

DANGERS with RHOGAM given DURING pregnancy

I collection of information I & others have put together.....

You have to research MUCH on your own and come to your own decision

Important point about RhoGam and that is that the antibodies attack ALL RH positive cells. If mother's blood mixes with the baby's blood, the antibodies will neutralize the baby's blood cells before the mother can create her own antibodies against the baby. The dilemma is that if the mother's and baby's blood does actually mix it is equally likely that the RhoGam antibodies will cross over and attack the baby itself. This happens frequently but isn't discussed by most doctors.

*****It is a big reason to only get the shot after pregnancy if the baby really is RH+ *****

The RhoGam antibodies will attach to your baby's blood cells and render them incapable of delivering oxygen. This has long term consequences on brain development. My doctor was completely ignorant of this issue.

The RhoGam antibodies do not cross the placenta. But neither do blood cells from the baby which is exactly why the RhoGam is injected. In very rare circumstances, such as the mother becoming injured, the blood of the mother and baby can mix. It's a paradox, only when the antibodies are needed can they harm the baby.

The RhoGam antibodies are put there to attack any baby's blood that comes across. But if there is mixing then the antibodies can go across the other way and they do exactly that. Antibodies diffuse much more readily through the bloodstream than whole cells.

Immunology textbooks still correctly point out that RhoGam should be given after childbirth only if the baby is RH+. These are the mothers that are at high risk.

However the company that manufactures RhoGam lobbied to have it's use expanded to all RH- mothers during and after pregnancy to 'guarantee' that all high risk mothers were protected.

Doctors try to rationalize this by saying that even during the first pregnancy blood can mix and antibodies can be produced that will attack the baby. This almost never happens because the blood would have to mix twice, once to stimulate the production of Abs in the mother and the second time for those antibodies to diffuse to the baby. And regardless, the paradox comes into play because if the mother's antibodies can diffuse to harm the baby, then so can the injected RhoGam antibodies. They are the same exact antibodies. Ask your doctor how your anti-RH antibodies were more harmful than other mother's anti-RH antibodies (in Rhogam) . They will not comprehend what you are talking about.

RhoGam after pregnancy - childbirth is what causes the blood to mix and, when given at this time, RhoGam can prevent stimulation of the mother's immune system. There is no reason to give RhoGam during pregnancy except to

increase profits for the manufacturer because RH- mothers with RH- babies will also get the injection even though they couldn't possibly need it.

Each RhoGam injected contains blood serum pooled from several different persons with the antibodies. The manufacturer can not possibly screen or remove all viruses from it. But that's a separate issue.

You would need a blood transfusion from an RH+ person to stimulate the production of antibodies against RH factor. You will not find a single case in the scientific literature of an RH- person who seroconverted after minimal blood contact with an RH+ person.

The shot does work after pregnancy when it can not possibly harm the baby. It offers NO additional benefit during pregnancy. The safety concern during pregnancy is real. Does it make sense to you to inject antibodies into the mother's blood stream that are designed for the sole purpose to eliminate cells of the baby? There are numerous case reports of babies born anoxic and asphyxiated because the RHoGam antibodies crossed the placenta during the gestation period. This is not the only safety concern with the injection, just the most obvious.

I hope this comes across clearly: the reason that it is a risk for RH- mothers to carry RH+ babies is that the mother could produce antibodies to her own child. If those antibodies are in her blood while she is pregnant there is a small chance that they will come into contact with and harm the baby. Rhogam during pregnancy guarantees those antibodies will be there. It does not matter if the mother made the antibodies or if they were injected, the baby is now at risk for attack from RH+ antibodies. The original point of saving the baby from antibody attack has been abrogated by giving rhogam during gestation.

Rhogam antibodies against the baby and antibodies produced by the RH- mother are identical. If the whole point is to prevent these antibodies from circulating in the mother during pregnancy, why on Earth would you inject them into the mother exactly when she is pregnant.

The antibodies are intended to protect the second pregnancy by preventing sensitization. If sensitization were to occur and the second baby were rh+ then you would have antibodies circulating in your blood against your own baby. This would only be a problem if the blood mixed.

The problem is that injecting Rhogam during gestation you are getting protection for your second pregnancy at the expense of your first. If you put Rhogam antibodies into your body during your first pregnancy you are putting antibodies against your baby into your blood stream where, if blood mixing does occur, those antibodies will attack your baby. This is exactly what you are trying to avoid for the second pregnancy. So, in reality you are protecting your second pregnancy from the antibodies by injecting them into yourself during the first pregnancy. I can't state it any better than this: if you inject Rhogam during your first pregnancy you will prevent a potentially harmful situation for your next pregnancy by causing that exact same harmful situation in your first pregnancy.

The company that makes the injection decided that the shot should be given

during gestation to increase profits. It increases profits because rh- mothers carrying rh- babies are also getting the injection. The company has just doubled its sales of Rhogam through a minor lobbying effort. Great business decision - poor health decision. They convinced the government agencies to support the expanded role of Rhogam who then recommended it for all rh- negative pregnancies. Doctors follow the government recommendations without question. Doctors do not make the decisions, they follow orders.

Rhogam works just fine if you get it immediately after you deliver when it can't harm the baby. You can get Rhogam without mercury.

The Rhogam antibodies are identical to the antibodies that the Rh- mother makes against her child. The Rhogam antibodies were collected from RH- mothers who did have an immune response to their RH+ babies. The Rhogam antibodies will attack and destroy the baby's red blood cells (if they do come across the placenta) before the mother's immune response kicks in and makes her own antibodies. You give rhogam to a mother after delivery because that is when the blood mixes. The rhogam antibodies destroy the baby's cells so that the mother's immune system never sees them and therefore never becomes sensitized to make those exact same antibodies. If you give the Rhogam antibodies during pregnancy you have just created the situation you were trying to avoid. The whole point is for the pregnant mother to NOT have antibodies against her own child circulating in her system while she is pregnant. Any blood mixing would allow those antibodies to attack the baby. It does not matter if the mother's immune system made those antibodies or another mother's immune system (rhogam) made those antibodies. They are identical down to their molecular structure and you do not want them to contact the baby.

In fact, we can refer to the mother's immune response against her baby as rhogam production since that's exactly what it is:

Therefore,

The rh+ cells of the baby stimulate rhogam production by the rh-mother's immune system. We want to prevent rhogam from circulating in the mother while she is pregnant because those antibodies will harm the baby. To do this we give rhogam immediately after birth so that any rh+ cells that are still in the mother will be destroyed. This keeps the mother's immune system from seeing those cells and producing her own rhogam which would stay in her circulation where they could attack any subsequent rh+ babies. Doctors would like us to inject rhogam antibodies during pregnancy to prevent the formation of rhogam antibodies. The rhogam will destroy all the rh+ cells thus preventing the mother from making her own rhogam antibodies. But what's the point, you prevented the mother's antibodies from being there by putting someone else's antibodies in the exact same spot. This is the point which I am Rhogam is the immune response to the baby. It is the pooled serum from rh- mother's who have had an immune response to their rh+ babies. You do not want those antibodies to come into contact with your rh+ baby.

EUROPE only administers after pregnancy! During pregnancy is a decision that was made by the manufacturer to make money.

If a woman has a miscarriage she should have the shot immediately. If there is an amniocentesis performed it may be worth while to have the injection but there is some risk to that. It makes no sense to give the injection at 28 weeks during a healthy pregnancy. The blood does not mix in a sufficient

manner to cause an immune response in the mother. If there were that much mixing then the injected antibodies (rhogam) would have access to the baby and kill the baby's red blood cells. It's a no win situation with rhogam at 28 weeks. The reason the manufacturer can get away with it is exactly because there is no blood mixing. The rhogam works it's way out of the mother's system without ever doing anything.

Another way to look at rhogam. Rhogam kills the baby's red blood cells no matter where those cells are. If the baby's blood cells are in the mother, those cells will be destroyed. If the baby's red blood cells are circulating through the baby delivering oxygen to the baby's brain, the rhogam will still kill those cells and deprive the baby of oxygen. It is not a good idea to take any chance that would allow the rhogam access to the baby. The doctors are concerned only about baby's cells circulating in the mother but antibodies diffuse much more easily than whole cells so the rhogam will readily find the baby's cells where the baby is than for the whole cells of the baby to find their way to the rhogam.

Again, You have to research MUCH on your own and come to your own decision I can only share what makes sense to me.
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Vaccination Information & Choice Network, Nevada City CA & Wales UK
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ANY INFO OBTAINED HERE NOT TO BE CONSTRUED AS MEDICAL
OR LEGAL ADVICE. THE DECISION TO VACCINATE IS YOURS AND YOURS ALONE.

"Just look at us. Everything is backwards; everything is upside down.
Doctors destroy health, lawyers destroy justice, universities destroy
knowledge, governments destroy freedom, the major media destroy information
and religions destroy spirituality"Michael Ellner