RH NEGATIVE INFORMED CONSENT

Everyone has a blood type, based on inherited blood cell antigens in their system. The major antigens are A and B, and tell what type of blood a person has. A person with both A and B antigens has blood type AB; the person without either A or B antigens has blood type O. In addition to the major blood type antigen, each person has a secondary group of antigens called the Rh factor. There are many factors within the Rh system, but the most important factor is known as factor D. People whose red blood cells possess a D factor are Rh positive. People without the Rh factor D are Rh negative.

When Rh-positive blood is introduced into the system of a pregnant woman who is Rh-negative, her body's immune system may start producing antibodies against the positive blood. Although rare, blood mixing can occur in a pregnant woman who is Rh-negative if her fetus is Rh-positive. This mixing can occur prenatally through the vessels of the placenta due to an accident, a fall, or for unknown reasons. This mixing more commonly occurs immediately after the birth of the baby.

If an Rh-negative mother produces antibodies against her Rh-positive fetus, complications can occur. This is known as Rh-sensitization. Rh-sensitization can affect the current pregnancy and/or future pregnancies. Complications include miscarriage, anemia and jaundice in the baby, and a serious syndrome of fetal complications known as erythroblastosis fetalis (or fetal hydrops). In rare but extreme cases, a fetus may need blood transfusions before birth (a procedure called PUBS) or a baby may need a blood transfusion after birth to survive. Therefore, prevention of RH sensitization is the goal.

Preventing complications from Rh-sensitization is done in two ways:

1. Testing to determine if a pregnant woman has developed antibodies to her fetus' blood. This is done through a simple blood test called an antibody screen. This test is usually done with initial blood work, and again at 28 weeks.

2. Preventive treatment for all Rh-negative pregnant women with Rhogam at 28 weeks (with a negative antibody screen), and within 72 hours of birth (if baby if RH-positive). Rhogam is developed from human blood. It coats positive red blood cells, allowing them to be filtered out of the blood stream before antibodies are made. It is administered by injection.

At the birth, the baby's blood will be collected from the umbilical cord. This blood will be sent to the laboratory to determine what blood type and factor the baby has. If the baby has Rh-negative blood, no further action needs to be

taken. If the baby has Rh-positive blood, Rhogam must be given within 72 hours.

If an antibody screen comes back positive, this means Rh sensitization has occurred and Rhogam is not an option. You will need additional testing to determine the effects on your fetus and your ability to birth at home.

I have been informed about my Rh-negative status and the risks of Rh sensitization.

_____I consent to antibody screening with my initial blood work.

_____I consent to antibody screening at 28 weeks.

_____I DO NOT consent to antibody screening.

_____I consent to receive Rhogam during the pregnancy. I understand my antibody screen must be negative at 28 weeks.

____ I DO NOT consent to receive Rhogam during this pregnancy. I understand the risks of refusing Rhogam as a preventative treatment.

After the birth:

_____I consent to testing the cord blood to determine if my baby has Rh negative or positive blood.

_____I DO NOT consent to testing the cord blood to determine if my baby has Rh negative or positive blood.

_____I consent to receive Rhogam within 72 hours of birth if my baby has Rh-positive blood.

_____I DO NOT consent to receive Rhogam within 72 hours of birth if my baby has Rh positive blood. I understand I could have any of the complications described above in my future pregnancies.

Client Signature: _____Date: _____

Midwife Signature: _____Date: _____