

# **Women who refuse blood transfusion**

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**Mothers, babies and blood**  
**Midwives educational seminar**  
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# Definition

Any woman who declines to have blood  
or its products administered  
due to specific and religious beliefs

# “I don’t want a blood transfusion”

- Why?
- Which patients?
- Which blood components?
- Which blood products?
- Actual risks/benefits

# “I don’t want a blood transfusion”

- Timing – pregnancy, labour, post-natally
- Elective/Booking/Emergency
- Legal implications
- Alternatives
- Practicalities
- Where to find help/advice

# Why?

- Religious beliefs
- Avoiding any treatment at all
- Infection
- Clerical error

# Jehovah's Witnesses

- 1:400 in UK
- >500 in RD&E catchment area
- Well informed
- May wear 'Alert' wristbands
- JW Hospital Liaison via Switchboard
- Policy on Intranet

# Jehovah's Witnesses

- “We follow the Bible and abstain from blood”
- “We accept the risk of death”

BUT

- Recent ‘relaxation:
  - Personal conscience
  - May not be excommunicated

# Not just Jehovah's Witnesses!

- NB Increased patient awareness
  - Transfuse to save life/improve health
  - Aim for no/reduced exposure
- 
- Risk of significant haemorrhage during pregnancy = 5% (0.67/100,000 live births)
- 
- Risk of death from haemorrhage refusing blood = x130 (68/100,000 live births)



# Patients at risk of needing a blood transfusion #1

- Anaemia
- Maternal age >40
- Obesity
- Current multiple pregnancy
- > 3 live births
- Uterine scarring

# Patients at risk of needing a blood transfusion #2

- Placenta praevia/accreta
- Large baby
- Prolonged labour
- Bleeding – APH/PPH

# Which blood.....

## **Components**

- **Red cells**
- **Fresh Frozen Plasma**
- **Platelets**
- **Cryoprecipitate**

## **Products**

- **Anti-D**
- **Factor VIIa**
- **Beriplex**
- **Octaplex**
- **Octaplas**

# Risks of a blood transfusion

## **Perceived**

- Infection – HIV etc
- ‘Someone else’s’
- Not there when need it
- Wrong blood

## **Actual**

- Minimal UK
- Yes
- Possible
- Possible

# Benefits of a blood transfusion

## Perceived

- Life-saving
- Increased energy
- Always available
- Always get right blood

## Actual

- Yes, can be
- Possibly
- May not be
- Usually but beware incorrect ID

# Better Blood Transfusion 3 (BBT3)

*DH Health Service Circular 2007/001*

- ....Avoid unnecessary blood transfusion in obstetric practice....
- ....Minimise risk of haemolytic disease of the newborn (HDN)....
- Increase patient and public involvement in blood transfusion
- ..Make blood transfusion safer

# Timing – Elective/Booking

- Midwife/GP/Hospital Clinician
- Anaemia management – Iron (po/iv)
- ?Erythropoietin (EPO)
- Diet – leaflet
- ?Predonation(PAD)
- Intraoperative cell salvage(ICS)
- Birth plan/blood management plan
- Advanced directive

# Timing - Emergency

- Check previous decisions
- NB these may change
- ICS (with LCD filter)
- Syntometrine
- Misoprostol
- Tranexamic acid
- IV Vitamin K
- rF VIIa
- Surgical techniques



# Legal implications

- Any adult with necessary mental capacity can refuse treatment, even if → death
- No other person can consent on behalf
- Patient can change mind at any stage
- Most recent decision must be upheld
- In an emergency where patient cannot communicate and in the absence of any advanced directive/decision the clinician must act in the best interests of the woman

# Alternatives to donor blood

- Diet
- Drug treatment e.g iron
- Minimise blood sampling – Hemocue
- ?? Artificial blood
- Patient's own blood.....

# Patient's own blood (Autologous)

Intraoperative cell salvage (ICS)

(NICE guidance):

✓ LSCS, ectopic pregnancy

✗ Vaginal delivery

Predonation (PAD)

Acute normovolaemic haemodilution (ANH)

Postoperative cell salvage (POCS)

# Alternatives – In Theatre

## –Careful surgical technique

- ✓ Harmonic scalpel
- ✓ Swab washing

## –Anaesthetics

- ✓ Hypotension
- ✓ Warming – Bair Huggers, Level 1 IVI

# Practicalities #1

- Respect patient's beliefs
- Discussion – protected time & place
- Family involvement
- Timing of decision plan
- Alternatives to donor blood
- Informed consent (DH SaBTO)
- Record in notes - documentation

# Practicalities #2

- Book for delivery in a unit which has all the facilities for prompt management of haemorrhage  
(including hysterectomy)
- Know where to find local policies on
- Refusal of blood
- Massive haemorrhage
- Staff support/counselling

# Blood management

## **Be prepared!**

Involve:

Patient

Obstetrician

Anaesthetist

Haematologist

Transfusion Practitioner

As early as possible

# Blood management

Document, Document, Document:

- Plan
- Patient information leaflet(s)
- Reasons for decision(s)
- Indication(s) if transfused
- Medico-legal/Clinical Governance
- Inter-professional communication



# At the bedside

- Frequent, close observation
- NB low-level persistent bleeding
- Avoid 'Watch and Wait'
- Inform colleagues
- Transfer early

# Take Home Messages

- Respect your patient's wishes
- Blood management is the key
- Be prepared for patients to change mind
- Know where to find information
- Communicate
- Team approach
- Document plan
- Observe your patient!

# References #1

- **BBT 3**

<http://www.transfusionguidelines.org.uk/index.asp?Publication=BBT&Section=22&pageid=299>

- **NICE guidelines**

<http://publications.nice.org.uk/intraoperative-blood-cell-salvage-in-obstetrics-ipg144>

- **Guidelines for transfusion in Obstetrics**

<http://www.transfusionguidelines.org.uk/index.asp?Publication=BBT&Section=22&pageid=1256>

- **UK Cell Salvage Group guidelines**

[http://www.transfusionguidelines.org/docs/pdfs/bbt-03\\_icsag-fs-08\\_0808.pdf](http://www.transfusionguidelines.org/docs/pdfs/bbt-03_icsag-fs-08_0808.pdf)

# References #2

- Serious Hazards of Transfusion (SHOT)  
<http://www.shotuk.org/>
- ...and your own hospital's intranet

**Safe blood management  
for a safe outcome**