



**Rh PROGRAM of NOVA SCOTIA**

5850/5980 University Avenue  
PO Box 9700  
Halifax, Nova Scotia B3K 6R8

Phone: 902-470-6458  
Fax: 902-470-7468  
Website: <http://rep.nshealth.ca/rh>

**CONSENT for Rh<sub>0</sub>(D) IMMUNE GLOBULIN (WinRho®SDF)**

Your prenatal blood test has shown that you are considered Rh negative. Unless the father of your baby is definitely known to be Rh negative, it is recommended that you receive Rh<sub>0</sub> (D) Immune Globulin (WinRho®SDF) for the following reason(s):

- at the 28<sup>th</sup> week of your pregnancy
- within 3 days after delivering an Rh positive baby
- miscarriage
- vaginal bleeding in pregnancy
- tubal pregnancy
- amniocentesis
- therapeutic abortion
- external cephalic version
- other reasons when you are at risk as guided by your health care provider

Rh<sub>0</sub> (D) Immune Globulin (WinRho®SDF) is a blood product. *Information about Rh<sub>0</sub> (D) Immune Globulin (WinRho®SDF) is on the reverse of this form. Since there is a remote possibility of a reaction to this product, you will be asked to stay for 15 to 30 minutes after receiving your injection. If you develop fever, chills, shaking, headache, or any feelings that are different from usual, contact the health professional from whom you received your injection. If you have further questions, please call the Rh Program at (902) 470-6458.*

Patient's Name: \_\_\_\_\_  
(last name) (first name) (middle name)

\_\_\_\_\_ has explained to me, and I have received  
**(Treating Health Professional to PRINT NAME here and SIGN BELOW\*)**  
information regarding the risks and benefits of receiving Rh<sub>0</sub> (D) Immune Globulin (WinRho®SDF), which is a blood product.

Have you had previous reactions to blood products/Rh<sub>0</sub>(D) Immune Globulin?  No  Yes

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_ (DD/ MM/YY)

\*Signature/status of Treating Health Professional obtaining consent: \_\_\_\_\_

When patient's signature requires verification following telephone consent, witness to sign below:

Printed name of Witness (if different from Treating Health Professional): \_\_\_\_\_

Signature of Witness (if different from Treating Health Professional): \_\_\_\_\_

**This consent is valid for the duration of this pregnancy including postpartum, unless withdrawn**  
**PLEASE BRING THIS CONSENT FORM WITH YOU TO THE HOSPITAL**

\* Physicians, Nurse Practitioners, or Midwives are responsible for obtaining informed consent and cannot delegate this responsibility to others.

***INFORMATION ABOUT THE ROLE OF Rh<sub>0</sub>(D) IMMUNE GLOBULIN (WinRho®SDF)  
IN PREVENTING Rh DISEASE***

- ❖ You may 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<sub>0</sub>(D) Immune Globulin reduces the chance of Rh disease from 1 in 10 women, to 1 in 1000 women.
- ❖ WinRho®SDF is a blood product, therefore donors are always screened for hepatitis B, C, and HIV ("AIDS") viruses. Several steps (SDF\*) are used when making this product to destroy these and other viruses. There have been no reports of infectious diseases being transmitted by WinRho®SDF.
- ❖ Reactions to WinRho®SDF are rare in Rh negative individuals. Discomfort and slight swelling at the injection site may occur in a small number of cases. See the front of this form for more information.
- ❖ For additional information, please refer to the pamphlet *The Rh Factor and Pregnancy*. If you have further questions, please call the Rh Program at 902-470-6458. See [www.winrho.ca](http://www.winrho.ca) for product information.

- \*solvent-detergent-filtration
- This form is also available in PDF format on: <http://rcp.nshealth.ca/rh>