

WHAT IS THE Rh FACTOR?

The Rh factor is a red blood cell protein that is found in 83% of people. Those who have this protein are Rh "positive", and those who do not have this protein are Rh "negative".

I AM Rh "NEGATIVE". WHAT DOES THIS MEAN FOR MY BABY AND ME?

When an Rh negative woman is pregnant, her baby can be Rh positive. This means that the baby's father has passed on the Rh positive factor to the baby.

During pregnancy, some of the baby's Rh positive blood may get into the Rh negative mother's circulation and be seen as foreign. As a result her body can react to this foreign blood and make **antibodies** to destroy it. These antibodies **will not** hurt the mother who has no Rh positive blood of her own but can cross over to the baby and break down baby's Rh positive blood cells.

If antibodies show up later in pregnancy, there is less chance that the baby will have serious problems. **Future babies** are more at risk because mom's body remembers how to make more antibodies.

HOW DO ANTIBODIES AFFECT THE BABY?

Antibodies from the mother's blood can coat some of baby's blood cells and destroy them. This can cause anemia (low hemoglobin) both before and after birth.

When blood cells are broken down a product called bilirubin, is made. Bilirubin is not a problem before the baby is born, but

bilirubin can cause jaundice (yellow skin) in a newborn baby and too much bilirubin can be harmful. Babies can be treated in different ways but most often by putting them under fluorescent lights, which help to break down and get rid of the extra bilirubin. This is extremely important for baby's health.

Blood tests and treatments are usually carried out in the hospital but may continue temporarily after baby goes home.

CAN THIS PROBLEM BE PREVENTED?

Yes. Rh negative women can be prevented from making Rh antibodies when **Rh_o (D) Immune Globulin** is given. It can lower the chance of making antibodies from 1 out of 10 women, to 1 out of 1000 women.

WHAT IS Rh_o(D) IMMUNE GLOBULIN (WinRho® SDF)?

This product is made from the blood of people who have already made Rh antibodies. Blood donors are tested for certain viruses [such as hepatitis B, C, and HIV ("AIDS")]. Steps are done to destroy and remove viruses from the blood. There are no reports of infections caused by WinRho®SDF. For more product information see winrho.com.

ARE THERE SIDE EFFECTS?

Since there is a rare chance of a reaction to WinRho® SDF you will be asked to stay for 15 to 30 minutes after getting your injection. Soreness and some swelling from the needle site may happen in a small number of cases. Please tell your doctor or health care provider if you have ever had a reaction to blood products or WinRho® SDF.

While it is unlikely that you may have a sudden, severe allergic reaction after receiving WinRho®SDF, you should know the symptoms of an allergic reaction. These are feeling light-headed or dizzy when you stand (this could mean a drop in blood pressure), hives, rash, chest tightness, wheezing and shortness of breath.

WILL I NEED INJECTIONS WITH FUTURE PREGNANCIES?

Yes. The WinRho® SDF is usually gone from the bloodstream after a few months. That is why extra doses are needed for each new pregnancy.

WHEN SHOULD I RECEIVE Rh_o(D) IMMUNE GLOBULIN (WinRho® SDF)?

It is given to Rh negative women at the 28th week of pregnancy, and again after an Rh positive baby is born.

Your health care provider may also talk to you about having it for other reasons, such as vaginal bleeding, miscarriage, abortion, tubal pregnancy, and injuries.

WHAT IF THE FATHER OF MY BABY IS ALSO Rh NEGATIVE?

WinRho® SDF is not needed if the father of the baby is known for certain to be Rh negative.

WILL IT HARM MY BABY?

No. WinRho® SDF is given in such low doses that even if it crosses into the baby's blood it does not harm the baby.

HOW WILL BEING Rh NEGATIVE AFFECT ME DURING PREGNANCY?

Every pregnant woman should have her Rh blood type and antibody screen tested after the first visit with their health care provider.

Rh negative women should also have their antibody blood test drawn at 26 to 28 weeks of pregnancy *before* getting WinRho® SDF and again at delivery.

Rh positive women usually have no problems, but can sometimes make other kinds of antibodies and should have a second blood test between 24 and 28 weeks of pregnancy.

WHAT IS THE ROLE OF THE Rh PROGRAM?

The Rh Program is supported by the Nova Scotia Department of Health. We focus on the prevention and management of problems caused by Rh and other blood group antibodies, and provide an education and consultation service for health care providers.



Rh Program of Nova Scotia

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