



Southwestern  
Ontario  
Rh Service

**CONSENT FOR  
Rh(D) IMMUNE GLOBULIN  
& INFORMATION LETTER**

One of your prenatal blood tests has shown that you are Rh negative. It is recommended that you receive Rh(D) Immune Globulin.

**Please place a checkmark (✓) beside reason for injection at this time.**

- |   |  |
|---|--|
| <input type="checkbox"/> at the 28th week of your pregnancy   | <input type="checkbox"/> within 3 days of tubal pregnancy      |
| <input type="checkbox"/> within 3 days after delivering an Rh positive baby                           | <input type="checkbox"/> within 3 days of amniocentesis        |
| <input type="checkbox"/> within 3 days of miscarriage or vaginal bleeding in pregnancy                | <input type="checkbox"/> within 3 days of therapeutic abortion |
| <input type="checkbox"/> for other reasons when you are at risk as guided by your healthcare provider | <input type="checkbox"/> following external cephalic version   |

**Rh(D) Immune Globulin is a blood product.** Information about Rh(D) Immune Globulin is on the reverse of this form. For more information, please refer to the pamphlet *The Rh Factor and Your Pregnancy*. If you have further questions, please call your healthcare provider.

I have received information regarding the risks and benefits of receiving Rh(D) Immune Globulin which is a blood product.

I understand the information and wish to receive the Rh(D) Immune Globulin to decrease risk to this baby and in future pregnancies.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HEALTH CARE PROVIDER

**Refusal for Rh Injection**

Reason for Refusal: \_\_\_\_\_

I understand the information and chose not to receive the Rh(D) Immune Globulin and accept responsibility for my decision and the impact to any future pregnancies.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HEALTH CARE PROVIDER

## **HOW TO ARRANGE AN OUTPATIENT INJECTION OF Rh(D) Immune Globulin**

A maternal antibody screen (Blood Test) must be drawn BEFORE you receive the injection.

a) St. Joseph's Health Care, London

- Registration for blood screen and Rh injection are done at the Family Birthing Centre/  
Triage Admitting Area, located at B3.

You can also have your blood screen done at a Private Lab

- Please call 646-6100 Ext. 64973 to book an appointment.  
Open 7 days a week, 24 hours a day.

b) London Health Sciences Centre - Victoria Hospital, 800 Commissioners Road East

- Both blood screen and Rh injection are done at the Birthing Centre,  
located on Level 2, Room D2-269 (Zone D).  
Please call 685-8438 to book an appointment.

c) Other Hospitals / Clinics

If you live in an area not served by the facilities listed above, please contact your healthcare provider for information on how to obtain your blood screen and Rh injection.

d) Urgent visits (vaginal bleeding, miscarriage) are managed by hospital emergency or Obstetrical.

**QUESTIONS?? PLEASE CALL YOUR HEALTHCARE PROVIDER**

### **INFORMATION ABOUT THE ROLE OF Rh(D) IMMUNE GLOBULIN IN PREVENTING Rh DISEASE**

- You can produce antibodies which could break down your baby's Rh positive red blood cells. By preventing the formation of these antibodies, your baby, and even your future babies may avoid developing Rh disease. Rh(D) Immune Globulin reduces the chance of Rh disease from 1 in 10 women, to 1 in 1000 women.
- Rh(D) Immune Globulin is a blood product. Donors are routinely screened for hepatitis B, C, and HIV ("AIDS") viruses.
- Several processes are used during the preparation of Rh(D) Immune Globulin to destroy these and other viruses. There have been no reports of infectious diseases transmitted by this product in Canada.
- For more information, please refer to the pamphlet The Rh Factor and Your Pregnancy. If you have further questions, please contact your healthcare provider.

NOTE: One copy for Patient's Chart, one copy to Patient

Order Information: Order from London Health Sciences Centre, Forms Management Department or available on internet [www.sjhc.london.on.ca/sjh/programs/wmnslhth/graphics/rh\\_form.pdf](http://www.sjhc.london.on.ca/sjh/programs/wmnslhth/graphics/rh_form.pdf)

If using internet, print off two copies of consent (one for chart, one for patient).