The Shrewsbury and Telford Hospital NHS Trust

Refusal of Blood Products- Management of Obstetric Patients Declining Blood Transfusions and Blood Products

Version 4.2

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Care Group	:	Women & Children's
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Consultation	:	P. McGinness, Pharmacist Dr Sheena Hodgett, Consultant Obstetrician Sarah Crawford, Lead Transfusion Specialist Nurse
Comments	:	References to SaTH Guidelines in the text pertain to the latest version of the Guideline on the intranet. Printed copies may not be the most up to date version.

For Triennial Review

Version	Implementation Date	History	Ratified By	Full Review Date
1	24th June 2011	New in this format	MGG Maternity Governance	June 2014
1.1	14th March 2013	Change to hb units	GC authorisation	June 2014
1.2	10th September 2013	Appendices from SaTH Policy	MGG Maternity Governance	June 2014
2	18th September 2014	Full review	MGG Maternity Governance	Sept 2017
2.1	1st June 2015	Minor amendment to appendix 2 'no blood section 9 & 10 added	GC authorisation	Sept 2017
3	5th June 2019	Full Version Review	MGG- April Maternity Governance- June	June 2024
3.1	6th May 2021	Additional information added to 5.3 Labour relating to when to call a consultant.	Extraordinary Approval W & C Care Group Medical Director and Clinical Director for Maternity	June 2024
3.2	November 2022	Audit & Monitoring paragraph updated to reflect new process		June 2024

Version	Implementation Date	History	Ratified By	Full Review Date
3.3		Auditable standards added		June 2024
4	17th May 2024	Full review	Maternity Governance	May 2027
4.1	11th March 2025	Auditable standards removed		May 2027
4.2	3rd November 2025	Minor amendment to reflect new local referral process	Maternity Governance	May 2027

In this guideline we use the terms 'woman' or 'mother' throughout. These should be taken to include people who do not identify as women but are pregnant or have given birth.

1.0 Introduction

Women with capacity have a fundamental legal and ethical right to determine what happens to their body. This includes the right to decide what treatment to accept or refuse, including blood transfusions, not withstanding the potential serious or even fatal consequences.

1.1.1 To administer blood to a woman with capacity in the absence of her consent, or against her wishes, is unlawful and ethically unacceptable and may lead to criminal and/or civil and/or disciplinary proceedings and/or action by your professional body.

1.1.2 There are circumstances in which adult patient may lack capacity and there is no evidence of a valid and applicable advance refusal, then they are required to be treated in accordance with her best interests.

1.1.3 To contact if Trust Solicitor advice needed: -

Director of Corporate Governance RSH 1467/3452

Legal Services RSH 2370

Associate Director of Quality, Governance and Risk RSH 3737

This guideline must be read in conjunction with the Trust Policies:

- Patients who Refuse to Receive Blood and Blood products – ref TX003
- Obstetric Cell Salvage (TX008),
- Trust Consent Policy
- Use of Novoseven in Massive Haemorrhage (0276)
- Medical Management for Jehovah's Witnesses

Women may refuse blood transfusions for many reasons:

- Religion
- Safety concerns (including risk of infection)
- Previous transfusion reaction to blood, blood components or blood products
- Personal preference

The principal group of women known to decline blood and blood products are the Jehovah's Witnesses Autologous pre-donation (pre-deposit) is not acceptable to patients who are Jehovah's Witnesses.

2.0 Aim(s)

To promote safe care for women who decline blood products

3.0 Objectives

3.1 To identify women who refuse blood transfusions and blood products.

3.2 To make a Care Plan for women to promote safest possible care taking into account their wishes.

4.0 Definitions

4.1 **Lead Clinician** - dedicated Consultant with a special interest in a clinical area.

4.2 **Partial agreement** or decline of blood products - women may decide that they accept the use of some blood components but not others.

4.3 **Primary Blood components-** Packed red blood cells, white blood cells, platelets, plasma

4.4 **Blood products-** Albumin, Globulins (including Immunoglobulins), Cryoprecipitate, Clotting factors, Anti- D, haemoglobin.

4.5 **Intraoperative Cell Salvage** – Procedure involving their own blood.

5.0 Process

5.1 Antenatal

- A woman's wish to decline or partially decline a blood transfusion/ blood components/products (for religious or other reasons) must be documented clearly in her Badgernet record. This question is included in the booking.
- Declining blood products should be identified as a risk on the MIS and risk level changed accordingly. The MIS management plan should be updated.
- The reason for declining blood products must be identified and addressed if possible i.e. concerns regarding safety.
- Wherever possible the woman must be seen on her own, without family and friends present to ensure she has come to this decision without coercion.
- Early referral will be made by the booking midwife to the Lead Clinician for women declining blood/ blood products, to ensure they are seen and counselled regarding their decision. (A double appointment is booked, and the maximum of 2 women who decline blood products are booked for any clinic)
- At the Antenatal Clinic appointment, an information pack, (Blood Conservation and Blood Management/blue folder) containing relevant literature for woman declining blood/blood products should be given to women to ensure they are fully informed, to aid their decision making and inform them of available alternatives. The National Blood Service Information regarding 'receiving a blood transfusion' is contained within the patient information booklet, provided at booking.
- Women must be fully informed of the risks of declining blood/blood components in certain circumstances, particularly massive obstetric haemorrhage, which can be fatal. CMACE (2011) recommends the woman and her advisors should be advised that erythropoietin is not considered an effective alternative to red cell transfusion in cases of massive obstetric haemorrhage as it takes 10-14 days to affect an increase in haemoglobin concentration.
- Many Jehovah's Witness patients will carry an "Advance Directive" document detailing which blood components/products, derivatives and techniques they refuse to accept. Such documents, if properly signed and witnessed, should be respected unless there is some reason to think the patient may have changed their views since the directive was executed. Women who do not have an advance directive will be asked to sign a declaration (Appendix 1 or 2). This must then be photocopied and sent to Blood Bank so that an electronic record can be made. (SATH TX003).
- In addition to advance directive, SaTH checklist for patient's refusing blood component (Appendix 5) should be completed to establish and record which, if any, fractions of blood components are acceptable to the patient and the extent of any refusal.
- Women who decline blood/blood products should be advised to deliver at PRH Consultant Unit, however if they have a preference of delivering in any other location, despite medical advice, refer to "Women Seeking Midwife Led Birth Choices That Fall Outside Guidance"
- A Management Plan for the pregnancy, delivery and postnatal period will be discussed and documented on the MIS.

- If an Advanced Decision to Refuse Specified Medical Treatment form has been completed, confirmation of that decision will be sought. If the woman has changed her decision in any way a Reversal of Advance Decision Form (see Appendix 4) will be completed and filed in front of the Advanced Decision. The Maternal Alert form should be updated to reflect this reversal of decision. All forms will remain in the notes and will not be removed even if a Reversal Advanced Decision is made. Patients should be advised to inform their midwife and/or doctor if they have changed their decision to refuse blood products.
- Blood storage (for autologous transfusion) must not be suggested as the amount required to treat massive haemorrhage is far in excess of the amount that could be donated in pregnancy and is not currently offered at SaTH NHS Trust.
- If the women considers cell salvage as an acceptable option, the availability of this option should be discussed and documented (TX008 Obstetric Cell Salvage SaTH)
- A service provided by New Cross Hospital, Wolverhampton and Birmingham Women's Hospital is ANH- Acute Normovolaemic Haemodilution. This is a process where immediate preoperative collection of 2-3 units of whole blood in citrated bags from the woman with simultaneous volume replacement with crystalloid/colloid to maintain normovolaemia. This reduces the number of red cells lost at surgery. It can be a primary means of conserving and re-transfusing platelet/coagulation factors- each unit of ANH blood is equivalent to 1-unit RBC + 1-unit FFP + 1.5-2 units of platelets.
- Blood group and antibody status must be confirmed. The woman will have her haemoglobin (Hb) checked 4- 6 weekly and prescribed iron supplements to take regularly throughout pregnancy to optimise their haemoglobin and iron stores. NICE 2017 recommend that women have an individualised management plan when their haemoglobin is between 85-105 g/litre at the onset of labour.
- Placental site localisation by USS will be documented in the casenotes and on the Badgernet system.
- The named Consultant Obstetrician (Lead Clinician) must be informed of any significant complications.

5.2 Antepartum Haemorrhage

- If unusual bleeding occurs at any time during pregnancy, the woman must be advised to attend hospital and reviewed by a Tier 2 Obstetrician; the Obstetric Consultant on call will be informed if actively bleeding. The threshold for intervention will be lower than it is in any other woman.
- Bleeding must be quantified as accurately as possible for example weighing pads, bed sheets etc.
- In the event of a significant haemorrhage, the Duty Consultant Anaesthetist and On-Call Consultant Haematologist will be involved in the management.

5.3 Labour

- The Consultant MUST attend (irrespective of the grade/competency of the Tier 2 doctor) when having a; C/section, manual removal of placenta (MROP) or where high blood loss is anticipated.
- In addition to standard intramuscular Syntometrine /Syntocinon for the active management of the third stage of labour, an intravenous infusion of 40 units of syntocinon in 500mls of Normal saline 500mls must be commenced after the baby has been delivered at the rate of 125mls mls/hr. The woman will not be left unattended for at least one hour after delivery.
- If a caesarean section is necessary the most senior Tier 2 /Consultant Obstetrician available must carry it out and the Duty Anaesthetic Consultant informed of the case.
- The availability of cell salvage may be explored.
- When the mother is discharged from hospital she will be given advice to seek urgent medical help if she has any concerns about bleeding in the puerperium

5.4 Postpartum Haemorrhage

Follow Obstetric Haemorrhage Guideline but in addition consider:

- Give oxytocin drug first, and then exclude retained products of conception or trauma. This could save time.
- Proceed to bimanual uterine compression.
- Slow but persistent loss requires action. Coagulation problems must be anticipated therefore involve the Consultant Anaesthetist and Haematologist.
- The women and her family must be fully informed of management.

5.5 Continued Haemorrhage:

Consider:

- **Syntometrine** is marginally more effective than oxytocin alone. If patient is hypertensive; use oxytocin 10 Units IV not 5 Units.
- **Misoprostal:**
  - Oral Misoprostol 600ug (prostaglandin E1 analogue) can be used if unresponsive to oxytocin and ergometrine.
  - Intrauterine Misoprostol 800ug (4 tablets) has been successfully used when unresponsive to oxytocin and carboprost.
  - Rectal Misoprostol (1000ug) – reported rapid absorption and control of haemorrhaging, avoids oral problems and does not appear to cause hypertension.

  Carboprost (Hemabate) 250 ug/ml IM can be repeated every 15 minutes (max 8 doses) Direct intra-myometrium injection is faster (less hazardous at open operation). If not available use 1 or 2 Gemeprost pessaries in the uterus.

In addition the following may be considered:

- **Tranexamic acid (Cyklokapron**) 1gm IV x 3 daily is a fibrinolytic inhibitor used to control serious haemorrhaging. **Recombinant factor VIIa (Novo seven)** provides site- specific thrombin generation.
- Uterine packing or intrauterine blood catheter
- Hysterectomy. Subtotal hysterectomy can be just as effective, also quicker and safer. Consider cell salvage if surgical blood loss anticipated (blood salvage with leukocyte depletion filters are also reported as potential life saving technique during caesarean section). Refer to SOP TX008 – Intraoperative Cell Salvage in Obstetric Surgery.
- Consider Radiology support for uterine ablation/ embolisation.
- For severe anaemia administer oxygen therapy and use Erythropoietin 300 U/kg x 3 per week subcutaneous without delay. (Shortens lag period of erythropoiesis and accelerates haemoglobin recovery. Dosage for renal anaemia (50 U/kg) ineffective for blood loss anaemia)
- Iron supplementation is essential. Oral iron is too slow and unreliable therefore use IV iron sucrose (Venofer) which is not associated with anaphylaxis, 200mg x 3per week. Augment with Vitamin B12 and folic acid.
- Consider elective ventilation on Intensive Care Unit.
- Keep the woman and her partner/family informed about what is happening. **If standard treatment is not controlling bleeding it must be emphasised that blood transfusion is <u>strongly</u> recommended. It must be made clear to the woman that refusing blood transfusion is against medical advice, resulting in greater difficulties in treating her and is putting her at increased risk of death. (She is entitled to change her mind about a previously agreed treatment plan)**
- In order to avoid pressurisation by other family members, it is reasonable to ask them to leave the room, to enable the woman to be asked whether she is making her decision of her own free will.
- If she still refuses to accept blood/blood products, her wish must be respected. Any adult (over 18 years of age) is entitled to refuse treatment even if it is likely to result in their death. Exceptions to this are for individuals who are under the age of consent, or lack mental capacity.(Refer to Trust Consent Policy which has detailed advice relating to capacity, lacking capacity and minors)
- Consider hysterectomy sooner rather than later as timely hysterectomy (rather than last resort) to save life.
- If there are concerns about the woman's capacity or they are a minor it may be necessary to seek advice from one of the persons listed in 1.1.3.

- It can be very distressing caring for a woman who has declined treatment. Staff may need extra support and debriefing via supervision or occupational health department counselling.

Please refer to 'Medical Management for Jehovah's Witnesses' (Available on Labour Ward)

6.0 Training

All staff employed by SaTH will be informed how to access guidelines on the intranet.

7.0 Monitoring/Audit

Compliance with this guideline / SOP will be audited as part of the Shrewsbury and Telford Hospital NHS Trust's five-year rolling programme of NICE and local guideline audits, unless circumstances require an earlier or more frequent audit. The audit will be carried out against the auditable standards and the results of the audit will be reported and acted on in accordance with the Trust Clinical Audit Policy (CG25).

8.0 References

Hospital Liaison Committee for Jehovah Witnesses. Care Plan for Women in Labour Refusing a Blood Transfusion. In-house unpublished document available from Hospital Information Services for Jehovah Witnesses

Homologous Blood Transfusion. Williamson (1994) The Risks and Alternatives. British Journal of Haematology 451

Hospital Information Services for Jehovah Witnesses. ISBA House. The Ridge Way, London. Tel 0208 906 2211.

El-Refaey H, O'Brien P, Morafa W, Walder J, Rodeck C. Use of Oral Misoprostol in the Prevention of Post Partum Haemorrhage. Br J Obstetric Gynaecology 1997; 104, 336-339

Valentine S, Williamson P, Sutton D. Reduction of Acute Haemorrhage with Aproprotin. Anaesthesia 1993; 48; 405-406

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Policy for Patients Who Refuse to Receive Blood and Blood Products – ref TX003 SaTH NHS Trust

CMACE (2011) Saving Mother's Lives 2006-2008 BJOG vol 118, Supplement 1 March 2011. London

Segal J et al (2004) Preoperative acute normovolaemic haemodilution: a meta- analysis. Transfusion 44:632-44

Royal College of Surgeons (2016) - Caring for patients who refuse blood: a guide to good practice for surgical management of Jehovah's Witness and other patients who decline transfusion. Available from https://www.rcseng.ac.uk/library-and-publications/college-publications/docs/caring-forpatients-who-refuse-blood/

APPENDIX 1

Advance Decision to Refuse Specified Medical Treatment

1. I, _____ (print full name), born _____ (DOB) 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 even if those medically responsible for my welfare and/or any other persons believe that such treatments are necessary to sustain my life.**
2. I am one of **Jehovah's Witnesses** with firm religious convictions. With full realisation of the implications of this position I direct that no transfusion of **blood** or **primary blood components** (red cells, white cells, plasma or platelets) be administered to me in any circumstances.
3. Regarding **minor fractions of blood** (for example: albumin, coagulation factors, immunoglobulins): Initial **one** of the three choices below:

   (a) _____I refuse all

   (b) _____I accept all

   (c) _____I want to qualify either (3a) or (3b) above and my treatment choices are as follows:

   _____

   _____
4. Regarding **autologous procedures** (involving my own blood, for example: haemodilution, heart bypass, dialysis, intra-operative and post-operative blood salvage): Initial **one** of the three choices:

   (a) _____I refuse all such procedures or therapies

   (b) _____I am prepared to accept any such procedure

   (c) _____I accept only the following procedures:

   _____

   _____

   I am prepared to accept diagnostic procedures, such as blood samples for testing.
5. Regarding **other welfare instructions** (such as current medications, allergies, and medical problems):

   _____

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

   Signature_____ Signature_____

   Name (print) _____ Name (print) _____

Occupation_____ Occupation_____

_____

Address_____ Address_____

_____ _____

Phone No_____ Phone No_____

Relationship to Patient_____ Relationship to Patient_____

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

(signed document inside)

Advance Decision to Refuse
Specified Medical Treatment

Advance Decision to Refuse Specified Medical Treatment

(signed document inside)

NO BLOOD

Note

Jehovah's Witness Hospital Liaison Committee

Information and referral service

Main Office (London)	**Tel: 020 8906 2211**
(Paul Wade)	e-mail: his@wtbts.org.uk
Local contact(Dudley)	**Tel: 01384 565308**
(Neil Farmer)	Mob: 07976 867421
	e-mail: neil.farmer1@sky.com

Appendix 2

Advance Decision to Refuse Specified Medical Treatment for Non Jehovah's Witnesses

1. I, _____ (print full name), born _____ (DOB) 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 even if those medically responsible for my welfare and/or any other persons believe that such treatments are necessary to sustain my life.**
2. With full realisation of the implications of this position I direct that no transfusion of **blood** or **primary blood components** (red cells, white cells, plasma or platelets) be administered to me in any circumstances.
3. Regarding **minor fractions of blood** (for example: albumin, coagulation factors, immunoglobulins): Initial **one** of the three choices below:

   (a) _____ I refuse all

   (b) _____ I accept all

   (c) _____ I want to qualify either (3a) or (3b) above and my treatment choices are as follows:

   _____

   _____
4. Regarding **autologous procedures** (involving my own blood, for example: dialysis, intra-operative and post-operative blood salvage): Initial **one** of the three choices:

   (a) _____ I refuse all such procedures or therapies

   (b) _____ I am prepared to accept any such procedure

   (c) _____ I accept only the following procedures:

   _____

   I am prepared to accept diagnostic procedures, such as blood samples for testing.
5. Regarding **other welfare instructions** (such as current medications, allergies, and medical problems):

   _____
6. I consent to my medical records and the details of my condition being shared with the Emergency Contact below.
7. Signature_____ Date_____
8. **STATEMENT OF WITNESSES:** The person who signed this document did so in my presence. He/she appears to be of sound mind and free from duress, fraud, or undue influence. I am 18 years of age or older.

Signature_____	Signature_____
Name (print) _____	Name (print) _____
Occupation_____	Occupation_____
Address_____	Address_____
_____	_____
Phone No_____	Phone No_____
Relationship to Patient_____	Relationship to Patient_____

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)

NO BLOOD

(signed document inside)

Advance Decision to Refuse Specified Medical Treatment

Advance Decision to Refuse Specified Medical Treatment

(signed document inside)

NO BLOOD

Appendix 3

Aide Memoir to Appendix 1 & 2

‘Advance Decision to Refuse Specified Medical Treatment’

These forms can be used for any person refusing blood components/products (please choose 1 for Jehovah’s Witnesses and 2 for all other patients). If the person is refusing on personal and religious, grounds this must also be noted in the patient’s medical records.

If the patient is of the Jehovah’s Witness religion, they should normally have already completed one of these forms and carry it on their person at all times. Their GP should also be aware of their advance decision.

Section Comments

1. The patient should write their name and date of birth where specified.
2. Talk the patient through each of the sections. Ensure that the patient understands that this includes primary coagulation components such as platelets and FFP.
3. Tick the appropriate section (a, b, c), but if they will only accept certain products, write these under ‘C’. This should include anti-D.
4. Tick the appropriate section (a, b, c), but if they will only accept cell salvage, write this under ‘C’. You must explain that this procedure is only available when trained personnel are available (not currently available at PRH as of December 2012).
5. Self explanatory.
6. The patient should sign and fill in their details where appropriate.
7. Send a copy of the form to the blood bank so that a record can be kept. Where an electronic note has been made, if in the future a sample is received for blood components / products, the blood bank will ask for confirmation that the persons wishes have changed prior to issuing the product.
8. Self explanatory. Please make sure that coercion has not occurred.

THIS FORM SUPERSEDES ANY PREVIOUS DECISION AND WILL BE PLACED IN FRONT OF THE ADVANCE DECISION TO REFUSE MEDICAL TREATMENT

DATED __/__/__ (enter date)

Decision to Reverse Specified Medical Treatment (Refusal of Blood Products).

1. I, _____ (print full name), born _____ (DOB) complete this document to set forth my treatment instructions in case of my incapacity. **The decision to reverse refusal of specified treatment(s) contained herein supersedes my previous Advanced Decision to Refuse Specified Medical Treatment.**
2. I direct that transfusion of **blood** or **primary blood components** (red cells, white cells, plasma or platelets) **can** be administered to me in any circumstances.
3. Regarding **minor fractions of blood** (for example: albumin, coagulation factors, immunoglobulins): Initial **one** of the three choices below:

   (a) _____I refuse all

   (b) _____I accept all

   (c) _____I want to qualify either (3a) or (3b) above and my treatment choices are as follows:

   _____

   _____
4. Regarding **autologous procedures** (involving my own blood, for example: dialysis, intra-operative and post-operative blood salvage): Initial **one** of the three choices:

   (a) _____I refuse all such procedures or therapies

   (b) _____I am prepared to accept any such procedure

   (c) _____I accept only the following procedures:

   _____

   I am prepared to accept diagnostic procedures, such as blood samples for testing.
5. Regarding **other welfare instructions** (such as current medications, allergies, and medical problems):

   _____

6. I consent to my medical records and the details of my condition being shared with the Emergency Contact below.

7. Signature_____ Date_____

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

Signature_____	Signature_____
Name (print) _____	Name (print) _____
Occupation_____	Occupation_____
Address_____	Address_____
_____	_____
Phone No_____	Phone No_____
Relationship to Patient_____	Relationship to Patient_____

THIS FORM SUPERSEDES ANY PREVIOUS DECISION AND WILL BE PLACED IN FRONT OF THE ADVANCE DECISION TO REFUSE MEDICAL TREATMENT

Appendix 5 - Checklist for patients refusing transfusion (including Jehovah's Witnesses)

Patient's Name: ……. Consultant: ……..
Hospital number: ……. Date of birth: ……..
EDD: ……. Today's Date: ……..

Does the patient have an Advance Decision covering refusal of blood components? YES / NO

	I accept				I accept		
	YES	NO	Not Discussed		YES	NO	Not Discussed
Red blood cells				Acute Normovolaemic Haemodilution			
Platelets				Intra-op Cell Salvage			
Fresh Frozen Plasma				Post-op Cell Salvage			
Cryoprecipitate				Fibrin glues and sealants (human)			
Albumin				Fibrin glues and sealants (non-human)			
Recombinant clotting factors (rVIIa)				Anti-D			
Prothrombin Complex Concentrate (PCC)				Other treatment (specify):			
Fibrinogen concentrate							

If required to save my life:	
Red Cells:	YES / NO
Platelets:	YES / NO
Fresh Frozen Plasma (FFP):	YES / NO
Cryoprecipitate:	YES / NO

Signed Patient ……..…… Consultant ……..……
Witness 1 ……..…… Witness 2 ……..……

* Treatments that are recognised as a matter of individual choice for patients who are Jehovah's Witnesses (Jehovah's Witness Hospital Information Services, October 2016).