

Declining blood transfusion or other blood products in pregnancy and childbirth

Maternity Department
Patient Information Leaflet



Introduction

This leaflet is designed to give you information about 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 haemorrhage (bleeding) during birth 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 a haemorrhage when you give birth. These include:

- A history of bleeding in your current pregnancy
- A previous history of bleeding after birth
- Multiple pregnancy (you are having 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)
- 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?

Please note: if you have any bleeding in your pregnancy, please call 01384 456111 ext. 3053 and speak to a midwife.

In order to reduce the risks:

- 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. Your midwife will advise you on your diet and if required, which 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 need to have a caesarean section for your baby's birth. If this is the case, you will be advised to take iron supplements before the date your baby is due.
- We will help you to ensure your blood iron content (Hb) is good at the time of the baby's birth. This will be achieved using oral iron and folic acid supplements; and regular checks on your Hb level. If needed, intravenous iron is available. This is iron given through a cannula (thin, plastic tube) straight into one of your veins.

- In the event of a major haemorrhage, a medical procedure involving recovering blood lost during birth and re-infusing it into you is available. This may be acceptable to women who decline blood products. We will discuss this with you before you give birth.

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 help prevent a hysterectomy or death.

- After the birth of your baby, we will advise you to have active management for the delivery of the placenta (afterbirth). This involves an injection of oxytocin (a hormone which is not a blood product) into your leg after 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 after 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 RhD negative – is this a problem?

If your blood group is RhD negative, please ask your midwife for the information leaflet. This leaflet explains the reason why anti-D immunoglobulin injections are recommended in pregnancy and after the birth of your baby.

What if I change my mind about having blood products?

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

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Your community midwife. Alternatively, you can contact the antenatal clinic on 01384 456111 ext. 3351 and ask to speak to a midwife (9am to 5pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/maternity/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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