

RHOGAM

alternatives

DISCLAIMER

This guide is for informational purposes only. By providing the information contained herein we are not diagnosing, treating, curing, mitigating, or preventing any type of disease or medical condition. Before beginning any type of natural, integrative or conventional treatment regimen, it is advisable to seek the advice of a licensed healthcare professional.

PLEASE READ ALL SLIDES PRIOR TO COMMENTING

what is rhogam?

A human immune globulin (glob-yuh-lin) injection indicated for use in preventing Rh immunization (when a Rh - mother creates antibodies to Rh + blood). It is created from pooled blood donors that contain antibodies and commonly recommended to pregnant women that have Rh negative blood during 26-28 weeks gestation.

who can't get it?

-----CONTRAINDICATIONS-----

Anaphylactic or severe systemic reaction to human immune globulin products (4)

<https://www.fda.gov/media/75013/download>

Per the manufacturer, those that have anaphylactic or severe systemic reaction to human immune globulin products are contraindicated from using RhoGAM. "Contraindication" is a medical term that serves as a **reason not to take a certain medical treatment due to the harm that it would cause the patient.**

let's define some terms

RH FACTOR

The Rhesus (RH) Factor is an inherited protein found on the surface of red blood cells. If your blood type is positive, then your blood cells have the Rh protein (and you are Rh positive). If your blood type is negative, then you do not have the Rh protein and are Rh negative.

RH SENSITIZATION

When Rh negative mothers have developed antibodies to Rh positive blood. This is only determined via a blood test and can be done during your first prenatal appointment.

Per the manufacturer, RhoGAM is used if the mother is not already sensitized.

RH INCOMPATIBILITY

A condition that can develop when a pregnant woman has Rh negative blood and the baby in her womb has Rh positive blood. During pregnancy, red blood cells from the unborn baby can cross into the mother's blood and become "sensitized." This can occur due to invasive prenatal tests, trauma, or during birth. If sensitized, the mother's immune system can make antibodies against the fetal blood cells. Firstborn infants are often not affected unless the mother has had past miscarriages or abortions.

WHY ELSE WOULD A MOTHER DECLINE RHO GAM?

After reading the manufacturer insert, a patient may exercise informed consent and decline RhoGAM based on the following known adverse reactions + risks:

5.1 Hypersensitivity

Severe hypersensitivity reactions may occur with the use of RhoGAM/MICRhoGAM, even in patients who have tolerated previous administrations.

RhoGAM / MICRhoGAM should be administered in a setting where appropriate equipment, medications such as epinephrine, and personnel trained in the management of hypersensitivity, anaphylaxis, and shock are available.

Allergic reactions to RhoGAM and MICRhoGAM may occur. Patients should be observed for at least 20 minutes after administration. Signs of hypersensitivity reactions include hives, generalized urticaria, tightness of the chest, wheezing, hypotension and anaphylaxis.

5.2 Transmissible Infectious Agents

Because RhoGAM and MICRhoGAM are made from human blood, they may carry a risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent.

RhoGAM and MICRhoGAM are prepared from human plasma and may contain infectious agents that can cause disease. Numerous tests have been applied in the plasma collection process and specific viral inactivation steps have been added to the manufacturing process to minimize the risk of transmission of diseases, but all risk cannot be eliminated.

The following adverse reactions have been reported during post-approval use of RhoGAM/MICRhoGAM: hypersensitivity reactions, including cases of anaphylactic shock or anaphylactoid reactions, skin rash, erythema, pruritus, chill, pyrexia, malaise, and back pain. Transient injection-site irritation and pain have been reported following intramuscular administration.

5.4 Hemolysis

Incompatible blood transfusion

Administration of RhoGAM / MICRhoGAM to patients who are Rh-positive or have received Rh-positive red blood cells may result in signs and symptoms of a hemolytic reaction, including fever, back pain, nausea and vomiting, hypo- or hypertension, hemoglobinuria/emia, elevated bilirubin and creatinine and decreased haptoglobin. Therefore, patients treated for Rh-incompatible transfusion should be monitored by clinical and laboratory means for signs and symptoms of a hemolytic reaction. Alert patients to, and monitor them for, the signs and symptoms of intravascular hemolysis, including back pain, shaking chills, fever, and discolored urine or hematuria. Absence of these signs and/or symptoms of intravascular hemolysis within 8 hours do not indicate intravascular hemolysis cannot occur subsequently.

No clinical studies with RhoGAM and MICRhoGAM have been conducted under the current Good Clinical Practices (GCP) Guidelines.

12.1 Mechanism of Action

RhoGAM and MICRhoGAM act by suppressing the immune response of Rh-negative individuals to Rh-positive red blood cells. The mechanism of action is unknown. RhoGAM, MICRhoGAM and other Rho(D) Immune Globulin (Human) products are not effective in altering the course or consequences of Rh immunization once it has occurred.

so what can you do?

If you are RH negative (you have "-" behind your blood type), here are some ways to make an educated + empowered decision about RhoGAM injections:

- * **Find out the father's blood type.** If the father is Rh-, then you do not need Rhogam because the baby will also be Rh- and there is no risk of Rh incompatibility.
- * **Ask if Rh antibodies were screened in your blood test.** This is important if you've had a previous miscarriage, abortion, or birth. If you do not have antibodies to Rh positive blood, then you are not sensitized. If you do have antibodies, RhoGAM is not indicated for your use. *Per the manufacturer, RhoGAM is only indicated for Rh- women not previously sensitized.*
- * **If the father is Rh+ and you do have Rh+ antibodies present,** then there is a possibility of Rh incompatibility. One way to avoid mixing of blood is to decline invasive prenatal tests like Amniocentesis, Chorionic villus sampling, and Cordocentesis. Avoid injury to the abdomen during pregnancy and contact your healthcare provider if you have any vaginal bleeding while pregnant.
- * **Find out the baby's blood type after birth and test for Rh+ antibodies** to make an informed decision if you get pregnant again.

rh incompatibility treatments

If you are already sensitized to Rh positive blood or you decline RhoGAM and your baby's Rh positive blood does mix, here are the recommend treatments if Rh incompatibility does occur.

 National Library of Medicine

medlineplus.gov/ency/article/001600.htm

Rh incompatibility can cause symptoms ranging from very mild to deadly. In its mildest form, Rh incompatibility causes the destruction of red blood cells. There are no other effects.

After birth, the infant may have:

- Yellowing of the skin and whites of the eyes (jaundice)
- **Low muscle tone** (hypotonia) and lethargy

Infants with mild Rh incompatibility may be treated with phototherapy using **bilirubin lights**. IV immune globulin may also be used. For infants severely affected, an exchange transfusion of blood may be needed. This is to decrease the levels of bilirubin in the blood.

Complications may include:

- Brain damage due to high levels of bilirubin (kernicterus)
- Fluid buildup and swelling in the baby (hydrops fetalis)
- Problems with mental function, movement, hearing, speech, and seizures

Full recovery is expected for mild Rh incompatibility.

further reading



ANTI-D EXPLAINED

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Foreword by Dr Michel Odent

"Anti-D" is the UK version of "RhoGAM."

Written by Dr. Sara Wickham, "Anti-D Explained" helps parents and professionals understand the science, the issues, and the evidence relating to Anti-D. She goes into the history of this product and the research studies that have been carried out to evaluate its effectiveness. This can be bought online in print or ebook. Here is the link:
www.sarawickham.com/anti-d