

Rh Factor and Rhogam

Prenatal blood work tests for a variety of things, one of which is blood type. A person's blood type includes being positive or negative for the Rh factor. The red blood cells of most people carry this Rh factor, making them Rh positive. Those who do not carry it are Rh negative. The only time this factor is a concern is when an Rh negative mom is pregnant with an Rh positive baby. This is only possible if the baby's father is Rh positive AND the baby has inherited the Rh positive factor. We don't know what babies blood type is until after birth. During pregnancy the mom's and the baby's blood do not usually mix, in rare cases the babies blood may mix with the mothers. Examples of these rare cases could include abdominal trauma such as in the case of a car accident or really bad fall on the belly. If the mom and babies blood mix and the mom is Rh negative and the baby is Rh positive the mom's body views the baby's blood as an invader and will produce antibodies to the Rh factor. The job of the antibodies is to find and destroy the foreign factor, which in this case is the baby's Rh positive blood. When the mom's body begins this process we call it "sensitization."

Risks for "Sensitization"

- Birth of an Rh positive baby, miscarriage of an Rh positive baby after nine weeks without treatment or a threatened miscarriage with significant bleeding.
- Trauma to the mom's belly.
- Certain medical procedures such as amniocentesis, chorionic villi sampling, C-section, or external version.
- Anticoagulant medications
- Maternal hypertension or Maternal Type II diabetes
- IV drug use
- Birth complication such as partial placental separation requiring manual removal
- In 2-3 % of pregnancies it can be normal.

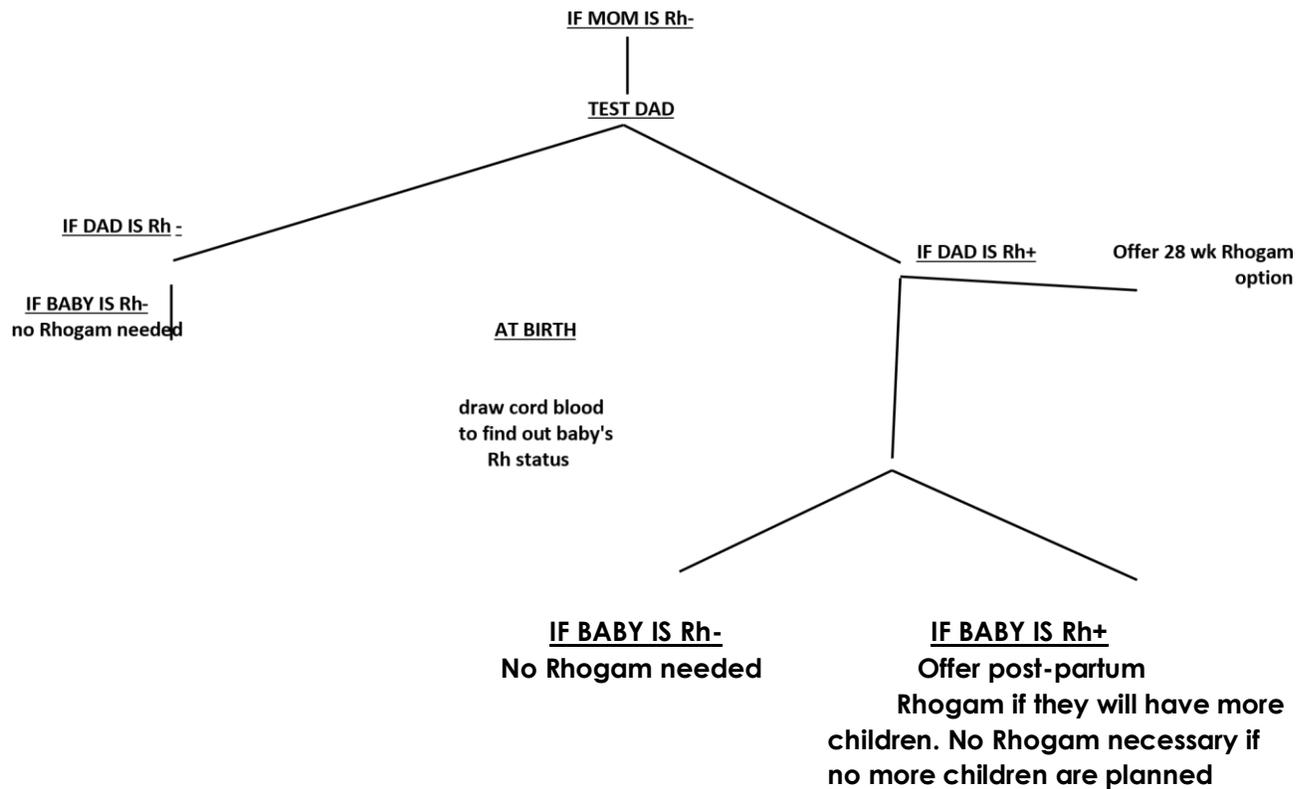
Is there a test to tell if I'm sensitized?

At your initial blood work we do check to see if you are sensitized. If you are Rh negative at 28 weeks we can do another blood test to check for sensitization. If you are sensitized taking good care of yourself during pregnancy is important. Eating a healthy diet high in vitamin C, high protein, and a diet full of healthy fats can help develop a healthy placenta and minimize the risk of the maternal and fetal bloods mixing.

Treatments

Rhogam is made from human plasma, which is a blood product. All blood products do carry risks such as any blood borne disease transfer, however the risk is considered very minimal with Rhogam. The lab we use gets a Rhogam injection that is thimerosal (mercury) free as well as latex-free and goes through an extensive screening process to eliminate any viruses. Rhogam is an immune globulin that is made from the blood of Rh positive people. It tricks the mom's body into temporarily thinking her body has already made antibodies and then prevents her from making them. Treatments with Rhogam are typically done at 28 weeks gestation when a mom

is at highest risk from the bloods mixing and again within 72 hours of birth if her baby is Rh-positive. Baby's blood type will be determined by testing cord blood after birth.



After reading the above document, understanding the diagram, and having all questions answered by my midwife to the best of her ability I have made the choice to:

Receive Rhogam at 28 week gestation

NOT receive Rhogam at 28 weeks gestation

Receive Rhogam postpartum if indicated by a Rh positive baby

NOT receive Rhogam postpartum even if indicated by a Rh positive baby

Printed Name:

Signature:

Date: