

Refusal of blood transfusion during pregnancy and after birth

Introduction

This leaflet tells you about your right to refuse a transfusion of blood or blood products during and after your pregnancy.

Can anyone refuse a blood transfusion?

Yes. We want to be sure that we treat every woman in a way which recognises her individual choices and respects her religious beliefs.

Before giving anyone a blood transfusion, the risks and benefits of having or not having blood or blood products will be discussed with you. It is up to you to decide if you are willing to accept the possible implications of not having a blood transfusion.

It is very important for you to understand that if you experience extremely heavy blood loss during your pregnancy or delivery, and you do not accept blood, then your life may be put at risk.

Healthcare professionals follow NHS Trust guidelines to help manage pregnancy and birth without the use of blood products. This includes minimising blood loss using medicines given during labour.

As part of your care planning, your midwife will ask if you consent to receiving blood and blood products.

If you choose to not receive blood or blood products, your midwife will refer you to a consultant clinic for a plan of care to be made with an obstetrician taking into account your wishes.

We would strongly recommend that you have your baby in the consultant-led unit, rather than at home or in a birth centre. If you know that you would **refuse** to receive blood products while you are pregnant or during birth then it is very helpful for us to discuss this with you before any needs may arise.

Reference No.

GHPI0958_07_21

Department

Maternity

Review due

July 2024

Patient Information

Please let the midwife and obstetrician know, in writing, that you would not consent to receive blood products, and ask for your wishes to be included in your maternity record.

If you are a Jehovah's Witness, you may have an 'Advance Decision to Refuse Specified Medical Treatment' (sometimes known as a 'no blood form') clearly stating your wishes about not accepting certain treatment. Please let your midwife and obstetrician have a copy of this document. Your local ministers will be able to provide you with this document.

Plan of care for your pregnancy

You will be seen by a consultant in antenatal clinic, where the following will be discussed:

- Taking iron and folic acid supplementation throughout the pregnancy.
- Having regular blood tests to check that your haemoglobin (iron levels in your blood) is above 120g per litre. If your haemoglobin remains low despite taking supplements and you have low iron stores, you may be offered an infusion of 'liquid iron' into a vein.
- As with all pregnant women, you will be offered a routine detailed scan, which will check the position of the afterbirth (placenta) to make sure it is not low-lying. A low-lying placenta is associated with a higher risk of heavy blood loss at the delivery of your baby.
- The document 'Jehovah's Witness and Patients who refuse blood products - management plan' should be completed with your obstetrician and signed by both of you and kept in your notes as a record of your wishes.
- **If you require an operative birth** the use of blood salvage techniques of your own blood can be discussed with your obstetrician. Blood cell salvage involves safely collecting and cleaning the blood lost from your body at the time of birth, and returning it to your circulation through a vein.

Patient Information

- If your blood type is Rhesus negative, your midwife and obstetrician will discuss the need for Anti-D injections during your pregnancy and possibly after delivery (if your baby is Rhesus positive) to minimise **the risk of serious** complications with further pregnancies. Anti-D is a protein which is obtained from blood plasma. There is no non-blood derived alternative.

If you are a Jehovah's Witness you may wish to discuss this with one of your local ministers or a member of your Hospital Liaison Committee.

What happens in labour and following the birth?

When you come to hospital in labour, the consultant obstetrician and anaesthetist on call will be notified. You will be looked after normally in labour. We would recommend that you have medication to minimise the risk of heavy blood loss with the delivery of your placenta (active management of the 3rd stage). We would also recommend that extra medicine can be given following the delivery of the placenta to further reduce the risk of heavy bleeding.

At all times, even if an emergency arises, we will respect your wishes and discuss your options with you. You can be confident that you will receive the best possible care and treatment during your time in the maternity unit.

What if I have other concerns?

If you have questions that are not answered in this leaflet, or are worried about any aspects of your pregnancy and delivery, please talk to one of your midwives or doctors. For Jehovah's Witnesses, further help is available from:

- Your local minister
- Bristol Hospital Liaison Committee for Jehovah's Witnesses
- Local Jehovah's Witnesses Patient Visitation Group. You can make contact through one of your local congregation ministers.

Patient Information

The details of how to contact these individuals is available in the Gloucestershire Hospitals Trust 'Clinical Policy for the Treatment of Jehovah's Witnesses' which can be provided by your midwife or obstetrician. Alternatively, you can make contact by emailing: info@bristol-hlc.org.uk.

Contact information

Antenatal Clinics

Gloucestershire Royal Hospital

Tel: 0300 4 226103

Monday to Friday, 8:30am to 4:30pm

Cheltenham General Hospital

Tel: 0300 4 222346

Monday to Friday, 8:30am to 4:30pm

Patient Advice and Liaison Service (PALS)

Ground Floor

Tower Block

Gloucestershire Royal Hospital

Tel: 0800 019 3282

Fax: 0300 422 5778

Monday to Friday, 9:00am to 5:00pm

E-mail: ghn-tr.pals.gloshospitals@nhs.net

Content reviewed: July 2021