

Declining Blood Products or a Blood Transfusion in Pregnancy or After Childbirth Information leaflet

This leaflet has been written for those who have chosen to decline a blood transfusion or any blood products during their pregnancy or after childbirth. Whatever your reasons for declining, your decision will be respected, and all aspects of care will be made jointly ensuring you are aware of the possible consequences.

For more detailed information about blood transfusions please see the NHS website and follow the links (<https://www.nhs.uk/conditions/blood-transfusion/>)

Who do I need to tell?

If you have chosen to decline any treatment with blood or blood products, then please tell your midwife or doctor as soon as possible in your pregnancy. It is important that they know your wishes as early as possible so that you have the time to discuss the potential implications of declining treatment and options available to you.

Your midwife should ask you at your initial booking appointment about your wishes for acceptance or choosing to decline blood or blood products. With your consent, a referral to the 'Tuesday Obstetric Haematology Clinic' will be made for you to be under consultant led care if you chose to decline.

What happens once I have told my midwife or doctor?

At the Antenatal clinic (ANC) following a full discussion with a doctor and midwife, to ensure you are making fully informed choice, you will be asked to sign a consent form which states your wishes. If you decline to be transfused you will be asked to complete a form stating which blood products, if any, you will accept. You will also be asked to complete a form if you do not wish to receive blood or blood products. You may decide that you accept some treatment but decline others. Your choices will be recorded onto a "Products and Management Wishes Booking Checklist". This will be kept within your maternity records including the digital records - E3- to ensure staff are aware.

We will inform the haematologists (specialist blood doctors) and the anaesthetists (specialist pain doctors including pain relief for any surgical procedures e.g., Caesarean section) of your wishes so they are aware. It will be discussed with you if you need to meet them during your pregnancy.

Do I need to give my midwife or doctor anything?

If you have a written living will/ health-care advanced directive which states that you do not wish to receive a blood transfusion, or any blood products then please give a signed copy of this to your midwife or doctor to be kept in your maternity notes including E3.

What is a blood transfusion and /or blood products?

A blood transfusion involves taking blood from one person (the donor) and giving it to someone else. You may need a blood transfusion for a number of reasons including:

- to replace blood lost during major surgery, childbirth or a severe accident.
- to treat anaemia that has failed to respond to other treatments; anaemia is a condition where a person has low levels of red blood cells.
- to treat inherited blood disorders, such as thalassaemia or sickle cell anaemia;
- Anti D (if you are rhesus negative). Anti D is offered to pregnant women who are rhesus negative in order to prevent the development of a condition in their baby called haemolytic disease of the newborn. If you are rhesus negative, your midwife will explain this in more detail.

If you're told that you might need a blood transfusion, you should ask why it's necessary and whether there are alternative treatments. A blood transfusion of red blood cells is used to treat anaemia -when the body does not have enough red, oxygen carrying, blood cells – this then means the body's tissues and cells are not getting enough oxygen and this can have serious consequences for example causing damage to vital organs such as the brain and heart. You have the right to decline a blood transfusion, but you need to fully understand the consequences of this before doing so. Some medical treatments or operations can't be safely carried out without a blood transfusion being given.

How can I reduce the risk of needing a blood transfusion?

- You may be able to reduce the chance of needing a transfusion by ensuring that you are not anaemic (low iron levels) during pregnancy. By eating a healthy diet, high in iron, helps to maintain your iron levels. You will be offered regular blood tests to check your iron levels and if they are low, you will be offered tablets to increase your iron levels. These blood tests will occur around the time of your booking appointment when you are 28 weeks and 36 weeks of pregnancy.

For further general information about Iron please see the NHS website ([Vitamins and minerals - Iron - NHS \(www.nhs.uk\)](https://www.nhs.uk)) and for more information about an iron rich diet please see the 'Food fact Sheet: Iron' that is produced by The Association of UK Dieticians

The Royal College of Obstetricians and Gynaecologists have developed a guideline on transfusion (www.rcog.org.uk) in obstetrics and when your midwife or doctors are discussing your care they may be guided by this guideline.

- To minimise the chance of heavy bleeding during delivery of your afterbirth (the placenta and membranes) also known as the third stage of labour you are advised to opt for “active management”. Your midwife or doctor will discuss this in more detail with you.

Does my decision affect how I have my baby?

No. During your labour the care which you receive will not be affected by your decision to not have a blood transfusion or any blood products.

As already mentioned, we would recommend an active management of the third stage of labour.

There is no need for continuous monitoring of your baby’s heartbeat for this reason alone but there may be other reasons why this is recommended.

Similarly, there is no reason why you should not labour in water, but it is recommended to give birth ‘on land’

We would also recommend a cannula (a small plastic tube) to be inserted into a vein, with your permission, during labour -so that if anything were to happen for example bleeding, there is no delay in treatment. This is your choice.

All these recommendations will be discussed with you so you can make an informed choice re your care.

Does my decision affect where I have my baby?

We would recommend that you came into hospital to have your baby on the consultant led unit, rather than having a homebirth or birthing on the Midwifery Led Birthing Unit This is so that if any problems with bleeding were to happen, these would be dealt with promptly to minimize blood loss.

If you require a caesarean section (planned or emergency), senior medical staff will be available during surgery to identify and manage problems quickly.

Will I need to stay in hospital for longer?

Luckily, most women do not have any problems during their birth and have a normal amount of blood loss, meaning the care you receive after having your baby will remain the same and there will be no need for you to stay in hospital any longer.

But like every woman who comes into hospital and has a baby, you will be treated as an individual so your care will be dependent on your situation. We do not have a ‘one size fits all’ way of treating people.

What would happen if a blood transfusion was recommended?

If you're told that you might need a blood transfusion, you should ask why it's necessary and whether there are alternative treatments. A blood transfusion of red blood cells is used to treat anaemia -when the body does not have enough red, oxygen carrying blood cells – this then means the body's tissues and cells are not getting enough oxygen and this can have serious consequences for example causing damage to vital organs such as the brain and heart. You have the right to refuse a blood transfusion, but you need to fully understand the consequences of this before doing so. Some medical treatments or operations can't be safely carried out without a blood transfusion being given.

If your doctor feels that you need a blood transfusion to treat severe bleeding or anaemia, they will discuss the reasons with you in detail to allow you to make an informed decision.

Should the situation worsen without treatment with blood products your doctor will discuss this with you in detail to ensure that you are aware of the possible consequences. Your choices will be respected if you still wish to decline a blood transfusion, even when the outcome may be very grave.

What if my decision changes?

You can change your mind at any time to receive blood products or a blood transfusion and this decision will be respected. Please inform the maternity staff as soon as possible. Your records will be updated by documenting your decision in your maternity notes.

I have more questions!

If you have any questions about blood transfusions or blood products, then please speak to your midwife or doctor. They are willing to help answer any questions or concerns that you may have.

Please contact Medicom /Call East 01603 481222 to contact a midwife. You may also find the links below helpful

Useful links:

NHS Blood and Transplant: who provide more patient information leaflets about anaemia, blood transfusion including cell salvage and also advice about iron in your diet

<https://hospital.blood.co.uk/patient-services/patient-blood-management/patient-information-leaflets/>