

Exploring the feasibility of implementing an informed consent process for Rh immune globulin in northern BC

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Introduction

Rh Factor and RhIg

- Rh factor is a protein marker found on red blood cells; humans can be either Rh positive (+) or negative (-).
- In any pregnancy there is potential for fetal blood mixing with maternal blood. If the mother is Rh- and the fetus is Rh+, the mother's immune system will react by creating antibodies — a process called Rh sensitization or alloimmunization. If a subsequent pregnancy has an Rh+ fetus again, or has repeated sensitization events, these antibodies can attack the fetus' red blood cells. This can have serious effects on the fetus.
- RhIG is a prophylaxis routinely given at 28 weeks gestation in Rh- pregnancies and again if there is any risk of fetal and maternal blood mixing. It prevents the Rh sensitization process and thus protects both the mother and the baby. A dose of RhIG is given within 72 hours to a non-sensitized Rh-woman delivering an Rh+ infant (1).
- RhIG administration became part of routine prenatal care in the 1960's as a preventative measure against alloimmunization. Since this time, alloimmunization in pregnancy has been nearly irradiated in developed nations (2). This demonstrates the importance and efficacy of RhIG.

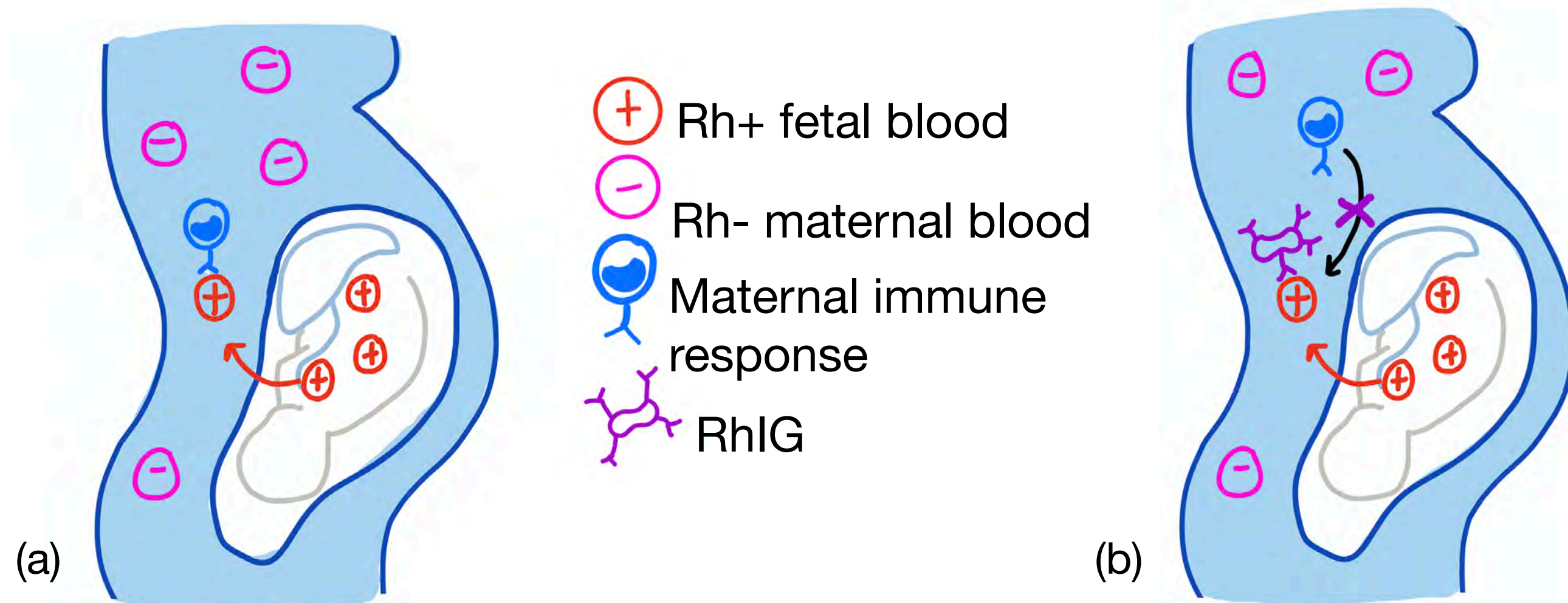


Figure 1. Alloimmunization in an Rh- pregnancy against the Rh+ fetal blood (a). Prevention of alloimmunization after the administration of RhIG (b).

RhIG Consent Process

- Several health authorities, including PHSA, have implemented a written consent form for RhIG administration
- Knowledge users from Northern Health authority have identified local shortcomings to the informed consent process for receiving RhIg in pregnancy. Currently the standard of care in Northern Health is verbal informed consent.

Purpose

- This study explores the implementation of a written consent form in Northern Health, which covers a vast geographic area, including rural and remote locations.
- We will evaluate this process in a variety of health care providers, including family physicians, midwives, and nurse practitioners.



Informed consent for receiving RhIG

- How are consent forms currently used in northern BC ?
- What is the extent of patient/provider discussions ?
- Are patients making informed decisions ?
- What barriers are faced by both patients and care providers ?

Methods

- An adapted RhIG consent form from BC Women's Hospital will be distributed to up to five health care providers in Prince George, including family physicians, midwives, and nurse practitioners for a period of 3 months.
- Health care providers will be asked to indicate on the consent form:
 - Whether or not the consent form was used
 - The extent of patient physician discussions that were held
 - Whether consent was documented in the patient's chart
- Health care providers participating in the study will be contacted for focused phone interviews. The phone interviews will determine if and how the consent form impacted practice by asking about the following:
 - Was the consent form used?
 - If not, what were the barriers to using the consent form
 - Did the consent form impact the extent of discussions with patients about RhIG?
 - Will the health care provider continue using the consent form be the future?

Exploring the feasibility of implementing an informed consent process for Rh immune globulin in northern British Columbia Questionnaire

- What type of practitioner are you?
 - What proportion of your practice is maternal care?
 - How comfortable are you with providing maternal care?
 - If participant is a family physician, nurse practitioner, or registered nurse - did you receive additional training for maternal care? If so, please describe this training.
 - How long have you been a health care provider?
 - How long have you provided maternal care for?
 - Were you documenting RhIG consent prior to enrolling in this study? If yes, what consent form did you use and how did you note consent was informed?
- Did you utilize the RhIG consent form?
 - No
 - What were the barriers to using the consent form?
 - What changes to the consent form would make you more likely to use it?
 - Yes
 - Did you encounter barriers to using the consent form? If yes, what barriers did you encounter?
 - Did you encounter any push back from patients?
 - How did this consent form impact your practice?
 - Was there any change in your conversations with patients when getting informed consent?

Figure 2. Questionnaire for phone interviews with maternal care providers

- Responses from the phone interviews and consent forms will be anonymized, transcribed, and analyzed to determine feasibility of implementing an informed consent process for Rh immune globulin in northern BC.

Expected Outcomes

We anticipate that the implementation of a consent form will result in more thorough patient-physician discussions and reveal barriers to consent that can be considered for future health care improvement.

If study outcomes suggest that implementation of a written consent form for RhIG is feasible in Prince George, we hope to expand this study to include more clinics that will better represent the vast geographic area that Northern Health covers.

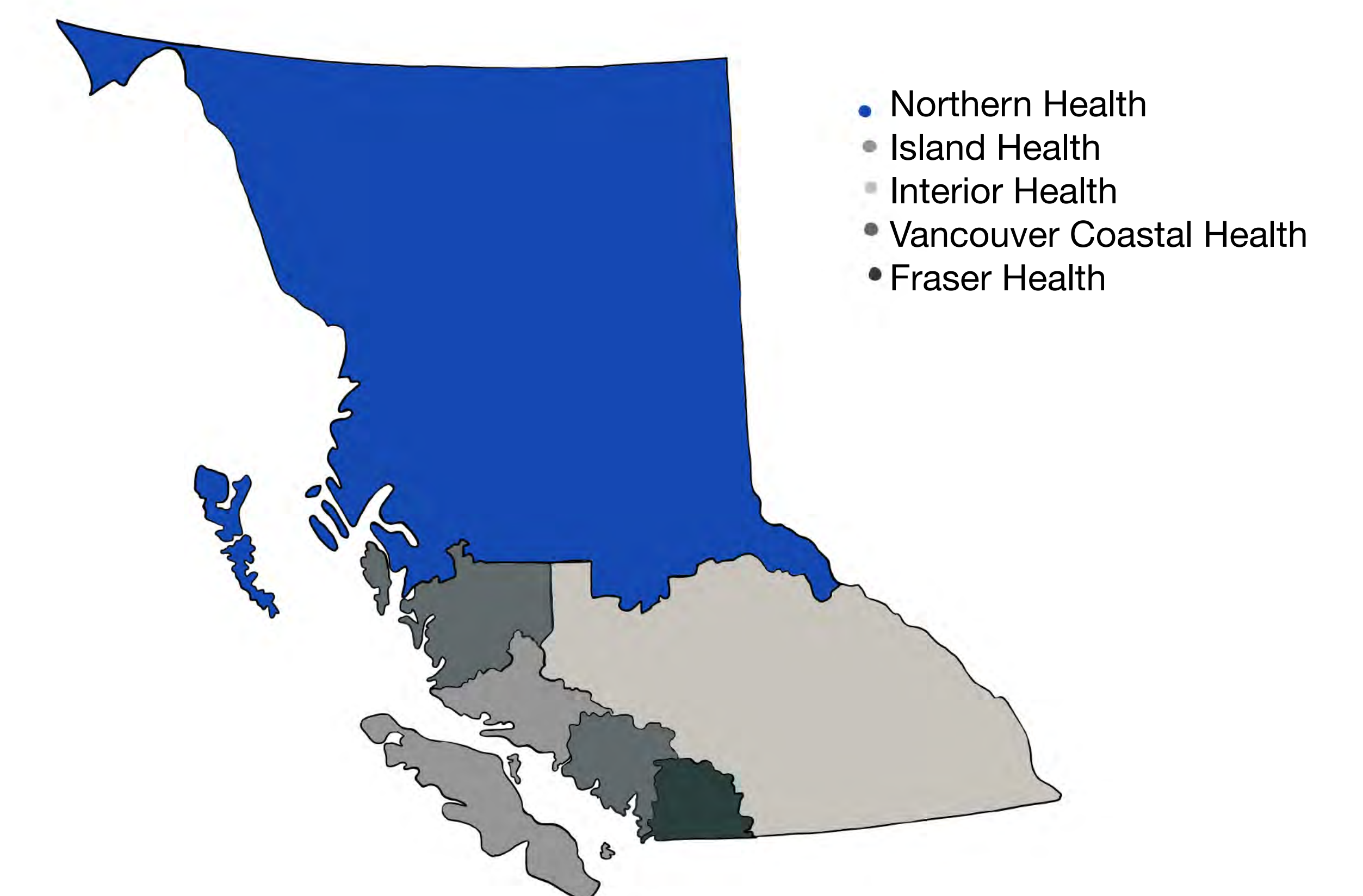


Figure 3. Map of BC Health Authorities

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