BLOOD PRODUCTS REFUSAL IN PREGNANCY

1. OPTIMAL OUTCOMES
   • Appropriate assessment and management of a woman who refuses blood product support during pregnancy, delivery and postpartum period.

2. PATIENT
   • Woman who refuses transfusion of blood products in pregnancy based on:
     o Religious beliefs (e.g. Jehovah's Witness)
     o Personal grounds

3. STAFF
   • Medical staff
   • Registered midwives

4. EQUIPMENT
   • 16G IV Cannula

5. CLINICAL PRACTICE
   Pre-Conceptional and Antenatal
   • Identification of women who would not accept a blood transfusion in a life-threatening situation
   • Counsel her with regard to the increased risk of maternal mortality, morbidity and possible ways to decrease this
   • Refer to Haematologist for documentation on a legally binding Advanced-Care directive (available from patient’s religious organisation), which products would and would not be acceptable to the individual patient. Place a copy in the medical record including:
     o Which blood fractions are acceptable (e.g. Albumin, Prothrombinex, Biostate)
     o Whether Anti-D is acceptable
     o Which recombinant products are acceptable (e.g. Erythropoietin, Novo7)
     o What is acceptable in event of excess bleeding (e.g. intra-operative blood salvage)
     o Measures that may be possible to limit anaemia (e.g. acute normovolemic haemodilution)
     o Measures to treat complications (e.g. haemodialysis)
   • Document and consent what action woman would sanction if she were unconscious / unable to communicate and dying from haemorrhage.
   • Review full blood count (FBC) at booking visit
   • Optimise haematological parameters
     o Treat haematinic deficiency (Iron, B12, Folate)
     o Avoid anti-platelet drugs (e.g. aspirin) prior to delivery if possible
     o Consider Erythropoietin / Darbepoietin (see Education notes below)
     o Identify those at risk of haemorrhage (see below)
   • Monitor Hb regularly, at least at 28 and 36 weeks
   • Review by obstetrician to advise:
     o Hysterectomy Uterine artery embolization may be required to control bleeding
     o Inability to transfuse places woman at a significant risk of disability / death if she has a major haemorrhage
     o Review by Obstetrician to advice place of birth, recommend delivery in a level 6 delineated facility for high risk woman
     o Active management of the 3rd stage of labour
     o Identify women at high risk of haemorrhage
BLOOD PRODUCTS REFUSAL IN PREGNANCY  cont’d

- Refer to anaesthetist and haematologist prior to birth to discuss transfusion alternatives
- Consider review by interventional radiologist
- Intrapartum
  - Review the advance care directive and plan for birth
  - Inform senior obstetrician, anaesthetist and haematologist that patient has been admitted in labour
  - Advise active management of 3rd stage of labour
  - Site 16G IV cannula if high risk of haemorrhage
  - Manage active haemorrhage promptly and involve consultant obstetrician, anaesthetist and haematologist early and manage haemorrhage as per PPH with the exception of blood product
  - Consider cell salvage intraperatively
- Management of Postpartum Anaemia
  - Administer oral iron and Vitamin C, Vitamin B12 and folic acid
  - Consider recombinant erythropoietin
  - Consider Hyperbaric oxygen therapy in life-threatening anaemia

6. HAZARDS / SUB-OPTIMAL OUTCOMES

- Maternal morbidity: organ failure, hysterectomy
- Maternal mortality
- Fetal morbidity and mortality
- Failure to identify or counsel woman who refuses blood products
- Administration of blood product against patients consent

7. DOCUMENTATION

- Antenatal Card
- Integrated notes
- Advanced Care directive

8. EDUCATIONAL NOTES

- There is a 35-100 times greater maternal mortality risk in Jehovah’s Witness patients
- The competent woman’s choice must be respected, both ethically and legally
- Delay in decisive measures in acute haemorrhage increases the risk of death
- Early and clear communication with the patient, family and multidisciplinary team is imperative
- Erythropoietin / Darbepoietin:
  - Requires Haematologist review
  - Not PBS-subsidised for this indication
  - RHW staff are responsible for obtaining and organising payment for this medication
  - IPU (Individual Patient Use) form must be completed, and will be approved by Area Drug Committee and Hospital covers the cost. Alternatively patient covers the cost.
  - Will be charged to individual patient unless Area Drug Committee approves
  - Erythropoietin 300-600 IU/kg sc weekly x 3-6
  - Good evidence for benefit is lacking
- Jehovah’s Witnesses can obtain an Advanced Care Directive from their own organisation.
- Offer employee assistance Program (EAP) counselling to either groups or individual clinicians involved in the case of when a woman dying
9. RELATED POLICIES / PROCEDURES / GUIDELINES
   - PPH
   - 3rd stage management

10. REFERENCES