAM:
RhoGAM is formulated using human blood plasma. It contains antibodies to the Rh protein. It works by safely destroying any Rh+ cells from the baby that have leaked into the maternal bloodstream before the mother’s body can recognize the baby’s + cells. RhoGAM is recommended preventatively for all Rh- women at 28 weeks, again within 72 hours after delivery, and anytime there is trauma to the abdomen or vaginal bleeding regardless of how many pregnancies the woman has had. Ingredients: RhoGAM claims to be Thimerosal-Free with active ingredient: Anti-D Rho Immune Globulin, and inactive ingredients: sodium chloride, polysorbate 80, and glycine. All blood products used to make RhoGAM are screened and filtered for safety. To read more about this product you can view their webpage at: www.rhogam.com.

Possible Risks and Side Effects of taking RhoGAM:
Because RhoGAM is a blood product there is a very low risk of transmission of blood borne diseases like viruses and Creutzfeldt-Jakob disease. Possible side effects may include both mild and severe reactions:

- Redness
- Swelling
- Mild pain at injection site
- Flu-like symptoms
- Mild rash or itchiness
- Nausea, diarrhea, vomiting, stomach pain
- Urinating less than usual, dark urine
- Pale skin, bruising/bleeding easily
- Rapid heart rate
- Rapid breathing or shortness of breath
- Trouble concentrating
- Fever or chills
- Shaking
- Back Pain
- Light headedness
- Mild-Severe allergic reaction
- Low risk of isoimmunization

Consent for Treatment:
I________________________________, have had an opportunity to review the information on this handout with my midwife and ask any questions that I or my partner have about ABO incompatibility and RhoGAM. She has explained to me my individual risk level for isoimmunization. I understand these risks, as well as the risks and benefits associated with taking RhoGAM. After reviewing this information, I choose to:

- Accept prophylactic RhoGAM at 28 weeks and within 72 hour postpartum
- Accept RhoGAM postpartum only or if indicated
- Decline RhoGAM at this time

Mother’s Signature:________________________________Date:__________
Father’s Signature:________________________________Date:__________
Midwife’s Signature:________________________________Date:__________