

tubal (ectopic) pregnancy, or amniocentesis. RhoGAM contains antibodies to the Rho(D) factor. The antibodies in the shot will destroy any red blood cells from the baby that are in your blood. Your body will not make its own antibodies to the Rho(D) factor. If you have the shot at 28 weeks and after delivery, sensitization will be prevented and Rh incompatibility should not be a problem during your next pregnancy.

It is important to have the RhoGAM shot in all cases when the baby's blood could leak into your system. This includes:

- during or after all pregnancies, including ectopic pregnancies
- after early miscarriages
- after chorionic villus sampling
- after amniocentesis
- after postpartum tubal ligation
- after external cephalic version
- after injury to your abdomen.

If you have a threatened miscarriage but don't actually miscarry, you may also need a RhoGAM shot. Discuss this with your doctor.

How long will the effects last?

Sensitization usually doesn't happen until after the birth of an Rh-positive baby. Therefore, in most cases Rh incompatibility is not a problem during your first pregnancy and delivery of an Rh-positive baby. However, later pregnancies and deliveries might be affected unless you are treated with RhoGAM to prevent sensi-

zation after EVERY birth, miscarriage, abortion, and tubal pregnancy.

Once you become sensitized, RhoGAM is not helpful. You will stay sensitized, and the effects are usually worse with each pregnancy.

What can be done to help prevent the problems of Rh incompatibility?

This problem of pregnancy has not occurred often since the discovery of RhoGAM. RhoGAM can prevent sensitization. It is given to Rh-negative women right after every delivery, miscarriage, or abortion. It is also given to pregnant Rh-negative women after amniocentesis, after any bleeding episodes, and during the seventh month of pregnancy.



Information contained in this booklet is meant for informational purposes only and should not substitute the visit to your doctor nor his/her advice for your health care.

Accuracy of the content is current to the date of printing.

January 2009

Rho(D) Factor Incompatibility



Red Blood Cell



Baby Red Blood Cell

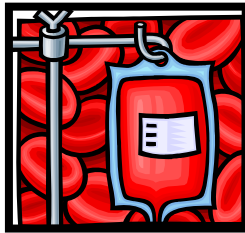
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Rho(D) Factor Incompatibility

What is Rh incompatibility?

If you are a mother with Rh incompatibility, there is a substance in your baby's red blood cells that is not in your blood cells. This substance is usually called the Rho(D) factor. The baby is Rh positive and you are Rh negative. Some of the baby's red blood cells may come in contact with your blood. Your body may then produce antibodies to the Rho(D) factor. This is called sensitization. The antibodies may cross the placenta and destroy the red blood cells in your baby or in the next Rh-positive baby you have. This destruction of red blood cells is called hemolytic disease.



How does it occur?

Rh incompatibility occurs only if you are Rh negative and your baby is Rh positive. It does not occur if you are Rh positive and your baby is Rh negative or if you both of you are negative or positive.

Usually you are not exposed to a baby's blood until you give birth. This usually means that your first baby is not affected by the incompatibility. However, large amounts of the baby's blood often leak into the mother during delivery. Your body might then make antibodies. This

can cause problems if you have another Rh-positive baby.

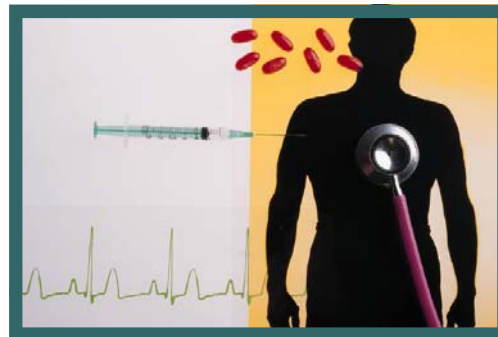
Sometimes the baby's blood may come in contact with your blood before delivery. This might happen:

- after amniocentesis or other similar tests during a miscarriage or abortion during an ectopic (tubal) pregnancy if you bleed heavily during pregnancy
- after a procedure used to try to change a baby's position in the womb before birth (external cephalic version)
- if your abdomen is injured.
- If you are Rh negative and you received Rh-positive blood in a transfusion, you may have developed antibodies that will cause Rh incompatibility.

In most cases, development of antibodies can be prevented.

What are the symptoms?

You will have no symptoms. The baby will have symptoms if he or she develops hemolytic disease. The baby's red blood cells will start to break down, causing anemia. The anemia may cause other problems, such as jaundice and breathing problems. The baby might die in the womb if too much of the baby's blood is destroyed by the antibodies.



How is it diagnosed?

If blood tests show that you are Rh negative and have antibodies against the Rho(D) factor, Rh incompatibility may be a problem. If you are Rh negative, your baby's father should be tested. If the father's blood is Rh positive, the baby may inherit Rh-positive blood from him. If both you and the father are Rh negative, there will not be a problem because the baby will also be Rh negative.

Some of the tests used to check for hemolytic disease and its effects on the baby before and after birth are:

- amniocentesis
- cordocentesis (removing blood from the baby's umbilical cord)
- ultrasound scan
- non-stress tests
- blood tests
- biophysical profile.

How is it treated?

If you have already been sensitized by a previous birth, your baby may have hemolytic disease before birth. If this happens, your baby may need a blood transfusion in the womb before birth. Sometimes early delivery by cesarean section is necessary.

If you have not been sensitized, you will have a shot of Rh-immune globulin (RhoGAM) at about 28 weeks of pregnancy. You may also be given a shot within 72 hours after a birth (if the baby is Rh positive), miscarriage, abortion,