

Kona Birth & Midwifery Services

INFORMED CONSENT Rh- and RhoGAM

Antibodies are formed when the Rh+ blood cells from the baby are mixed with the blood cells of an Rh- mother. The mother will then identify Rh+ cells as foreign and produce antibodies to attack and destroy the Rh+ blood cells of the baby.

The Direct Coombs test will determine if antibodies are present in the baby's blood. This will indicate whether or not blood cells are being attacked and/or destroyed.

The Indirect Coombs test is the one generally preformed at the initial prenatal visit and with the routine blood draw. This test determines whether or not there are antibodies present in the mother's blood. Should this come back positive an ID draw will be ordered.

RhoGAM is a blood product. It is made from human blood and is quite controversial for many reasons. The purpose of RhoGAM is to destroy the fetal cells which have entered the mother's blood stream prior to the production of antibodies. RhoGAM is given routinely in the US at 28 weeks and again postpartum at the 48 hour visit.

A woman is considered sensitized when there are antibodies present in her bloodstream.

What is Rh- and what does it mean?

Rh stands for Rhesus. This factor is used to determine a person's blood type which is either + or -. Most people are RH+ but a small percentage of women will be Rh-. This can be concerning if her partner is Rh+ and the baby can therefore be Rh+ too. A mother becomes sensitized with antibodies through cross-contamination between her and the fetal blood. This is likely to occur within her first pregnancy and even more likely to occur during birth itself.

Risk for Blood Mixing Occurs or Can Occur During:

Miscarriage
Abortion
Accidents Including Falls and Automobile
Amniocentesis
External Version
As the Placenta detaches

What Happens if I Become Sensitized?

Hemolytic Disease can be life threatening to the baby and occurs when the mother becomes sensitized. Antibodies can cross the placental barrier and attack the baby's blood cells. This process causes bilirubin to be released as the red blood cells are destroyed. Too much bilirubin in the newborn cannot be processed effectively due to the immature liver. This can lead to heart failure,

Kona Birth & Midwifery Services

brain damage, damage to the central nervous system which in turn can lead to irreparable brain damage or cerebral palsy. Once a mother is sensitized, she will be incompatible with pregnancy as the immune response grows worse with each pregnancy.

Controversy and RhoGAM

There are multiple controversies surrounding RhoGAM.

The shot does not last 12 weeks and its effectiveness is called into question.

There are connections to childhood and immunological disease related to RhoGAM.

It is given without cause.

Since it is meant to destroy fetal cells it is unclear what it would do should it cross the placental barrier and reach the baby.

RhoGAM as a passive antibody is thought to create sensitization in some mothers.

35% of babies born to Rh- mothers are also, themselves Rh- and RhoGAM is again, given without cause.

Concerns raised about Not receiving prenatal RhoGAM

RhoGAM is said to provide the mother protection up to 12 weeks after the shot has been given, although this is controversial. The greatest potential for blood exchange is during birth. Should you choose not to take RhoGAM you need to be aware that sensitization is irreversible once it has occurred and subsequent pregnancy will be affected.

Possible reactions to RhoGAM include

Heat at the injections site

Low grade fever

Constricting pain in the chest or lower back

Flushing of the face

Bleeding from wounds also known as poor clotting

Reducing Sensitization During Pregnancy

A gentle birth free of intervention and trauma is the most ideal for a mother who is Rh-. The chance of maternal-fetal blood mixing decreases with intervention free birth. In a natural intervention free birth the likelihood of transmission is during the separation of the placenta. Ask your care provider to allow the placenta to separate natural and without active management.

RhoGAM is the only evidence-based protection for transmission prevention.

I have read the above information. I understand the risks and the benefits of RhoGAM. I have had all my questions answered and can make an informed decision regarding Rh Sensitization.

Kona Birth & Midwifery Services

I choose to:

- Receive RhoGAM at 28 weeks gestation for the prevention of isoimmunization if blood tests determine Rh- results.
- Decline RhoGAM At 28 weeks.
- Receive RhoGAM within 72 hours of birth to protect the next pregnancy from isoimmunization , after typing my newborn's blood and finding their Rh factor is positive.
- Decline RhoGAM postpartum understanding the potential outcome and risks.

Client Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Midwife's Signature: _____ Date: _____