

EXAMPLE INFORMED CONSENT FORM

Name of Test or Procedure:

Rho(D) Immune Globulin (RhoGAM) Shot

Why This Shot is Given

If your blood type is Rh-negative, you may need a shot called RhoGAM. This shot helps stop your body from making antibodies that could hurt future pregnancies if your baby has Rh-positive blood. The shot helps protect your health and future babies.

What Will Happen

RhoGAM is given as a shot in your arm or hip. Most people get it around 28 weeks of pregnancy and again after birth if the baby's blood type is Rh-positive. You may also need it after a miscarriage or certain medical procedures.

Why It's Helpful

This shot helps stop problems in future pregnancies by protecting you from making Rh antibodies. It is not 100% effective, but it can prevent serious health problems for your baby.

Possible Side Effects

The shot is safe for most people. Sometimes it can cause a sore arm, mild fever, or headache. Serious reactions such as an allergic reaction, shortness of breath or death are very rare (less than 0.1%).

Other Options

You could choose to get only one shot, instead of one at 28 weeks and one after the baby is born. One shot may not prevent your body from making antibodies as well as two shots could.

You can say no to the shot. If you do, your body might make antibodies that can cause problems in this or future pregnancies. If your body does make these antibodies, there is no way to reverse it and all future pregnancies would be high-risk.

What Happens If I Say No?

If you say no, we will write it in your medical record. We may also ask you to sign another form saying you understand the risks.

Questions and Understanding

Please check each box:

☐ I had a chance to ask questions.

Midwife's Practice Name, Logo, Contact Info

____ I understand what the shot is for and what could happen.

____ I know I can say no or change my mind later.

My Choice

☐ I agree to get the RhoGAM shot at 28 weeks as explained above.

☐ I agree to get the RhoGAM shot after my baby is born as explained above.

☐ I decline to get the RhoGAM shot at 28 weeks.

☐ I decline to get the RhoGAM shot after my baby is born.

Name (printed): _____

Signature: _____ Date: _____

Midwife or Provider Name: _____

Signature: _____ Date: _____

Sharing Results (if needed)

I agree to share this information with:

☐ My main doctor

☐ My other care providers

☐ My baby's doctor

☐ Other: _____

Disclaimer: This is an example form. The Washington State Joint Underwriting Association (JUA) does not give legal or medical advice. Midwives and birth centers should make sure their forms follow the law and match their own policies and practices.