

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/or religious beliefs

Facts

1. Death rate for women who refuse blood products is 1 per 1,000 maternities compared with an expected incidence of less than 1 per 100,000 maternities**
2. Major obstetric haemorrhage remains leading cause of peripartum morbidity and mortality*

*Centre for Maternal and Child Enquiries (CMACE), BJOG. Mar 2011

[Saving Mothers' Lives. Reviewing maternal deaths to make motherhood safer: 2006-2008;](#)

** Confidential Enquiry into Maternal Deaths(CEMD) 2002

Netherlands study

- Country with good record of religious tolerance
- Leader for patient blood management
- All cases maternal mortality 1983-2006
- Refusal of blood products associated with:
 - 6 x increased risk for maternal death
 - 130 x increased risk for death due to obstetric haemorrhage
 - Risk greatest when operative delivery

Maternal mortality and serious maternal morbidity in Jehovah's witnesses in the Netherlands

Van Wolfswinkel et al [BJOG](#). 2009 Jul;116(8):1103-8

“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/choice
 - May not be excommunicated

Not just Jehovah's Witnesses!

- Increased patient awareness
- Transfuse to save life/improve health
- Aim for no/reduced exposure
- May reach mutually agreed compromise

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+UKCSAG guidance):

✓ LSCS, ectopic pregnancy

X Vaginal delivery

SALVO trial ?your hospital

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

Blood Conservationist

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-MEOWS
- 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

References #2

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

Royal Devon and Exeter

NHS Foundation Trust

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Controlled document

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