Rh Immune Globulin

Why is Rh Negative Blood a Concern?

About 15% of the population (less in African-Americans or Asiatic populations) have Rh- blood. When a woman has Rh- blood and her partner has Rh+ blood, serious problems can develop. This is because the baby will more than likely inherit the more common blood type, which is Rh+. When the baby's blood enters the mother bloodstream her body will see it as a foreign invader. Normally when the body does not recognize a substance, it will make antibodies to protect itself. These antibodies cross over the placenta and into the baby's bloodstream. Once these antibodies are in the baby's blood they will attack the baby's red blood cells.

Normally, the mother's first child is not seriously affected by this condition. First children may have conditions that are less severe such as anemia (low blood counts), or jaundice. This is because the main time for exchange of blood occurs during birth of the baby, and the mother is most likely to develop antibodies after the birth. That is why more severe effects generally occur in second, and subsequent pregnancies. Depending on the severity of the condition, and if left untreated, this condition can cause problems for the baby in the liver and spleen, heart failure, and can be responsible for the death of the baby. Fortunately there is something that can be done to prevent these complications.

Rh (D) Immune Globulin

Rh (D) IG was discovered in 1970 as a way of preventing the complications that occur when the mother's Rh factor is a concern. The product is a substance that is taken from another human who has already developed Rh antibodies. These antibodies are injected into the mother so the mother's body no longer needs to develop these antibodies to fight the invasion.

When is Rh (D) IG given?

It is recommended that the mother receive Rh (D) IG (300 mcg dose) at least twice: once at 28 weeks gestation, and again within 72 hours after birth of the baby if the baby is determined to be Rh+ (by an umbilical cord blood test). Rh (D) IG may be given at a

later point after the birth, but may not be as effective. Other times Rh (D) IG are recommended include miscarriages, abortions, ectopic pregnancies, chorionic villus sampling, amniocentesis, external cephalic version (turning breech babies), abdominal wall trauma, placenta previa (placenta located over cervix), placental abruption (placenta separates from the uterus), or any other condition in which fetal blood may enter the mother's bloodstream.

Safety and Alternative

The side effects of Rh (D) IG when given in the muscle are rare and usually mild. Possible side effects include discomfort at the injection site, and a slight temperature elevation. Rarely a woman might feel muscle soreness, fever, feelings of illness, enlargement of spleen, and possibly an increase in bilirubin concentrations. Safety of the 28 weeks gestation injection has not been tested. However, no increase in newborn jaundice has yet been observed. Alternatives to this immunization are still being tested but at present Rh (D) IG appears to be the most effective at preventing.

RhIG Effects

RhIG reduces, but does not eliminate the possibility of Rh sensitization. The percentage risk of sensitization after birth are thought to be:

- 7-17% without treatment
- 1-2% with postpartum treatment
- 0.1-0.2% with antenatal and postpartum treatment

Informed Consent or Informed Refusal for Rh Immune Globulin

I, _____ have read the Rh Immune Globulin information sheet and I understand the information. I have had the opportunity to discuss and research this topic, and the opportunity to ask questions with my midwife. I hereby:

CONSENT _____

DO NOT CONSENT _____

to have the RhIg treatment performed.

I would like it administered:

PRENATALLY _____

POSTPARTUM _____

as necessary.

Client Signature: _____

Date: _____

Midwife Signature: _____

Date: _____