



Pregnancy and the Rh Factor

(Information for the Pregnant Woman)

What is the Rh factor?

The Rh factor is an inherited blood type factor present in 83% of the population. Those who have the factor are Rh “positive”, while those who do not have the factor are Rh “negative”.

I’m Rh “negative”. What does this mean for me and my baby?

The baby of an Rh negative woman may inherit the Rh positive factor from his/her father. This would result in the mother and baby having different blood types.

During pregnancy, some of the baby’s Rh positive red blood cells may enter the mother’s circulation. The cells are recognized as being “foreign” by the mother’s immune system, and she may produce antibodies. These antibodies can be permanent, and are capable of crossing over into the baby’s blood and breaking down his/her Rh positive red blood cells. They will not harm the mother. Antibodies are usually made too late in the first pregnancy to affect the baby being carried. **Future babies** are at risk since the antibodies are already present when pregnancy occurs.

How do antibodies affect the baby?

Antibodies may break down the baby’s red blood cells. This may reduce the number of these cells, resulting in anemia. Bilirubin, a substance released when red blood cells are broken down, can build up, causing the skin to look yellow (jaundiced). Jaundice can occur for other reasons as well.

In most cases, this problem is not serious. Babies can be treated by placing them under fluorescent lights, which help to break down and eliminate the bilirubin.

Occasionally a baby is very anemic and will need more intensive therapy. Blood transfusion may be needed in rare instances. Monitoring bloodwork results and further treatments will be carried out by the baby's doctors and nurses within the hospital.

Can this problem be prevented?

Yes. Today it is possible to virtually eliminate the formation of Rh (D) antibodies when **Rh₀(D) Immune Globulin** is given to Rh negative women appropriately, and at the correct time.

What is Rh₀(D) Immune Globulin (WinRho SDF™) and how does it work?

This substance is made from the plasma of people who have developed Rh antibodies. This plasma is screened for hepatitis B, C and HIV ("AIDs") viruses. In addition, several processes are used to destroy viruses when the product is manufactured. There have been no reports of infectious diseases transmitted by WinRho SDF™. Rh₀(D) Immune Globulin prevents permanent antibodies from being formed, and therefore reduces the chance of Rh disease from 1 in 10 women, to 1 in 1000 women.

Will I need injections with future pregnancies?

Yes. The Rh₀(D) Immune Globulin will usually disappear from the bloodstream within a few months. Therefore, extra doses are needed for each pregnancy.

When should I receive Rh₀(D) Immune Globulin?

It is given to Rh negative women at the 28th week of pregnancy, and again within 3 days after delivering an Rh positive baby.

Your doctor will recommend giving it for other reasons, such as miscarriage, therapeutic abortion, tubal pregnancy and amniocentesis. If you have any vaginal bleeding during your pregnancy, you may also receive Rh₀(D) Immune Globulin.

Will it harm my baby?

No. Rh₀(D) Immune Globulin is given in such low doses that even if it crosses into the baby's circulation it does not harm the baby.

Are there side effects?

You may feel temporary soreness at the injection site. Allergic reactions are extremely rare.

How will being Rh negative affect my prenatal care?

Every pregnant woman should have her Rh blood type checked at the first doctor's visit. Rh positive women usually have no problems, but can sometimes develop other antibodies and should have a second blood test between 24 – 28 weeks of pregnancy. Rh negative women should also have their blood retested at 28 weeks gestation (sample to be drawn before receiving Rh₀(D) Immune Globulin), and again at delivery. In addition to this, every Rh negative woman should receive Rh₀(D) Immune Globulin whenever required during pregnancy and at delivery. **This is very important in order to prevent the formation of permanent antibodies which can harm future babies.**

What is the role of the Rh Program?

The Rh Program is endorsed by the Medical Society of Nova Scotia and 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 caregivers in this area. The Rh Program promotes the administration of Rh₀(D) Immune Globulin when indicated.

For more information, see the Reproductive Care Program of Nova Scotia website:

<http://rcp.nshealth.ca>
(Resources: Rh Program of Nova Scotia)

Rh Program of Nova Scotia,
5850 University Avenue,
PO Box 9700,
Halifax, Nova Scotia
B3K 6R8
Phone: (902) 470-6458
Fax: (902) 470-7468

Looking for more health information?

Contact your local public library for books, videos, magazine articles and online health information.
For a list of public libraries in Nova Scotia go to [HTTP://publiclibraries.ns.ca](http://publiclibraries.ns.ca)

Capital Health promotes a smoke-free and scent-free environment.

Please do not use perfumed products. Thank you!

Capital Health, Nova Scotia
www.cdha.nshealth.ca

Prepared by: The Rh Program of Nova Scotia (reprinted with permission)
Designed and Printed by: QEII Audio Visual and Printing Departments

WA85-0597 Revised June 2004

The information in this pamphlet is to be updated every 3 years.