



Excellent Maternity Care

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Rh(-) incompatibility and RhoGAM Informed Consent

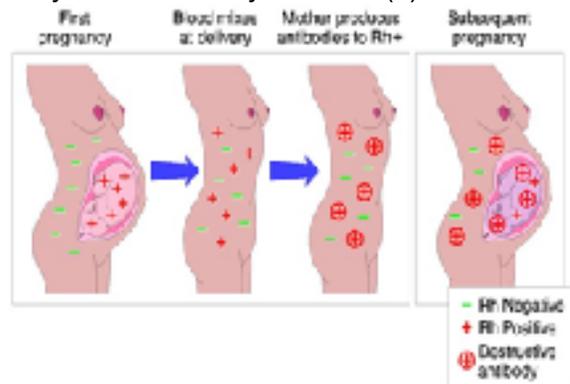
What is the Rh factor?

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>.

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 (4). 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(2, 4). About 4,000 babies develop Rh disease annually, many of these babies mothers did not receive treatment(3). 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. (2)



What are the risks of me developing harmful antibodies in my pregnancy?

- ❖ If both baby and mom are Rh-, there is no risk for isoimmunization
- ❖ If both parents are Rh-, the risk of having an Rh+ baby is close to none(2)
- ❖ If untreated, approximately 16% of women will develop antibodies in their first pregnancy with an Rh+ baby (1)
- ❖ Accidents or trauma to the abdomen (2,3)
- ❖ History of blood transfusion
- ❖ Invasive testing like amniocentesis
- ❖ History of miscarriages or abortions or procedures like D&C. (2,3)
- ❖ Blood mixing at delivery
- ❖ Presence of antibodies
- ❖ External version to turn a baby (2)
- ❖ Subchorionic hemorrhage or bleeding the mother and provider are unaware of (4)

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, this is called direct coombs testing. Some babies who develop mild Rh disease will not require any treatment, however, the majority of babies will require treatment. Treatment for Rh disease by blood transfusion is often possible while the baby is still in the womb. (3)

What can I do to protect my baby from antibodies?

Midwives offer the same preventative treatment for isoimmunization as an OB/GYN. RhoGAM is a medication used to block the development of antibodies. The standard of care is to offer RhoGam and antibody screens at 28 weeks, and again by 72 hours postpartum (2). 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 (1,4). 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. If you experience any abdominal trauma or vaginal bleeding alert your midwife immediately(4).

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 blood stream 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 (1). All blood products used to make RhoGAM are screened and filtered for safety (1). 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. RhoGam is a category C drug and is regulated by the FDA. Possible side effects may include both mild and severe reactions(1):

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

Sources:

- 1.) Website: RhoGam official website: <http://www.rhogam.com/FAQs>
- 2.) American College of Obstetrics and Gynecology: <http://www.acog.org/Patients/FAQs/The-Rh-Factor-How-It-Can-Affect-Your-Pregnancy>
- 3.) Parents Magazine on Rh disease: <http://www.parents.com/pregnancy/stages/1st-trimester-tests/rh-disease/>

4.) Better Birth Blog: <http://www.bette>



Holistic Maternity Care

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Consent for Treatment:

I _____, have had an opportunity to review the information on this handout with my midwives at Legacy Midwifery LLC and ask any questions that I or my partner have about ABO incompatibility and RhoGAM. I am satisfied with the information I have been given both verbally and in written form. My midwives have explained to me my individual risk level for isoimmunization. I understand these risks, as well as the risks and benefits associated with taking RhoGAM. I understand that I am financially responsible for all testing and procedures related to antibody screens and isoimmunization, as well as the cost of RhoGam. I agree to alert my midwives if I experience any abdominal trauma or vaginal bleeding immediately. I fully release my midwives, Kelsey Spanbauer, CPM, LDM, and Tiffany Seiders, CPM, LDM and Legacy Midwifery LLC from all responsibility and liability regarding any outcome affecting me, my baby, and/or any future pregnancies that is related to my choices involving RhoGam and antibody testing. I understand that if I decline antibody screening, or fail to report any accidents, vaginal bleeding, or signs of abdominal/placental trauma that my midwives may not be able to identify potential problems associated with isoimmunization. I understand that if I decline RhoGAM and isoimmunization occurs, it cannot be reversed and future pregnancies may be affected. I understand that even if I receive RhoGAM, my midwives, nor any staff at Legacy Midwifery LLC can guarantee that isoimmunization will not occur. After reviewing this information, I choose to:

- Accept antibody screening and prophylactic RhoGAM at 28 weeks and within 72 hour postpartum
- Accept antibody screen and RhoGAM postpartum only and/or if indicated during pregnancy by antibody testing, coombs testing, and/or an incident occurs that increases the risk of isoimmunization
- Accept antibody screen but decline RhoGAM prenatally and postpartum at this time
- Decline antibody screen and RhoGam at this time

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Midwife's Signature: _____ Date: _____

Other Midwife's Signature: _____ Date: _____