Guideline for the Management of a Woman who refuses Blood and Blood Components

"To administer blood to a woman who has steadfastly refused to accept it either by provision of an Advanced Medical Directive or by its exclusion in a consent form is unlawful, ethically unacceptable and may lead to criminal and/or civil proceedings". [1]

The following is a **synopsis of the NHS Lanarkshire Protocol for Patients Who Refuse Blood (Including Jehovah's Witnesses)** relevant to obstetric practice:

The NHSL Refusal of Blood Policy(including Jehovah's witness) document is now attached. To access this, click on the paperclip tab on the left.

1. Mark the woman's religion in the Badger notes and record "woman refuses blood". Take note of the alert section and management plan as signposted on Badger and document accordingly.

2. Place the original signed copy of her **Advanced decision to refuse Specified Medical treatment** in her orange file paper record and ensure a scanned copy is attached to her Badger record.

3. Complete and file **General Consent form excluding Blood Transfusion if supplied by patient,** otherwise complete hospital consent form clearly stating what is excluded from consent. Ensure a scanned copy is attached to her Badger record.

4. Complete and file an NHS Lanarkshire **Consent form for Specific Blood Components and Procedures for Jehovah's witnesses.** Ensure a scanned copy is attached to her Badger record.

5. During the antenatal period the woman must be seen by her Consultant Obstetrician to allow frank discussion of the risks involved and to identify additional factors which may complicate her delivery further. Risks of hysterectomy should be discussed, explaining that earlier intervention may be required to stop medical bleeding which might otherwise be controlled by available blood components.

6. The woman's haemoglobin should be monitored closely and optimised pre-delivery. If there is no response to oral iron or there is an additional haematological problem e.g. long-standing anaemia or Thalassaemia, the woman should attend the Haematology Clinic for specialist treatment.

7. When a woman is admitted for delivery, the Consultant Obstetrician, Consultant Anaesthetist and Co-ordinating Midwife must be informed.

8. Staff experienced in the management of high risk women should manage the labour.

9. Oxytocics should be administered when the baby is delivered.

10. If a caesarean section is required, the consultant obstetrician should be present.

11. If haemorrhage occurs, management should follow management of obstetric haemorrhage in women refusing blood or blood components and consultant obstetrician, anaesthetist and haematologist informed.

The majority of pregnancies will end without serious haemorrhage. On discharge the patient should be advised to report promptly if she has any concerns about bleeding during the postpartum period.

Care of the newborn infant.

Parents have no legal right to refuse essential blood component therapy for their children. This should be explained to them by the Consultant Obstetrician in the Antenatal Clinic with the possible involvement of one of the Consultant Neonatologists, as required.

SPECIAL SITUATIONS

If the woman is conscious under local or regional blockade, she may retract her prohibition when confronted with the need for a blood transfusion as a life-saving measure. Any change in the woman's views at this point, made of her own volition and without duress, should be regarded as a modification in the scope of consent and should be witnessed and a contemporaneous entry made in the woman's anaesthesia and clinical record (Badger). While women who have received sedation may not strictly meet the legal standard of competence to give or modify a pre-existing valid consent, any such modification must be acted upon in the interests of saving the life of the woman.[2]

If the woman is unconscious the afore-signed Advanced Medical Directive must be adhered to, and cannot be overridden by a purported consent of a spouse, relative or other person or body.

If the woman is unconscious and unknown to be a Jehovah's Witness, the doctor caring for the woman will be expected to perform to the best of their ability and this may include the administration of blood transfusion. However, relatives or representatives may put forward opinion suggesting that the woman would not accept a blood transfusion even if that resulted in death. Such relatives must be invited to produce

evidence of the patient's status as a Jehovah's Witness. The GP should be contacted to see if an Advanced Medical Directive has been lodged with him.[2]

REFERENCES:

(1) Re T All England Law Reports 1992; 4:647-70.

(2) Management of Anaesthesia for Jehovah's Witnesses. The Association of Anaesthetists of Great Britain and Ireland 2005 (2nd ed).

(3) Code of practise for the surgical management of Jehovah's witnesses. Royal College of Surgeons of England 2002.

Originator:	**Mary McElligott / Dr Surindra Maharaj Heather**
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