

This leaflet tells you about your right to refuse a transfusion of blood or blood products in your pregnancy

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Can anyone refuse a blood transfusion?

Yes. We want to be sure that we treat every woman in a way which recognises her individual choices to refuse blood or blood products and in other situations, respect her religious beliefs.

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

What to do when I am pregnant?

When you think you are pregnant you should make your GP and midwife aware of your request, for no transfusions of blood or blood products to be used as part of your care.

If you choose not to receive blood, we strongly recommend that you have your baby in a consultant-led unit, rather than at home. Your midwife or GP will refer you to a consultant clinic, to 'book' you in for pregnancy care. You should have a discussion with your midwife and obstetrician about what you would accept.

What if I have other concerns?

If you have questions that are not answered in this leaflet or are worried about any aspects of your pregnancy and delivery, please talk to one of your midwives or doctors. Any written birth plans can be included in your maternity record.

If you wish to refuse a blood transfusion or blood products in life-threatening situations, then let your midwife or doctor know. If you are a Jehovah's Witness, you will probably have an 'advance decision to refuse specified medical treatment' (sometimes known as a 'no blood form') which tells us of your wishes about treatments. Let your midwife and obstetrician see this and give a copy to them. Your local ministers will be able to provide you with this document.

Plan of care for your pregnancy:

You will be seen in a consultant antenatal clinic, where the following will be covered:

- Iron and folic acid supplementation throughout the pregnancy.
- Regular blood tests to check your haemoglobin (blood count) is above 110g/l. If your haemoglobin remains low despite taking supplements and you have low iron stores, you may be given an infusion of 'liquid iron' into a vein.
- As with all women, you will have a detailed scan which will check the position of the afterbirth (placenta) to make sure it is not low-lying.
- We will record in your health records that you do not want blood and blood products. You will be asked to sign a consent form and a management plan will be put in place.
- You will be asked what treatments and procedures you are willing to accept, and these will be written in your maternity records.

- The use of blood cell salvage techniques will be discussed.
- In the event of a severe post-partum haemorrhage (PPH), your wishes regarding a potential hysterectomy will be discussed.
- We will notify the anaesthetic department that you are pregnant and the expected date your baby is due. The consultant anaesthetist will review you and document a management plan in your health records.
- If you are rhesus negative, we will recommend that you have Anti-D injections during your pregnancy and possibly after delivery (if your baby is rhesus positive). Anti-D is a protein which is obtained from blood plasma. There is no non-blood derived alternative. If you are a Jehovah's Witness, you may wish to discuss this with one of your local ministers.
- Healthcare professionals experienced in the use of cell salvage, will be available if you require a caesarean section.
- Experienced healthcare professionals will also be available if you have heavy bleeding following a vaginal delivery.

What happens in labour and following the birth?

When you come to hospital in labour, the consultant obstetrician and anaesthetist on call will be notified. You will be looked after normally in labour, but we would recommend that you have drugs to help with the delivery of your placenta (active management of the 3rd stage). If there are any extra risk factors, we would suggest that you have a drip into a vein.

If there are complications, senior members of the maternity team will be available, and your care plan will be followed.

You will be monitored closely after delivery for the first hour, to observe for any increased blood loss.

At all times, even if an emergency arises, we will respect your wishes. You can be confident that you will receive the best possible care and treatment during your time in the maternity unit.

With thanks to Tom Gregory, Chairman Liverpool Hospital Liaison Committee, for his help with this leaflet.



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