

RhoGAM informed consent

I have read and understand MIDIRS information booklet and have had an opportunity to ask questions. I am aware of the risks of Rh sensitization and RhoGAM, and have freely chosen to take the following action, absolving my midwife from harm I or my baby may encounter as a result of my decision:

- I have chosen to transfer my care to a physician.
- I have chosen prenatal RhoGAM administered and postpartum RhoGAM.
- I have chosen postpartum RhoGAM only.
- I decline testing and treatment.

Mother's signature: _____ Date: _____

Witness signature: _____
Date: _____