

INFORMED CONSENT TO DECLINE Rh TESTING AND Rh IMMUNOGLOBULIN ADMINISTRATION

I am planning to undergo a telemedicine medical abortion. Based on my last menstrual period (LMP), I am estimated to be 8 –12 weeks pregnant. Experts at the National Abortion Federation have reviewed the latest evidence regarding the need for Rhesus factor (Rh) testing and Rh Immunoglobulin (RhIG) treatment in the first trimester and have determined that foregoing Rh testing and RhIG for those using medication abortion before 10 weeks (70 days) LMP can be safely considered, but that I need to be informed before I decline.

We know that many countries (United Kingdom, Netherlands, and others) have a policy of not offering Rh testing and/or RhIG treatment until a person is AFTER 10 weeks pregnant, and that there are several studies demonstrating that this is safe. The approach in Canada is evolving but is generally more conservative, with the recommendation that all people undergoing abortions over 8 weeks be tested for their Rh status and receive RhIG treatment if applicable. It is still common practice in Canada to give RhIG at any gestation (even below 8 weeks) despite a lack of medical evidence.

When a Rh-negative person has a miscarriage or medical abortion and they are BEYOND 8-12 weeks pregnant, there is a small possibility of developing antibodies against Rh-factor positive blood. When antibodies are formed, it can lead to problems in future pregnancies that can affect fetal wellbeing. To prevent the formation of antibodies, RhIG (also known as WinRho) is provided via injection at the time of miscarriage, abortion, and delivery. This prevents future complications in 99% of Rh-negative people.

WinRho is an intramuscular injection of a product derived from sterilized blood. WinRho is used to prevent Rh-negative individuals from potentially developing antibodies and is important to protect future potential pregnancies, and to protect you should you ever need a transfusion.

WinRho should be given within 72h of the start of your abortion.

We know that if a pregnancy is below 8 weeks in gestational age, then there is no risk for developing these antibodies, and that WinRho is not needed.

We know that if a pregnancy is between 8-12 weeks, then there is a small possible risk of developing these antibodies with a medical abortion, and therefore a Rh-negative person must decide if they want WinRho or not.

We know that other countries do not start offering WinRho until a Rh-negative person is AFTER 10 weeks pregnant, and this has proven safe for their citizens.

If I am under 8 weeks pregnant, I do not need Rh testing or RhIG, even if I am Rh-negative

If I am between 8-12 weeks, I may want Rh testing (which requires a blood test at a lab) If I am Rh negative, I will then need to decide if I want to pursue WinRho injection (preferably at our clinic) or not.

If I am between 8-12 weeks, I may decline testing because:

- I know I am Rh-positive, which means I do not need treatment.
- I know I am Rh-negative, but I do not want WinRho treatment (common reasons include: having a partner that is known to be Rh-negative, not planning to carry any future pregnancies.
- I do not know my blood type, but I am comfortable that the expert opinion of the National Abortion Federation supports that I can safely decline testing/treatment, and also with the fact that other countries do not begin Rh testing/treatment until after 10 weeks of pregnancy.

Based on my understanding of the above information, I wish to decline Rh testing and/or RhIG (WinRho) treatment. I have had the chance to discuss this with my abortion provider and I have had my questions addressed.

Patient's name (Please Print):

Signature:

Date:

HealthCare Provider Name (Please Print):

Health Care Provider Signature:

Date: