Care of a Jehovah's Witness patient in pregnancy

SWRTC Seminar
September 2022

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for
Bristol and Exeter Hospital
Liaison Committees for
Jehovah's Witnesses

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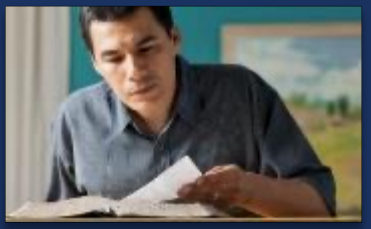
Declining Blood: Why? Which products?



Acts of Apostles Chapter 15:

*"You are to **abstain from ... blood** ... If you keep free from these things you will be doing right."*

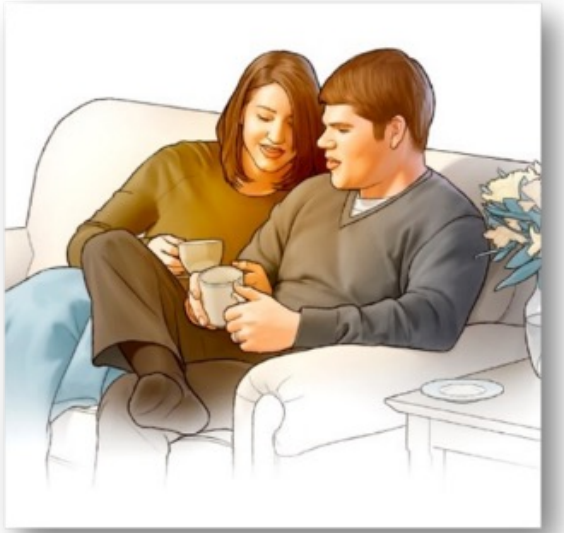
NO	CHECK	YES
Whole Blood	**Autologous procedures**	No other limitations. Key modalities include:
RBCs	eg Cell Salvage	**Antifibs**
Platelets	**'Fractions'**	**Meticulous Haemostasis**
Plasma (FFP, Octaplas, Lyoplas)	eg Anti-D, Fibrinogen, PCC, Albumin, Cryoprecipitate	**Oral & IV Iron**
WBCs		**Non-blood haemostats, eg Celox**
Predonation		**Minimal sampling**
		ESAs
		Recombinants

Advice HLCs give to a pregnant Jehovah's Witness

- Inform your doctor/midwife on first visit of personal choice on blood.
- Ask doctor/ midwife about:
  - Anaemia and iron or folic acid supplements.
  - When a C-Section might be medically necessary.
  - Plan for controlling any PPH (including personal view hysterectomy as a last resort).

Specifics as to how this is done in Bristol

- Each Witness lady who advises us that she is pregnant is given a named HLC contact who writes and arranges a follow-up meeting. The letter includes:
  - Extract from Trust's Maternity JW Policy (replaces discontinued *Care Plan for Women in Labour Refusing Blood Transfusion)*
  - Trust Checklist with explanations; 'No Blood' wristbands
  - NHS *Iron in Your Diet* leaflet
- Ongoing contact and dialogue (eg reviewing latest bloods)
- Where appropriate, support on key consultations



Avoiding Blood Transfusion and the Role of PBM

- In the ***'Safe Motherhood Initiative'*** (American College of Obstetricians and Gynaecologists) a section is devoted to patients who cannot accept blood
  [JCOG Canada, 2019;41(6):743–744]

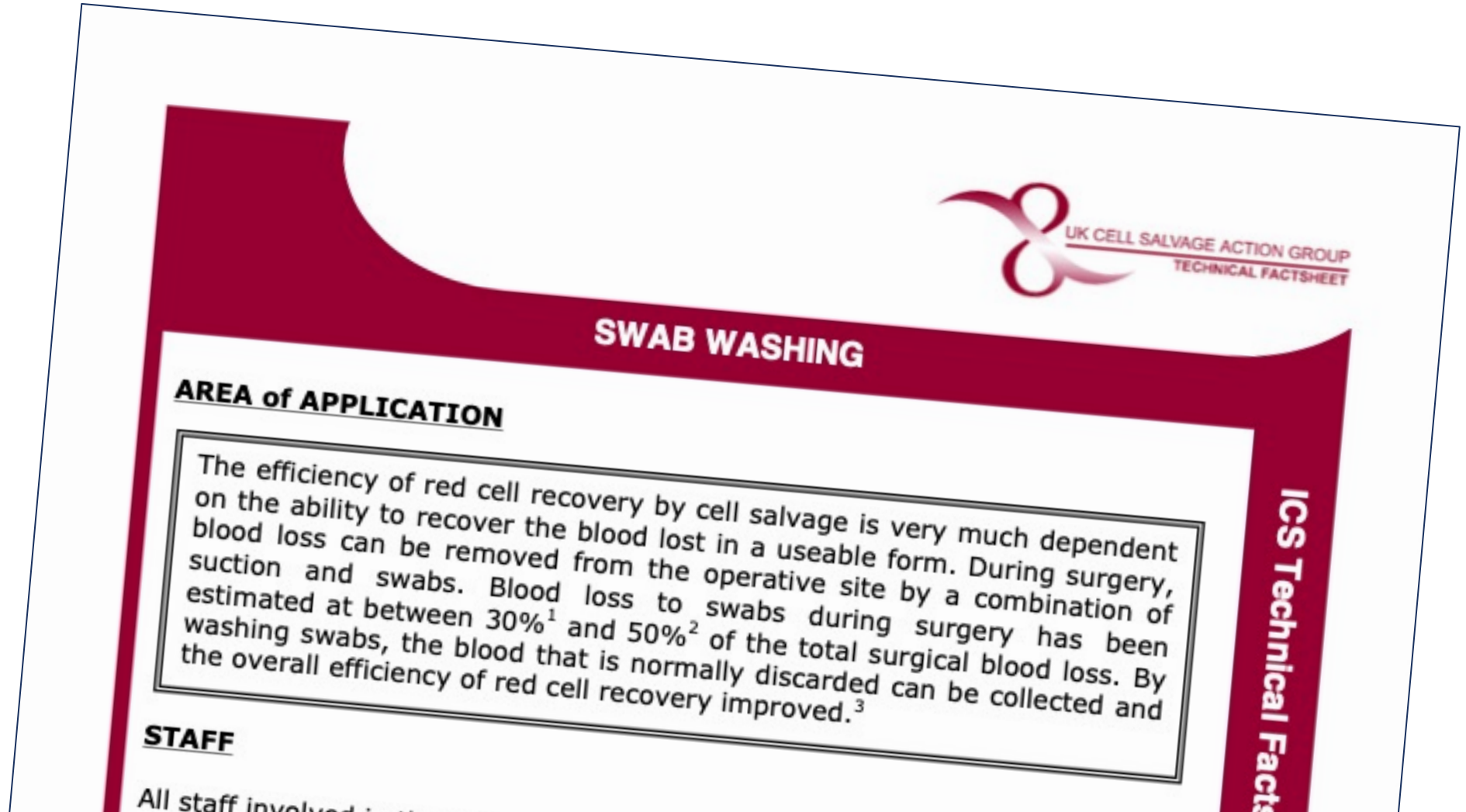
- "Before delivery, agree with patient a plan with precise instructions to stop bleeding - ***dangerous to agree not to transfuse and at the same time not to change usual practice.***

- ***Vox Sanguinis* 2021 – Bolcato et al**

- "The principles and practical application of PBM initiatives first took place when assisting Jehovah's Witness patients; however, the methods and techniques applied would later benefit all patients."

Potentially very significant for JW patients

Guidance from *UK Cell Salvage Action Group Education Workbook – www.transfusionguidelines.org*



UK CELL SALVAGE ACTION GROUP
TECHNICAL FACTSHEET

SWAB WASHING

ICS Technical Facts

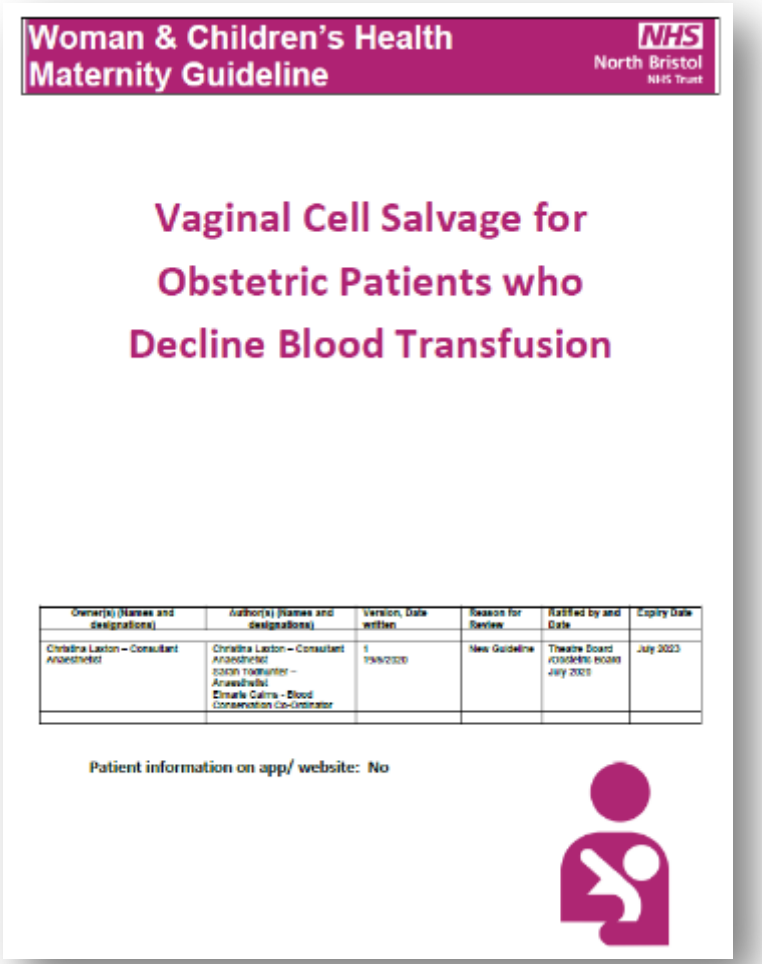
AREA of APPLICATION

The efficiency of red cell recovery by cell salvage is very much dependent on the ability to recover the blood lost in a useable form. During surgery, blood loss can be removed from the operative site by a combination of suction and swabs. Blood loss to swabs during surgery has been estimated at between 30%[1] and 50%[2] of the total surgical blood loss. By washing swabs, the blood that is normally discarded can be collected and the overall efficiency of red cell recovery improved.[3]

STAFF

All staff involved

What's New? ICS in Vaginal Deliveries


Woman & Children's Health
Maternity Guideline

NHS
North Bristol
NHS Trust

Vaginal Cell Salvage for Obstetric Patients who Decline Blood Transfusion

Owner(s) (Names and designations)	Author(s) (Names and designations)	Version, Date written	Reason for Review	Ratified by and Date	Expiry Date
Christina Laxton – Consultant Anaesthetist	Christina Laxton – Consultant Anaesthetist Eimarie Cairns - Blood Conservation Co-Ordinator	1 19/6/2020	New Guideline	Theatre Board JOG/MMC Board July 2020	July 2023

Patient information on app/ website: No

- Consent in advance following risk/benefit discussion
- "In life threatening situations the doctor should consider the procedure as part of his or her duty to act in the patient's best interests."
- Reinfuse through leucodepletion filter.
- Prophylactic antibiotic cover should be provided.
- Reinfusion within 4 hours of collection.
- Massive reinfusion may require enhancement of clotting factors

Local ‘good practice’ in pre-emptive management

For full information on management refer to NBT Guideline: *Management of Women who Decline Blood or Blood Products in Obstetrics*

Plan of Care	Signature	Date
Booking Visit		
• Ascertain if the woman objects to blood or any blood products. If a woman is likely to refuse blood products, this should be entered in the dedicated place in the hand held notes and on the maternity computer system.		
• If woman has an *Advance Decision to Refuse Specified Medical Treatment* this should be copied and placed in the hand held notes and noted on the maternity computer system		
• Discussion should include risks and possible consequences of declining a blood transfusion; major haemorrhage, increased risk of requiring a hysterectomy, and potentially death if a life-threatening haemorrhage		
• Discussion should also include the use of immunoglobulins, such as Anti D		
• Refer for a Consultant opinion		
• Booked in a Consultant unit with facilities for prompt management of haemorrhage. (Obstetric and Surgical expertise)		
• NBT ‘*Blood refusal in pregnancy*’ Information Sheet given?		
At Consultant Appointment		
• Consultant to discuss risks and possible consequences of declining a blood transfusion, major haemorrhage and increased risk of requiring a hysterectomy.		
• If patient is taking anticoagulation of antiplatelet agent can/ will the drug be stopped?		
• Ensure NBT Checklist for Blood Product Acceptance is completed, signed and filed in hand held notes		

University Hosp

Location in St. Michael’s Hospital of Fluids/Drugs/Equipment for Women Declining Blood Transfusion

Syntometrine	CDS and anaesthetic room fridges
Oxytocin	CDS and anaesthetic room fridges
Ergometrine	Anaesthetic room (theatre 2) fridge
Misoprostol (for sublingual, pv or rectal use)	CDS and anaesthetic room (theatre 2) drug cupboards and obstetric emergency trolley
Carboprost (‘Haemabate’)	CDS and anaesthetic room (theatre 2) fridg
Tranexamic Acid (‘Cyklokapron’)	Obstetric emergency trolley
Intrauterine Balloon Catheter (Rusch)	Obstetric emergency trolley
CATS Cell salvage machine	Anaesthetic room (theatre 2)
Pall leucodepletion filters for cell-salvage machine	Anaesthetic room (theatre 2)
Intravenous iron (contraindicated in first trimester)	Pharmacy
Vitamin B12	Pharmacy

NHS North Bristol NHS Trust

NHS MY pregnancy @ North Bristol NHS Trust

HORIZON STRATEGIC PARTNERS

Refusal of a Blood Transfusion

We want to be sure that we treat every woman in a way which recognises her individual choices or religious beliefs. North Bristol NHS Trust has an active programme to reduce blood loss and reduce the number of blood transfusions given to all women.

Before giving anyone a blood transfusion the risks and benefits of having or not having blood or blood products will be discussed with you. It is up to you to decide if you are willing to accept these risks.

What if I am thinking of becoming pregnant?

You may wish to talk to a doctor before you conceive to think about how you will be

Contents lists available at ScienceDirect

European Journal of Obstetrics & Gynecology and Reproductive Biology

journal homepage: www.journals.elsevier.com/european-journal-of-obstetrics-and-gynecology-and-reproductive-biology

Full length article

Women who decline blood during labour: Review of findings and lessons learnt from 52 years of Confidential Enquiries into maternal mortality in the United Kingdom (1962–2019)

Lauren Berg, Arti Dave, Natalie Fernandez, Brian Brooks [1], Karen Madgwick [2], Abha Govind, Wai Yoong [*]

Department of Obstetrics and Gynaecology, North Middlesex University Hospital, London, United Kingdom

Findings and Lessons

Women who decline blood during labour – *EJOGRB* 2022 – Berg et al (North Middlesex)

1. **Earlier interventions** would have prevented many deaths [15 over 52 years] – delay in senior escalation was a common theme
2. Especially vigilant in placental abruptions [20%] and curettage for secondary PPH [13%]
3. Consider **hysterectomy when Hb drops to 80-90** g/L, not when extremely moribund
4. Maintain **situational awareness**; examples: a] Loss of small blood volumes can fail to be observed; b] Circulating blood volume in lighter women – in mothers <50 kgs, 2 litres lost = 40% of volume
5. **Confusion** over which blood products would be accepted > delayed treatment in most recent death


ANY
QUESTIONS?

Summary

- Recognise challenge for clinicians.
- Early preparation including:
  - ✓ Consultant led care.
  - ✓ Recognising the individual's choices with regard to plasma derivatives (including Anti-D) and ICS.
- Maintain a good Hb and Ferritin at all times
- Special medications & ICS ready; consider early surgical intervention for PPH; pre plan for AOP
- Use resources: Trust Policy, jw.org, local HLC.

Thanks and a final suggestion:

Would your own team welcome a bespoke presentation or informal discussion plus Q & A?

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