

Tree of Life Midwifery Care
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Anti-D Immune Globulin (RhoGam) Informed Consent/Refusal

Various factors in the blood may be incompatible between a mother and her unborn baby. One of the most common is the Rhesus or Rh Factor. If mom is Rh+ and baby is Rh-, there does not seem to be a problem with incompatibility. However, if the mom is Rh- and the baby is Rh+, isoimmunization may take place of the blood of the mother and the baby mix, causing antibodies to form in the mother. These antibodies may not affect this pregnancy, but may cause mild to severe problems in future pregnancies, depending on how many antibodies are formed, whether RhoGam (or a similar Anti-D product) is given, and whether or not the mother has miscarriages or abortions that may cause further antibodies to form. Approximately 15% of the US population is Rh-.

RhoGam, WinRho and BayRho are three brands of Anti-D designed to prevent antibodies to the Rh factor from forming in the mother. These products are similar in nature and vary in cost, and RhoGam ~ contained mercury while the other two have not.

Antibody testing is included in your prenatal blood test, as is blood typing. If your blood type is Rh-, you may be offered the option of Anti-D at 28 weeks even if your blood is negative for Rh antibodies. This prenatal dose of Anti-D is designed to help prevent antibodies from forming if you have any bleeding during the last three months of pregnancy. You may be offered a dose of Anti-D following your birth if the baby's blood is Rh+ to prevent antibody formation which may have been caused by the birth and could affect further babies.

Medical research on Anti-D Immune Globulin and Rhesus disease indicates that between one and two per 1000 Rh- women develop antibodies. Risk factors for developing Rh antibodies include: miscarriages, abortions, abdominal trauma, invasive prenatal testing (chorionic villus sampling, amniocentesis, umbilical blood sampling), prenatal bleeding, placenta problems (previas, abruptions, retained pieces, accreta), and controlled cord traction during placental delivery. Research indicates that receiving Anti-D within 72 hours of any of these circumstances **may** help to prevent antibody formation. Despite receiving Anti-D, some women still developed antibody counts high enough to pose a risk to future children.

There have not been a lot of studies done on Rhesus disease and the Midwifery Model of Care. However, empirical data from midwives indicates that Rh antibody formation is significantly less likely with midwifery care which includes: hands-off third stage delivery of the placenta, lack of invasive prenatal testing procedures, avoidance of oxytocic (pitocin, cytotec, etc.) use in labor, and careful prevention of transplacental hemorrhage. When invasive prenatal testing is done, prenatal bleeding is evident, augmentation or induction of labor occurs, or other risk factors are present, most midwives consider the risk high enough to recommend Anti-D to their clients.

Potential side effects of Anti-D include: discomfort at the injection site, temperature elevation, myalgia, lethargy, elevated bilirubin levels, and anaphylactic shock. Because Anti-D is a human blood product, it is theoretically possible to contract a disease from the donated blood. Serious side effects to the mother are rare. There are no documented side effects to the baby at this time.

Potential side effects to the baby of Rhesus isoimmunization include: progressive anemia, jaundice, kernicterus, edema, hemolytic disease, congestive heart failure, and a condition known as hydrops fetalis which may be fatal. Treatment may require a complete blood transfusion to the baby prior to or immediately following birth. Potential side effects to the mother may include recurrent miscarriages and stillbirths, which may increase antibody formation.

Some Good Facts to Know

Antibody ratios in the mother less than 1: 13 are considered safe for the baby.

If the father is also Rh., it is not genetically possible to have an Rh+ child. If the father is Rh+, chances of having an Rh+ child may be as high as 75%.

Some of the problems with Rh isoimmunization will be evident by ultrasound. This may help to reduce the need for invasive prenatal testing.

What are my Options?

1. An antibody screen is recommended at 28 weeks to determine if you need prenatal Anti-D. Based on the test results, plans for future children, current risk factors, and your stand on blood products, you may choose to accept or decline Anti-D.
2. At 36 weeks of pregnancy, a repeat screen is recommended. If your titer is significant, you may be referred to a physician.
3. If your blood tests show antibodies are already present, or you choose to have invasive prenatal testing, experience a miscarriage or prenatal bleeding, suffer abdominal trauma, or ultrasound indicates that your child is having problems, prenatal Anti-D is recommended. You may also choose to receive prenatal Anti D if none of these circumstances are present.
4. Following the birth, umbilical blood will be tested to determine the baby's blood type. If the baby is Rh+, Anti-D is recommended within 72 hours of birth. If the baby is Rh- Anti-D is not indicated.
5. You may choose to refuse Anti-D even when it is recommended. If you do refuse, a waiver needs to be signed and placed in your chart indicating your refusal and that you understood the risks involved.

My Decision:

I refuse ___ / accept ___ prenatal antibody testing at 28 weeks. I understand the risks and benefits of this procedure and have discussed it with my midwife.

I refuse ___ / accept ___ prenatal antibody testing at 36 weeks. I understand the risks and benefits of this procedure and have discussed it with my midwife.

I refuse ___ / accept ___ prenatal Anti-D. I understand the risks and benefits of this procedure and have discussed it with my midwife.

I refuse ___ / accept ___ Anti-D following the birth of my baby. I understand the risks and benefits of this procedure and have discussed it with my midwife.

Signature

Date