Declining Blood Transfusion or Other Blood Products in Pregnancy and Childbirth

Maternity
Patient Information Leaflet
Introduction

This leaflet is designed to give you information regarding your choice to decline blood transfusion or blood products. Your midwife and consultant will discuss this information with you and answer any questions you may have.

Although rare, we are often unable to know when a woman will have a massive obstetric haemorrhage (bleeding) which can become life threatening in a short time. If it does occur, there is an increased risk that a hysterectomy (surgical removal of the uterus) will be required. Women’s risk of death from a massive bleed is greatly increased when a blood transfusion or blood products are refused.
What increases my risk of haemorrhage?

A number of factors increase the possibility of obstetric haemorrhage. These include:

- A history of bleeding in your current pregnancy
- A previous history of bleeding after birth
- Multiple pregnancy (more than one baby)
- Maternal obesity – having a body mass index (BMI) of 30 or more at the beginning of pregnancy
- Older maternal age (more than 40 years)
- Polyhydramnios (excessive amniotic fluid around the baby)
- Clotting disorders
- Prolonged labour
- A high number of previous pregnancies (more than four)
- A low lying placenta

Haemorrhage can occur without the presence of risk factors. The list of risks given is not all-inclusive.
How can the risks be reduced?

- Attend all your antenatal appointments.
- Your midwife will recommend that you book for consultant care and plan for a hospital birth. There are treatments for haemorrhage that can be given in hospital that are not available at home.
- Your midwife will offer to take your blood regularly to ensure that you are not becoming anaemic. If you become anaemic, your risk of haemorrhage will increase. She will advise you on your diet and if required, which oral iron supplement to take.
- Attending your scanning appointments will ensure that the midwives and obstetricians are aware of the location of your placenta. If the placenta is situated low down in your uterus, you may require a Caesarean Section for the birth of your baby. If this is the case, you will be advised to take iron supplements before the date your baby is due.
- Ensure your blood iron content (Hb) is good at the time of the baby’s birth. This will be achieved using oral iron, folic acid and regular checks on your Hb. If needed, intravenous Iron is available.
- In the event of a major haemorrhage, a medical procedure involving recovering blood lost during surgery and re-infusing it into you is available and this may be acceptable to women who decline blood products. This will be discussed before delivery. In addition, a protein product that causes blood to clot can be used and is kept on site. This can help to stop bleeding and prevent a hysterectomy or death.
- If you have any bleeding in your pregnancy, please call 01384 456111 ext 3053 and speak to a midwife.
• After the birth of your baby, you will be advised to have active management for the delivery of the placenta (afterbirth). This involves an oxytocin (a hormone which is not a blood product) injection into your leg following your baby’s birth. This will speed up the separation and delivery of your placenta and make your uterus contract. Research has shown that active management significantly reduces the risk of serious bleeding from the area in your womb where the placenta was attached.

• If you need stitches following the birth, the midwife or obstetrician will carry out the repair at the earliest opportunity to minimise your blood loss.

• After you have given birth to your baby, you should monitor your blood loss. If you think the amount is more than you expected or you pass clots, you should inform your midwife.

Please remember that our aim is to ensure that you and your baby stay healthy and well.
My blood group is Rhesus negative is this a problem?

If your blood group is Rhesus negative, please ask your midwife for the information leaflet provided by Dudley Group NHS Foundation Trust. This explains the reason why Anti-D is recommended in pregnancy and following the birth of your baby.
What if I change my mind about having blood products?

If you change your mind regarding your choice to decline blood transfusion or blood products, please tell us and we can amend your treatment plan accordingly.

Useful information

- www.dudleygroup.nhs.uk
- National Blood Service www.blood.co.uk
- Saving Mothers’ Lives: reviewing maternal deaths to make motherhood safer 2003-2005 www.cemach.org.uk

If you have any questions you want to ask, please write them down in the space provided and contact your midwife for discussion. Alternatively you can contact the antenatal clinic on 01384 456111 ext 3351 and ask to speak to a midwife.
This leaflet can be made available in large print, audio version and in other languages, please call 0800 0730510