Refusing blood products in pregnancy

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This guideline is to be used in conjunction with the trust guideline: Management of Patients who Refuse Blood Transfusion

This guideline is for use by the following staff groups:

Midwives and Obstetric Medical Staff

Lead Clinician(s)

Laura Veal	Consultant Obstetrician
Vibha More	
Ramy Labib	Consultant Anaesthetist
Approved by *Maternity Governance Meeting* on:	27th February 2026
Approved by Medicines Safety Committee on:	N/A
Review Date: This is the most current document and should be used until a revised version is in place	27th February 2029

Key amendments to this guideline

Date	Amendment	Approved by:
Nov 2019	New Document	MGM
4th June 2024	Document extended for another 12 months whilst under review	MGM
Dec 2025	Document appendix A&B updated. Addition of numbers to contact during emergencies including hospital liaison committee.	MGM

Inclusion statement

We recognise that although our policy uses words such as women/woman, not all birthing people or post-natal parents will identify as such. We encourage all staff to be welcoming of the diversity of our local population, be respectful of preferred language, pronouns, and adapt their communication appropriately. All staff should accommodate mothers and parents with individual needs or disabilities, whether they be physical or not visible, and adapt their care to support them with their pregnancy.

Contents

Introduction

It is the right of every patient to refuse any specific form of treatment including transfusion of blood components and products. This is particular relevance to Jehowah's Witness patients who may carry an advanced directive which lists the blood components/ products and the autologous procedures that are, or are not, acceptable to them.
Pregnant women who decline treatment with blood products should be reviewed by an obstetrician and an anaesthetist as soon as this preference has been identified. If, after discussing the potential requirement for blood product transfusion and the risks/benefits of this as well as alternatives, the woman still refuses blood product transfusion this fact should be clearly documented in the notes and appendix 2 must be completed and scanned in the patients notes on Badgernet. A clear management plan should be on Badgernet.
If the patient has already signed a consent form in the antenatal period, but then changes her mind, you and the patient should note this on Badgernet.
Where a patient has refused a particular intervention, you must ensure that you continue to provide any other appropriate care to which they have consented. You should also ensure that the patient realises they are free to change their mind and accept treatment if they later wish to do so. Where delay may affect their treatment choices, they should be advised accordingly.

Antenatal

1. Women who refuse blood transfusion should be seen and counselled by a senior obstetrician (preferably a consultant) in the antenatal period.
2. The patient should be referred to Consultant Anaesthetist antenatally to discuss other alternative treatments
3. If a woman refuses any blood products, this should be noted and appendix 2 must be completed and an individualised management plan kept in her hospital held records on Badgernet.
4. **Advance Directives:** Jehovah's Witnesses should have been pre-counselled ante-natally. At this time a copy of their Advanced Directive (an Advance Medical Decision document to refuse Specified Medical Treatment) should be discussed. This document should state clearly which blood products are unacceptable under any circumstances and which, if any, would be. This document legally releases medical practitioners/ hospitals of responsibility for any damages that might be caused by their refusal of blood." See Example of Jehovah's Witness Advance Directive- Appendix 1.

   An Advance Decision may be revoked at any time while a patient retains capacity to do so. If a patient holds an Advance Directive it should be highlighted to the multidisciplinary team. The advance directive should be photocopied and scan on Badgernet. It should also be flagged on Badgernet and alert card inside patient notes should be completed.
5. **The consent** form for the acceptability of individual blood products must be completed and signed antenatally and kept in woman's hospital held records/ scanned copy on Badgernet. See appendix 2
   For the basic legal position in relation to an adult patient who refuses blood products and neonate of a mother who refuses blood and blood product refer to and Management of Patients who Refuse Blood Transfusion.
6. If the patient asks about the risks of refusing blood transfusion, she should be given all relevant information. This must be done in a non-confrontational manner. The patient would be advised that if massive haemorrhage occurs there is an increased risk that

hysterectomy will be required or haemorrhage could be life threatening and the woman and her partner should be offered the opportunity to discuss the treatment guidelines.

7. If the patient decides against accepting blood product transfusion in any circumstances and declines intra operative cell salvage, she should be booked under consultant care for delivery in a hospital which has all the facilities for prompt management of haemorrhage, including hysterectomy.

8. If the patient decides against accepting blood/ blood product transfusion in any circumstances and agrees to intra-operative cell salvage (IOCS) she should be booked for delivery in Worcester Royal Hospital. Intra-operative cell salvage uses involves collection and processing of blood shed in the operative field. The collected blood is citrated, filtered, washed with saline, concentrated and returned to the patient. The acceptability of IOCS should be documented clearly on the appropriate form (appendix 2).

   If the decision to use Cell salvage for planned delivery then the Obstetric consultant in charge of her care should inform the Maternity Theatre team leader and delivery suite matron in good time. The provision of adequately trained theatre staff to deliver IOCS in and out of hours is most likely but not 100% guaranteed and this must be conveyed to patient at consent discussion. The woman's blood group and antibody status should be checked as routine antenatal test.

9. The woman should be advised to take Haematinics throughout pregnancy to maximise iron stores regardless of Hb. In addition to routine FBC in antenatal period, FBC and serum ferritin should be checked at 36 weeks. Prophylactic Ferinject infusion should be considered in cases of low or borderline Hb and serum iron. Refer to guideline for administration of Ferinject.

10. If a new risk for haemorrhage emerges in antenatal period (e.g. large for dates, polyhydramnios, placenta praevia, PET, etc.) the named consultant obstetrician must be informed. Women should be advised to attend promptly with any concerns about excessive bleeding.

Labour

11. The on-call consultant obstetrician and the on-call anaesthetist should be informed when a woman who is at risk of haemorrhage and known to refuse blood transfusion is admitted in labour. Consultants in other specialities need not be alerted unless complications occur.

12. The consent form for patients objecting to the use of blood product must be completed and signed antenatally and checked again when admitted in labour.

13. Active management of third stage is recommended.

14. The woman should not be left alone for at least an hour after delivery.

15. If Caesarean Section is necessary, it should be carried out by an experienced obstetrician preferably a consultant.

16. The great majority of pregnancies will end without serious haemorrhage. When the mother is discharged from hospital, the patient should be advised to report promptly if the patient has any concerns about bleeding during the puerperium.

Un booked patients and women who are not known antenatally to refuse blood/blood products transfusion.

17. Un-booked women refusing blood product transfusion or booked women who are not known to refuse blood transfusion prior to admission should be seen by the on-call obstetrician and anaesthetist. If the consent form for patients objecting to the use of

blood product is not completed and signed antenatally it should be done by the obstetrician on-call. The management should be as explained above.

Obstetric Haemorrhage

- Consultant Obstetrician must be informed and they should attend theatre. A Consultant Anaesthetist should be informed and may attend as appropriate.
- The standard management of haemorrhage should commence promptly.
- Extra vigilance should be exercised to quantify any abnormal bleeding and to detect complications, such as trauma /clotting abnormalities, as promptly as possible
- The principle of management of haemorrhage in these cases is to avoid delay. Rapid decision making is vital, particularly with regard to surgical intervention. The threshold for intervention should be lower than in other patients.
- Replace volume with fluid acceptable to patient
- Try to stop bleeding by acceptable and available pharmacological and surgical means. An initial intravenous bolus dose of 1g Tranexamic acid is safe and prudent if there is any suggestion of increased blood loss.
- Consultant haematologist must be involved at the earliest opportunity in the treatment of massive haemorrhage.
- In the case of life-threatening antepartum haemorrhage in which the baby is still alive, the baby should be delivered promptly by caesarean section if necessary
- In cases of PPH woman's life may be saved by timely hysterectomy. When hysterectomy is performed the uterine arteries should be clamped as early as possible in the procedure. Subtotal hysterectomy can be just as effective as total hysterectomy, as well as being quicker and safer. In some cases there may be a place for internal iliac artery ligation or uterine artery embolization – discuss with Radiologist at the time.
- Pharmacological options: In cases of severe bleeding (in addition to oxytocics and other drugs used to improve uterine tone). Fibrinolytic inhibitors such as tranexamic acid should be considered and after discussion with the consultant obstetrician, anaesthetist and haematologist consider phytomenadione - vitamin K (10mg should be given to the woman as a slow IV bolus over 3-5 minutes) and Desmopressin; the doses and administration of these drugs should be confirmed on individual basis. Activated factor VII should be considered early in consultation with the consultant haematologist

Debriefing & Counselling

Patient & partner: The doctor must be satisfied that the woman is not being subjected to pressure from others.

Most patients delivering by Caesarean section will be awake, with their partners present in theatre. They should be kept fully informed about what is happening. Information must be given in a professional way, ideally by someone the patient knows and trusts. If standard treatment is not controlling the bleeding, the patient should be advised that blood transfusion be strongly recommended. Any patient is entitled to change her mind about a previously agreed treatment plan. Consultant obstetrician should arrange for a further debriefing session with the patient and or partner & family

Staff: It is very distressing for staff to have to watch a woman bleed to death while refusing effective treatment. Support should be promptly available for staff in these circumstances

Remember

- Discuss the situation fully with the woman and establish her views

- Inform the on-call consultant if you consider her to be at particular risk of haemorrhage or for any other reason
- Seek advice from the haematologist and anaesthetist early
- Discuss the use of alternative blood substitutes/products with the patient
- Check maternal haemoglobin unless a recent result is available
- Alert the paediatrician if the baby is likely to need blood – e.g. preterm/maternal antibodies
- If haemorrhage occurs manage aggressively and inform the consultant obstetrician, anaesthetist and haematologist

The patient and/or clinical team can contact the Jehovah's Witness Hospital Liaison Committee for advice and support.

Jehovah's Witness maintain a network of Hospital Liaison Committee that are available at any time to assist with the management of patients, either at the request of the patient or on behalf of the treating team.

Local Hospital Liason Team contact details
David Brown: 07933 251566
Lawrence Wharton: 07779 133954
John Basile: 07866 634287
Rudi Dobson: 07818 228963
Tim Brooks: 07494 168753

Our national helpline number (Hospital Information Department), in case a local HLC member cannot be reached, is 020 8371 3415.

APPENDIX 1

Advance Decision to Refuse Specified Medical Treatment

1. I, _____ (print or type full name), born _____ (date) complete this document to set forth my treatment instructions in case of my incapacity. **The refusal of specified treatment(s) contained herein continues to apply to that/those treatment(s) even if those medically responsible for my welfare and/or any other persons believe that my life is at risk.**
2. I am one of Jehovah's Witnesses with firm religious convictions. With full realization of the implications of this position 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 for later infusion.
3. No Lasting Power of Attorney nor any other document that may be in force should be taken as giving authority to disregard or override my instructions set forth herein. Family members, relatives, or friends may disagree with me, but any such disagreement does not diminish the strength or substance of my refusal of blood or other instructions.
4. Regarding end-of-life matters: [initial one of the two choices]

   (a) _____ I do not want to be kept alive by extraordinary measures if I am in a terminal phase of an incurable illness, permanently unconscious, or in a persistent vegetative state.

   (b) _____ I want to be kept alive by extraordinary measures if I am in a terminal phase of an incurable illness, permanently unconscious, or in a persistent vegetative state.
5. **Regarding other healthcare and welfare instructions** (such as current medications, allergies, medical problems or any other comments about my healthcare wishes):

_____

_____

_____

_____

_____

_____

_____

_____

_____

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6. I consent to my relevant medical records and the details of my condition being shared with the Emergency Contact below and/or with member(s) of the Hospital Liaison Committee for Jehovah's Witnesses.

7. _____ Signature _ _ _ NHS No. _ _ _ _ _ _ _ _ _ _ _____ Date

_____ Address

8. **STATEMENT OF WITNESSES:** The person who signed this document did so in my presence. He or she appears to be of sound mind and free from duress, fraud, or undue influence. I am 18 years of age or older.

_____ Signature of witness	_____ Signature of witness
_____ Name Occupation	_____ Name Occupation
_____ Address	_____ Address
_____ Telephone Mobile	_____ Telephone Mobile

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9. **EMERGENCY CONTACT:**

_____ Name

_____ Address

_____ Telephone Mobile

10. **GENERAL PRACTITIONER CONTACT DETAILS:** A copy of this document is lodged with the Registered General Medical Practitioner whose details appear below.

_____ Name

_____ Address

_____ Telephone Number(s)

Page 2 of 2

NO BLOOD

NO BLOOD

(signed document inside)

Advance Decision to Refuse Specified Medical Treatment

NO BLOOD

NO BLOOD

Advance Decision to Refuse Specified Medical Treatment

(signed document inside)

NO BLOOD

NO BLOOD

Appendix 2: Declaration for refusal of blood components and products (page 1 of 2)

I, (Patient's: Full Name)……of (First line of

address and Post Code): ……....Date of Birth ……..….....

With full realisation of the implications of this position, and exercising my own choice, free from any external influence, I HEREBY:

1. **CONSENT** to undergo the operation/treatment of……

   the nature and purpose of which have been explained to me by Dr/Mr .....……..…….....

2. **FURTHER CONSENT** (subject to the exclusion of the transfusion of blood or blood components) to such further or alternative operative measures or treatment as may be found necessary during the course of the operation or treatment and to the administration of general or other anaesthetics for any of these purposes.

3. **DIRECT**

   a) That such consent EXCLUDES the transfusion of blood components or products as outlined in the checklist on page 2 of this form

   b) That my express refusal of blood components is absolute and is not to be overridden in ANY circumstance by a purported consent of a relative or other person or body or by Court Order. Such refusal remains irrevocably in force even though I may be affected by medication and/or I am unconscious, and the doctor(s) treating me consider <u>THAT SUCH REFUSAL MAY BE LIFE THREATENING.</u>

4. **ACKNOWLEDGE** that no assurance has been given to me that the operation/treatment will be performed or administered by any particular practitioner but FURTHER DIRECT that such consent as I hereby give and the express exclusion of the transfusion of the four main blood components is binding on ALL practitioners treating me; including surgeons, anaesthetists, perfusionists, operating theatre technicians, nurses, paramedical technicians, recovery and intensive care teams and the Health Authority or Governing Trustees of any hospital in which my treatment is undertaken.

5. **ACCEPT** full legal responsibility for this decision and RELEASE all those treating me from any liability for any adverse consequences directly arising from their management options being curtailed by the exclusion of blood or blood components.

Date ……Signature …… (Patient)

Registered Medical Practitioner to complete below:

I, (Title and Full Name) ..... …….. Grade……

Speciality……Trust: Worcestershire Acute Hospitals NHS Trust

a) Have explained the nature and purpose of this operation/treatment and emphasised my clinical judgement of the potential risks to the person who nonetheless signed the above form of consent and refusal,

b) Acknowledge and agree on behalf of all practitioners and other persons and Authorities referred to in Clause 4 above that the treatment of this patient will under no circumstances whatsoever include the transfusion of blood components or products detailed in the checklist on page 2 of this form

Date……..Signature …… (Registered Medical Practitioner)

Print Name.....

Checklist of components and products the patient is willing to accept. (Page 2 of 2)

Patient's name ……

NHS number……Date of Birth ……

The patient must **initial** in the appropriate box to accept or decline each treatment

Treatment	Accept?		Comment
	Yes	No	
Blood components			
Red Cells			
Fresh Frozen Plasma (FFP)			
Platelets			
Cryoprecipitate			
Granulocytes (white cells)			
Processed blood products (liquids)			
Pooled processed FFP (Octaplas)			
Human Albumin Solution			
Human-derived fibrin products			
Processed blood-derived products (powders)			
Purified clotting factors (e.g. Beriplex/PCC)			
Fibrinogen concentrate			
Anti-D			
Immunoglobulins			
Recombinant products			
Recombinant clotting factors			
Erythropoeitin (EPO)			
Other procedures			
Normovolaemic Haemodilution			
Intraoperative Cell Salvage			
Postoperative Cell Salvage			
Others - ……			

This checklist represents a true account of the discussion which took place on...../...../ .....

The patient:

I ……confirm my understanding and agree with the above after discussion with the consultant. I am aware this checklist will remain in place until I revoke it either verbally or in writing. I have not been coerced or forced to sign this agreement of treatment; I am signing this of my own free will. I will notify the medical/nursing team immediately should my wishes change. I am aware and understand the risks associated with not accepting blood components/products should the need arise.

Date ……Signature …… (Patient)

Doctor undertaking discussion:

Date ……Signature ……GMC…….
(Doctor)

Name…….. Grade ……

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Maternity Governance Meeting
Maternity Guidelines Committee

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Maternity Quality Governance Meeting