# How do we best ensure clear communication with Jehovah's Witnesses with regard to blood and component therapy in Obstetrics?

## "One Born Every Minute"

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# Objectives

- How do we achieve maximally safe obstetric care of Jehovah's Witnesses with regard to

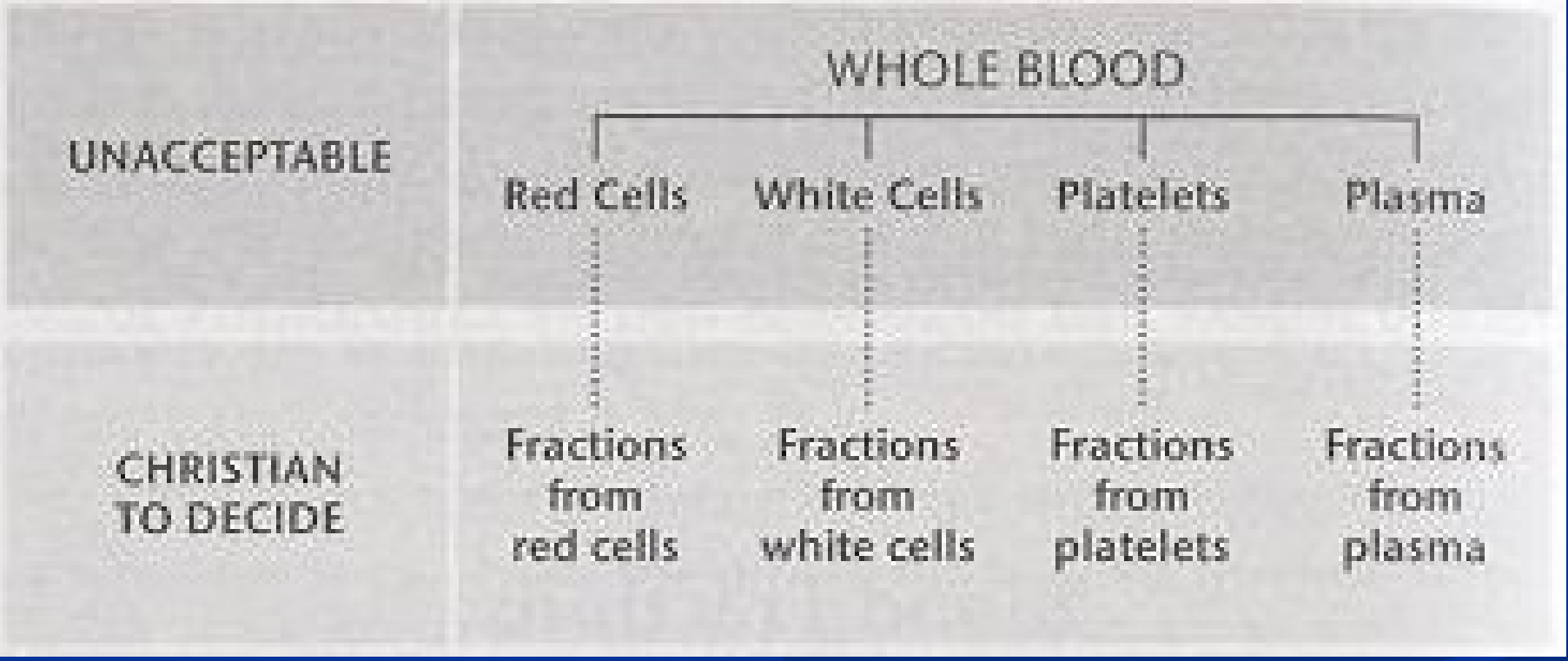
1. Clear communication
2. Informed Consent
3. Correct use of Advance Directive

# Jehovah's Witnesses' Belief distinct from mainstream Christianity

- **Genesis 9:4** Only flesh with **its soul** — **its blood** —YOU must not eat.

- **Leviticus 17:10** For **the soul of every sort of flesh is its blood** by the soul in it. Consequently I said to the sons of Israel: "**YOU must not eat the blood** of any sort of flesh, because the soul of every sort of flesh is its blood. Anyone eating it will be cut off."

- **Leviticus 17:14** "As for any man of the house of Israel or some alien resident who is residing as an alien in YOUR midst who eats any sort of blood, **I shall certainly set my face against the soul that is eating the blood**, and I shall indeed **cut him off** from among his people.


UNACCEPTABLE
WHOLE BLOOD
Red Cells
White Cells
Platelets
Plasma
CHRISTIAN TO DECIDE
Fractions from red cells
Fractions from white cells
Fractions from platelets
Fractions from plasma

# Mortality from haemorrhage

- Maternal death rate UK: 11.39 per 100 000 maternities

- Death from haemorrhage: 0.39 per 100 000 maternities (9 women)
- Haemorrhage: **6th** leading cause of direct maternal deaths

*CMACE 2011 – Saving Mothers' Lives*

- **Jehovah's Witnesses** face increased risk of death during childbirth: **130 times higher** than average **risk** of **mortality from haemorrhage**

*BJOG 2009 (van Wolfswinkel M, et al.)*

# Aims of our work

- Live and healthy mother and infant
- Minimisation of complaints and litigation

# Prevention of anaemia

- **Optimise antenatal physiological variables**
  - Iron and folic acid supplementation
  - Identify risk factors for haemorrhage – e.g. : placental location
- **Primary prevention of blood loss**
  - Active management of third stage with oxytocin +/ - ergometrine
  - Prophylactic syntocinon infusion

# Secondary prevention of blood loss

- Tranexamic acid
- Misoprostol / Carboprost
- Cell salvage

# Pro-active Management of Major Obstetric Haemorrhage

- Call for help / ABC/ Wide venous access / IV crystalloids/ colloids

- Syntocinon infusion
- Ergometrine
- Carboprost
- Misoprostol
- Tranexamic Acid
- Vitamin K
- Desmopressin

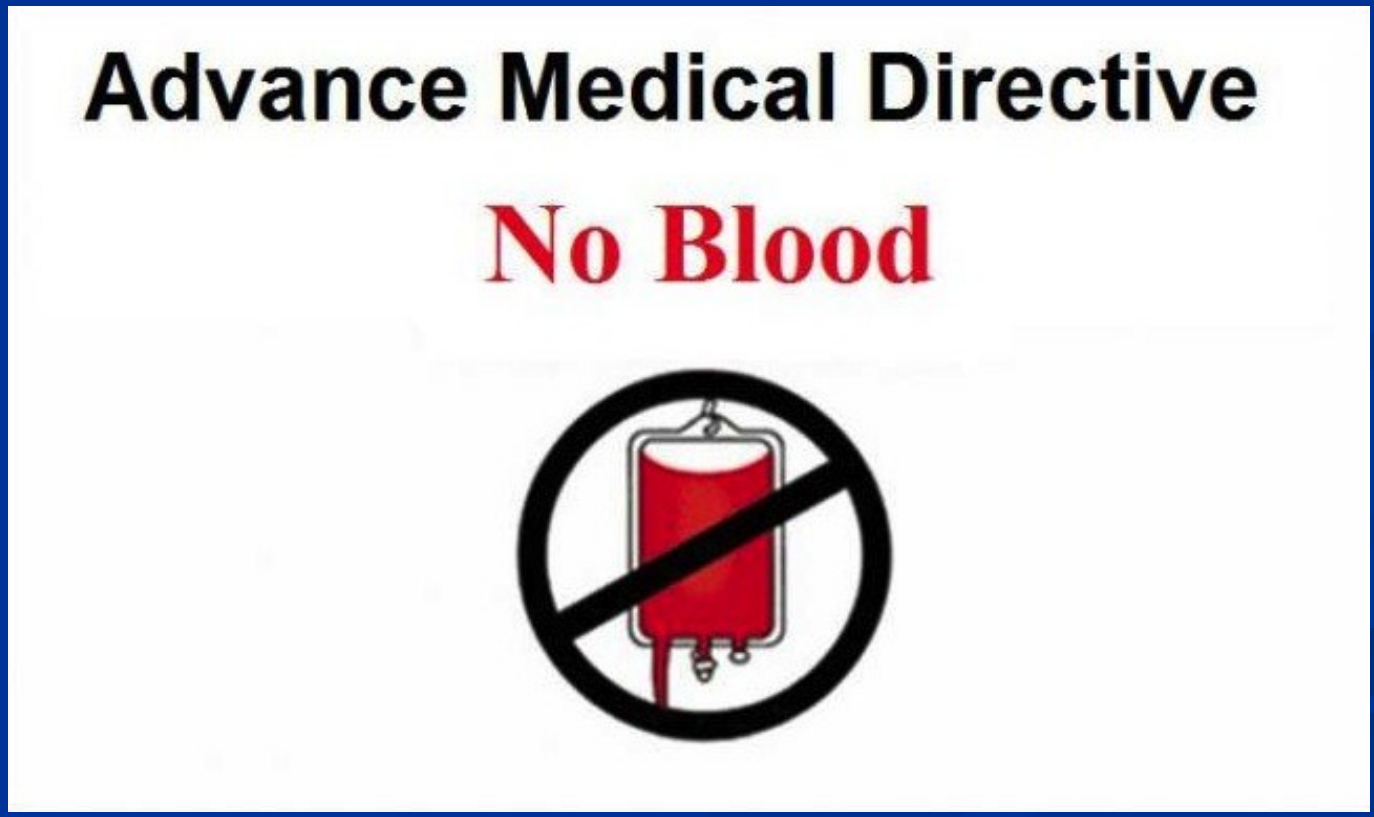
- Rub a contraction /Bimanual compression/ aortic compression
- Hydrostatic balloon
- Early recourse Hysterectomy

**Haemorrhage still not controlled**

***What are we allowed to give???***

***What does the patient accept??***

# The crucial point arises when haemorrhage is still not controlled



# The Case

- 35 year-old $G_3P_{1+1}$ Practising Jehovah's Witness
- BMI 43 – High dependency care transferred to our unit
- Past Obstetric History
  - **Retained placenta** with **manual removal** and **postpartum haemorrhage**
- Co-morbidity
  - Colitis
- Drug History
  - Folic acid, ferrous sulphate, Budenoside

# Antenatal period

- Booked at $5^{+6}$/ 40
- Recurrent bleeding until 18/ 40
- Clexane discontinued
- Anomaly ultrasound: anterior low lying placenta (2.7 cm)
- Care transferred to JCUH at 28 weeks

# Advance Directive to Refuse Specified Medical Treatment

- …I direct that **NO TRANSFUSIONS of blood** or **primary blood components** (**red cells, white cells, plasma or platelets**) be administered to me in any circumstances. I also **refuse to predonate** my blood…

- Regarding **minor fractions of blood** (e.g. albumin, coagulation factors, immunoglobulins): **I accept ALL**.

- Regarding **autologous procedures** (involving my own blood, e.g. intra- or postoperative blood salvage) **I** am prepared to **accept any such procedure**.

# Consultant Review in JCUH

## $30^{+6}$/ 40

- History of retained placenta noted
- Advance Directive noted
- Relevant proformas completed:
  - acceptance of Erythropoeitin and Factor VIIa
- USS: anterior placenta, not low
- Plan: aim for vaginal delivery; high dependency

# Significant change following Anaesthetic Review

- Advance Directive discussed with following documentation:
  - The patient is **not** willing to **receive a blood transfusion**, but **is willing** to receive her own blood back via **cell salvage** and understands the potential adverse consequences including death. She **is willing** to **receive coagulation products derived from donated blood**, along with all other general treatments to minimise blood loss.

# Further communication

- Copy of letter describing this change was sent to the patient

- Contents:
  - is clear that she **would not** be willing to receive a **transfusion of donated blood**, but would be willing to receive back her own blood collected via cell salvage and **would** also **accept coagulation factors (i.e. FFP and cryoprecipitate)** derived from donated blood.

# Main issue

- The contents of the letter reflected a change from the contents of previously signed Advance Directive
- No change was done to the previously signed directive
- Should we discuss the Advance Directive during every clinical episode?

# Labour

- Spontaneous labour
- Tachycardia, later mild pyrexia → i.v.-antibiotics
- Mild pregnancy induced hypertension
- Epidural sited in labour (5 cm)
- Syntocinon augmentation from 7 cm

# Labour

- Review by anaesthetist:
  - **No** blood/platelets/plasma
- Review by on call obstetric team:
  - Advance directive not changed
  - Verbal confirmation with the patient
    - **No** red cells
    - **Acceptance of all other blood products**
    - Acceptance of cell salvage
    - Aware of risk of hysterectomy/ risk to life
  - Discussion witnessed by midwife

# Delivery and third stage

- Spontaneous vaginal delivery of live male infant
- Syntocinon 5 IU i.v. at delivery
- Continuous cord traction by SpR
- Minute 3 pp: 300 ml loss → Syntocinon-infusion
- Minute 6 pp: 500 ml loss → Misoprostol 1000 µg PR
  → Consultant called
- Minute 12 pp → for transfer to theatre for manual removal, consented

# Events in theatre

- Manual removal of placenta under epidural top-up

- x 8 doses of Carboprost 250 µg
- x 4 units of Fresh Frozen Plasma (FFP)
- x 2 units Cryoprecipitate
- Tranexamic Acid 2 g
- Recombinant Factor VIIa 10 mg

- Cell salvage 380 ml (retrieved vaginally) **EBL 3.8 l**

# Main issue raised by the patient following delivery

- Transfusion of four units **fresh frozen plasma** – the patient **felt that she did not consent** to this despite verbal agreement and documentation

- The patient claimed she **did not understand** the **abbreviation** - FFP

# Review of outcomes

## Positive

- Consultant-led care throughout
- Repeated checks of patient's consent
- Clear records of all discussions
- Prompt involvement of Consultant after birth
- Prompt actions to reduce blood loss
- Live and healthy mother and baby

## Negative

- Advance Directive was not changed according to changing patient's wishes
- Abbreviations led to transfusion of blood products which were deemed 'not acceptable' by patient
- Documentation of contradictory information unnoticed

# Reflective Practice

- **Check Advance Directive** for accuracy **at every patient contact** and **change if indicated**
- At the same time, **beware of confusing** the patient
- **Check** patient's **understanding** of the details of the Advance Directive
- **Never ever** use abbreviations !
- Ensure the woman had opportunity to speak with obstetrician in **privacy**

# Reflective Practice

- Ensure **good communication** between **obstetric** and **anaesthetic** team
- **Difficulty of consent** at the **time of labour** due to stress and anxiety - physical and emotional
- Local **Clinical Governance** & **Risk Management** discussion
- Liaison with the hospital **blood transfusion committee**

# RCOG professional guidance

- It is important for doctors to **discuss all risks** and **available alternatives** with patients **early** in pregnancy, to ensure that both patient and doctor have a **clear understanding of the options** in the event of an emergency.

- Any hospital treating Jehovah's Witnesses should have a **clear protocol** for obstetric care, and ensure **training for staff** in the management of obstetric haemorrhage in these patients.

# Achieving the Aim

# Thank you all

**Questions/ comments/ feedback welcome !**