Milton Keynes University Hospital NHS Foundation Trust

Guideline

Women who Decline Blood and Blood Products – Treatment and Management

Classification :	Guideline		
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Authors Job Title:	Consultant, Obs and Gynae		
Authors Division:	Women and Children's Health		
Departments/ Groups this Document Applies to:	Midwives, Obstetricians and Anaesthetists		
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Unique Identifier: MIDW/GL/82	**Status:** Approved	**Version No:** 5
Scope: for use with all antenatal and postnatal women, and gynaecological patients of reproductive age who decline blood products or their derivatives.		
To be read in conjunction with the following documents: Antenatal Care Pathway Policy for the Treatment of Jehovah's Witnesses and Patients Declining Blood and Blood Components. Obstetric Haemorrhage Guideline		
CQC Fundamental standards: Outcome 2, 4, 14		

Disclaimer

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

Index

Guideline Statement

Pregnant women who decline blood transfusion and / or blood products are a high risk group. Early identification of such women and appropriate antenatal work-up with a clear plan of care will optimize care in the event of haemorrhage and reduce unnecessary anxiety for women, their family and medical / midwifery staff.

Objectives

To aid medical staff and midwives who are managing women who decline blood transfusion and are at risk of or experiencing postpartum haemorrhage. It should be used in conjunction with the Policy for the Treatment of Jehovah's Witnesses and Patients Declining Blood and Blood Components.

Executive Summary

- To provide guidance to all healthcare professionals, on women of reproductive age who decline blood products.
- Documents for patients who do not have a completed Advanced Decision Document.
- Pre-operative treatment flow chart for women declining blood/blood products. (Refer to Appendix 10 of the Policy for the Treatment of Patients Refusing Blood and Blood Components).
- Summary of information for Jehovah's Witness women in relation to blood and blood products.

1.0 Roles and responsibilities

1.1 Midwives

Discussion, decision making, providing information and care

1.2 Obstetricians

Discussion, decision making, providing information and care

1.3 Anaesthetists

Discussion, decision making, providing information and care

1.4 Gynaecologists

Discussion, decision making, providing information and care

1.5 Gynaecologist Nurses

Discussion, decision making, providing information and care

1.4 A & E Doctors

Discussion, decision making, providing information and care

2.0 Implementation and dissemination of document

This guideline is available on the Trust intranet and has followed the full guideline review process prior to publication.

3.0 Processes and Procedures

3.1 Management

3.1.1 Booking

- As part of the antenatal booking history or gynaecology history taking, women should be routinely asked if they have any objection to blood transfusion or blood products (albumin, immunoglobulins etc). If the woman declines or is likely to decline blood or blood products for other reasons this must be documented within the maternity records. The community midwife/gynaecology nurse/health care professional should also ask about Advanced Decision Document – (see Trust clinical guidelines).
- Highlight any relevant risk factors i.e. multiple pregnancy, fibroids, uterine surgery and anaemia. Complete 'Booking Risk Assessment Referral for Maternity Care'. (Appendix 1 of Antenatal Care Pathway).
- Ensure patient information leaflet 'Women who decline blood and blood products' is provided for women and all discussions documented in the maternal/gynaecology notes.

- Inform Blood Transfusion team by email upon identification of a woman declining or likely to decline blood products in order to allow an alert to be generated on the blood transfusion database.

3.1.2 Care of the woman

- Routine antenatal/gynaecology investigations for blood group, antibody status, full blood count and ferritin levels should be offered at booking, 28 weeks and 34 weeks gestation and where levels are low a plan of care documented. Consideration should be given for additional tests to include vitamin D, B12 and folate levels if indicated.
- Attention should be paid to the haematocrit. Ferritin levels should be checked early on. Pregnant women should have a ferritin level of greater than 30.
- An appointment to discuss the plan of care in pregnancy with the consultant obstetrician and consultant anaesthetist at the earliest opportunity is advised i.e before 20 weeks. An individual management plan should be documented in the maternal records if following consultation a woman still declines blood or blood products. Where appropriate the pre-op assessment should be completed following consultant appointment.
- Hb should be optimised before birth to prevent avoidable anaemia. Prompt correction of antenatal anaemia with intravenous iron +/- erythropoietin should be considered if oral iron is not optimizing the haemoglobin
- Consideration should be given to offering prophylactic oral iron supplementation regardless of Hb.
- If any complication is noted during pregnancy this should be discussed with the consultant obstetrician.
- Woman should be advised to report promptly any concerns about excessive bleeding.
- Patients should be advised that currently Milton Keynes does not have cell salvage. Referral to hospitals who have cell salvage should be considered for those patients that will accept this.
- Patients with a **valid advance decision** in their medical notes may wish to wear an Orange "NO BLOOD" wristband, which is available from the Transfusion Practitioner, Blood Bank (out of hours) or the Pre-op Assessment Team and supplied by the HLC. (See Appendix 3 for more information).

3.1.3 Intrapartum Care

- Notify the registrar of admission to labour ward. In turn, the consultant obstetrician and anaesthetist should be made aware that a patient who does not wish blood or blood products has been admitted in labour.
- It is essential that any risk factors that could pre-dispose to postpartum haemorrhage are identified. See Obstetric Haemorrhage Guideline for risk factors.
- If the patient does not have an Advanced Decision Document and is declining blood/blood products, irrelevant of their religious position, the consultant/senior obstetrician/gynaecologist will elicit the individual views of the woman and complete appendix 4b (Treatment of Patients Refusing Blood and Blood Components Policy). A copy will be placed in the maternal records and given to the woman.
- Active management of the third stage of labour is advised with early cord clamping and controlled cord traction after placental separation. The woman should not be left unattended for the first hour following birth.
- Consider prophylactic oxytocin infusion following birth if any of the above risk factors is present; refer to Obstetric Haemorrhage Guideline in respect of initial management.
- If a caesarean section is necessary this should be performed by an experienced obstetrician with the consultant obstetrician present in theatre.

- In elective and urgent cases when blood transfusion might be possible or likely, the following actions should be considered:

a) Review non-blood medical alternatives and treat without using allogeneic blood

b) Consult with other doctors experienced in non-blood management and treat without using allogeneic blood

c) If necessary, transfer woman to a doctor or facility before the woman's condition deteriorates.

- Subject to the woman's consent and if the woman wishes consult local Hospital Liaison Committee for Jehovah's Witnesses, regarding alternative care and/or locating co-operative doctors at other facilities – ask haematologist or blood bank for the contact names/numbers.

- In a life threatening emergency, the above actions should be followed whenever possible. If for any reason, this is not possible; the woman's wishes, if known to the medical or midwifery staff involved, and be honoured. It is normal for Jehovah's Witnesses to carry an Advance Decision Document stating their views.

This document, if valid and applicable, is recognised as legally binding. An Advance Decision Document or refusal of specific treatment is valid and applicable if made voluntarily by an appropriately informed person with capacity. The advice of the maternity unit manager, lead on call or clinical site manager be sought if necessary out of hours.

In gynaecological cases such as surgical management of miscarriage, consideration should be given to giving timely and even prophylactic therapeutic measures such as ergometrine, haemobate, misoprostol.

These should also be considered in the management of retained placenta, third degree tears etc

3.1.4 Puerperium

- Check FBC and correct anaemia promptly with haematinics +/- erythropoietin.
- Any abnormal or unusual bleeding should be assessed promptly
- In the event that the woman dies, in spite of all care, her relatives require support like any other bereaved family.
- Support should be promptly available for staff in these circumstances who may have been affected.

3.2 Jehovah's Witnesses Position on Medical Treatment

Decision of an individual Jehovah's Witness to decline blood and blood components is a personal choice. They will accept full legal responsibility for their decision and will release those treating them from any liability for an adverse consequences directly arising from the curtailment of management options by the exclusion of blood or blood components. Please refer to the trust Policy for the Treatment of Jehovah's Witnesses and Patients Declining Blood and Blood Components.

3.3 Auto Transfusion/Haemodilution

Immediate intra-operative auto transfusion is permitted by many Jehovah Witnesses provided the circuit is linked to the woman's circulatory system and there is no storage.

However, pre- operative collection and subsequent reinfusion is not permitted. Intraoperative haemodilution is permitted by many Jehovah Witnesses when the equipment is arranged so as to keep the blood in a constant link to the woman's circulatory system.

3.4 Blood Transfusions

Transfusions of whole blood or blood components (red cells, white cells, platelets and plasma) are rejected. For blood proteins see below.

Obtaining Consent
Patients should fill out and sign what treatments they are prepared to accept at the earliest possible time (see appendix 2)

Patients should write on their consent forms 1 under procedures that should not be undertaken that they decline blood products under any circumstance.

All obstetric and gynaecological patients undergoing a surgical procedure should be considered as high risk

Table 1: Acceptability of blood and blood components to the Jehovah's Witness

Not acceptable	May or may not be accepted (matter of personal choice)	Acceptable
Primary blood components • Red blood cells • Platelets • Plasma • White blood cells	Derivatives of primary blood components • Albumin • Immunoglobulin (Anti D) • Vaccines • Coagulation factors e.g., PCC (Octaplex) • Frozen Plasma Products e.g., Cryo	Crystalloids, Synthetic colloids • Dextrans • Hydroxyethylstarch • Gelatins (haemacel)
Pre-deposited Autologous blood components donations	Haemodilution Intraoperative cell salvage Post-operative cell salvage Epidural blood patch	Recombinant coagulation factors eg FV11a. Erythropoietin.

3.5 Fractionated Blood Products

Each Jehovah's Witness will decide individually whether to accept such fractions as albumin, immunoglobulins and clotting factors (e.g. factor VIII for haemophilia A).

3.5.1 Blood Volume Expanders

Blood volume expanders are acceptable. Examples are: - Saline, Dextran, Gelofusin, Ringer's Solution and Haemaccel.

3.5.2 Intraoperative blood salvage (Cell saver) with a leucocyte depletion filter

Acceptable to some Jehovah Witnesses at caesarean section.

Haemoglobin-based oxygen carriers (HBOC) – Future research work in Phase III Trials underway.

N.B Cell salvage service is not available in Milton Keynes University Hospital.

4.0 Statement of evidence/references

Care Plan for women refusing blood transfusion reviewed by RCOG guideline group (RCOG News June 2006).

Milton Keynes Hospital (2016) Policy for the Treatment of patients refusing blood products and Blood components.

RCOG (2009) Blood transfusion, pregnancy and birth. Information for you. February 2009.

RCOG (2008) Blood Transfusion in Obstetrics. Green-top Guideline No 47. July 2008.

5.0 Governance

5.1 Document review history

Version number	Review date	Reviewed by	Changes made
5	01/2018	N Whitelaw/G Hanna	Reviewed and updated

5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Julie Cooper	Head of Midwifery	15.1.18	22.1.18	Comments received and sent to author	Yes
Carolyn Rooth	Consultant Midwife	15.1.18	22.1.18	Comments received and sent to author	Yes

Kirsty Felce	Audit and Risk Midwife	22.1.18	29.1.18	No	Yes
Mary Plummer	Matron, Maternity Inpatients	22.1.18	29.1.18	No	Yes
Lydia Stratton-Fry	Labour Ward Manager	22.1.18	29.1.18	No	Yes
Nidhi Shandil-Singh	Consultant, Obs and Gynae	22.1.18	29.1.18	No	Yes
Nandini Gupta	Consultant	22.1.18	29.1.18	No	Yes
Bernadetta Sawarzynska-ryszka	Associate Specialist, Anasthetics	22.1.18	29.1.18	No	Yes

5.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Number of patients on naematinics, Number with consultant involvement in care. Clear management plan in notes	Statistics	Blood Transfusion on Specialist Nurse	Annually	Women's Health CIG

6.4 Equality Impact Assessment

This document has been assessed using the Trust's Equality Impact Assessment Screening Tool. No detailed action plan is required. Any ad-hoc incident which highlights a potential problem will be addressed by the monitoring committee.

Impact	Age	Disability	Sex (gender)	Gender Reassignment	Race	Religion or Belief	Sexual orientation	Marital Status	Pregnancy & Maternity
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	N	N	N	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N	N	N	N

Appendix 1: Pre- Operative Assessment Patient Declining Blood/Blood Products Document

Surname _____

First Names _____

D.O.B. _____

Hospital No _____

Or affix patient label

Consultant:

Speciality:

Planned Operation:

TCI Date (if known):

Pre Op Hb:

Pre Op Weight Kg:

Advanced Decision Document completed (if relevant): Yes □ No □

Copy in notes (if applicable): Yes □ No □

Medication and Dosage:

Blood Tests to be taken only on adults who are booked for high risk procedures (i.e. those procedures that would normally indicate a group and save to be taken). Also to include in the 'high risk' procedures:

Please tick appropriate tests

Full blood count □
Serum Ferritin □
Folate □
B12 □
Renal function □
Liver Function □
Clotting □

Pre assessment Midwife Bleep:

Date:

Signature:

This document needs to be completed at pre-assessment. The completed document must be emailed to:

Blood Transfusion Laboratory Manager
Transfusion Practitioner
Haematology Consultant
Patient Consultant
Pre-Assessment Lead Nurse and Deputy
Team Transfusion

Appendix 2: Patient Declining Blood/Blood Products Document (For patients who do NOT have an Advanced Decision Document)

Consultant:

Speciality:

Planned Operation:

TCI Date:

Pre Op Hb:

Pre Op Weight Kg:

Medication – Dosage:

Surname _____

First Names _____

D.O.B. _____

Hospital No _____

Or affix patient label

Blood Tests. (Please tick appropriate tests)

Full blood count □
Serum Ferritin □
Folate □
B12 □
Renal function □
Liver Function □
Clotting □

Statement: I, the above named patient, am prepared to accept the following treatments before, during or after my operation:

Treatment	Willing to accept
Primary Blood Components:	
○ Transfusions of blood or primary blood components (red cells, white cells, plasma or platelets)	Yes/ No
○ Transfusion of Blood or primary blood components (red cells, white cells, plasma or platelets) only if required to save life	Yes/ No
Fractions of Blood:	
○ Cryoprecipitate (Human Blood product a frozen blood product prepared from plasma.)	Yes/ No
○ Fibrin glues and sealants (Human Blood Product made up of fibrinogen and thrombin.)	Yes/ No
○ Other coagulation factors (Plasma derived.)	Yes/ No
Other:	
○ Recombinant erythropoietin (Produced in cell culture using recombinant DNA technology.)	Yes/ No
○ Recombinant coagulation factors (VIII and IX) (Recombinant means genetically manufactured.)	Yes/ No
○ Novo 7 (factor rFVIIa) (Recombinant coagulation Factor VIIa.)	Yes/ No
Autologus Procedures:	
○ Intra-operative cell salvage (not available at Milton Keynes Hospital; may need referral)	Yes/ No
○ Bellovac for patients undergoing joint replacement	Yes/ No

Signature of patient	Date
Signature of Clinician	Date
Name of Clinician	Date

This document needs to be completed by the Consultant and placed in the medical notes.
The completed document must be sent to Blood Transfusion Team, Anaesthetic Team, Pre-assessment Team, GP / Maternity.

Appendix 3: No Blood Bracelet

No Blood Bracelet

(Only for Patients with a valid ADD)

Patients with a valid advance directive may wish to wear an Orange "No Blood" wristband

This bracelet is supplied by the Jehovah Witness HLC and supplies are held with the Pre-op assessment Team and the Transfusion Practitioner or Blood Bank (out of hours)

If the Patient is **requesting** a No Blood Wristband and a valid ADD is available

Then:

- Ensure the patient is aware of why they require a transfusion and the risks involved in refusing a blood /blood products transfusion;
- Clearly document this in the patient's medical notes;
- Place a copy of their Advance Directive in the alert section of patients' medical notes Document the patients' full name, hospital number and date of birth on the wristband and apply to the patient's wrist.

It should be remembered that Jehovah's Witnesses and any patient refusing blood products have the same right as any other person who makes an advance refusal – i.e. to withdraw or alter it at any time they have the capacity to do so. Any change of heart should be documented and witnessed.