Rh PROGRAM of NOVA SCOTIA
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To: Perinatal Health Caregivers in Nova Scotia

Date: October, 2008

Re: Revised Consent Process and Form for Rho(D) immune globulin (WinRho®SDF *Liquid*) for Pregnancy-Related Indications

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Over the past several years, health care providers and health care facilities have been working towards implementation of recommendations from The Royal Commission of Inquiry into the Canadian Blood System (Krever). Among these is the recommendation that consent for administration of a blood or blood product must be obtained by the ordering primary care provider/treating health professional[1]. The Canadian Standards Association (CSA), the Nova Scotia Blood Coordinating Program and Canadian Blood Services all have standards and policies that reflect this recommendation.

Across the province, full implementation of the consent standard is variable. In order to assist caregivers with adopting this standard, the consent form used when administering Rho(D) immune globulin (WinRho®SDF *Liquid*) for pregnancy-related indications has been revised to be consistent with national and provincial guidelines and policies.

The majority of the changes are minor (e.g. rewording and reordering the information). The significant change is a signature line for the treating health professional who obtains consent to sign the form. Additional lines for the printed name and signature of the Witness have also been added. Relevant points for the management of Rh negative women in pregnancy are:

1. WinRho® SDF *Liquid* is a blood product.
2. The treating health professional is obligated to obtain informed consent prior to the administration of any blood or blood components.
3. **Obtaining consent cannot be delegated to a registered nurse or other staff member.** However, the caregiver administering the injection shares a responsibility to ensure that the woman understands the risks and benefits before proceeding with the administration of this blood product.
4. This consent is valid for the duration of the current pregnancy, including the postpartum period, unless withdrawn.

In some situations telephone consent may have been obtained by the treating health professional who signs the consent and faxes the form to the location where the injection will be given. In this situation the caregiver administering the injection is responsible for reviewing the information (see #3 above) and witnessing the woman's signature.

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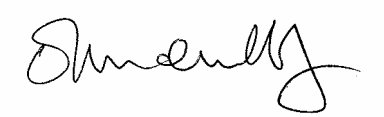
[1] Physicians, Nurse Practitioners and Midwives are responsible for obtaining informed consent

The back of the Consent form for Rho(D) immune globulin (WinRho®SDF *Liquid*) continues to provide information for discussion purposes regarding the risks and benefits of receiving WinRho® SDF *Liquid.* However, the "How to arrange your injection" section has been removed. This information was specific to arrangements in the Halifax Regional Municipality and will be available with the Order for WinRho® SDF *Liquid* that is provided to caregivers/treating health professionals in the CDHA/IWK area.

If you have any questions or concerns, please contact the Rh Program at (902) 470-6458.

Sincerely,



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References:

1. Capen, Karen. Informed Consent and Blood Transfusions: What does the Krever's Interim Report mean to Doctors? Can Med Assoc J. May 15, 1995; 152 (10) pg 1663-1665.
2. Canadian Blood Services. Informed Consent for Transfusion. Updated January 25, 2006.
3. CSA Standard Z902-04. Published March 2004 by the Canadian Standards Association. www.ShopCSA.ca
4. IWK Health Centre. Consent to Treatment. May 2, 2005.
5. Nova Scotia Provincial Blood Coordinating Program. Nursing Policy & Procedure for Blood, Blood Component and Plasma derivative administration. September 2005.