

OBSTETRIC CLINICAL CARE GUIDELINE

SUBJECT: Obstetric Patient Blood/Blood Product Acceptance Screen and Refusal Guidelines

OBJECTIVE

Delineation of an early screening procedure in pregnancy to identify instances where patient values, customs and beliefs about acceptance of blood or blood products are at odds with the providers best evidence-based judgment as to recommended procedures or treatments.

Delineation of proactive management strategies to consider during prenatal care and hospitalization for obstetric patients identifying if they would refuse recommended blood/blood products.

OVERVIEW

Individuals who ascribe to the faith known as Jehovah's Witness are those with whom the issue of refusal of blood and blood products most commonly occurs. Greater than 1.3 million Jehovah's Witnesses live in the United States and of that group 71% are female and greater than 50% identify themselves as either Black (37%) or Hispanic (14%) (Kosmin, 2001). This prevalence of women of color may explain the volume of Jehovah's Witnesses cared for at UIMC. Patient beliefs may conflict with health care provider care recommendations for administration of blood or blood products. In the obstetrical setting, this can be especially problematic. Four to six percent of all deliveries are complicated by hemorrhage. One and one-half maternal deaths per 100,000 live births are directly attributable to hemorrhage. Consequently Jehovah's witnesses incur an approximate 44-fold increase risk of death due to their refusal of blood (Singla et al. 2001).

In the obstetrical community, we identify this population and other individuals who decline blood or blood products for directed management in an attempt to optimize their health and decrease their morbidity while continuing to respect their autonomy.

POSITION STATEMENTS

ACOG Committee Opinion Number 237– Informed Refusal
UIMC P&P RI 5.03 Care of Patients Refusing Medically Recommended Procedures or Treatments

PROCEDURE

The algorithm below lists the steps to follow for screening all new obstetric patients at UIMC:

- I. First UIMC pregnancy encounter
 - A. Patients at their first obstetrical visit in all settings [Obstetrics, Family Practice and Midwifery; outpatient or inpatient] will be queried regarding their belief system for acceptance of blood or blood products [See Appendix D].
 - B. The response will be documented in the obstetric electronic record via a check box labeled "Blood status?".
 1. If the reply is in the affirmative, the patient has no objection to accepting blood or blood products if indicated, usual obstetrical practices for this patient will proceed.
 2. A negative response, will trigger a series of events.
 - a. In the CNM or family practice services, a one-time referral will be made to the high risk obstetrical clinic for counseling.
 - b. Physician providers in the obstetrical low risk and high risk clinics will perform counseling guided by the Obstetric Blood/Blood Product Beliefs outpatient clinic checklist [Appendix A]. Outcomes of this counseling will be documented in the obstetric electronic record problem list and on the UIMC form attached to policy RI 5.03 that the patient will sign [See Appendix C].
- II. Any inpatient admission
 - A. Following admission, the patient will again be queried regarding their belief system for acceptance of blood or blood products. This will occur regardless of whether a response has been previously documented in the record thus allowing for an altered view point [See Appendix D].
 - B. The response will be documented in the obstetrical electronic record in the form of a check box [the prior "Blood status" data will be changed if indicated].
 1. With an affirmative response, usual care practices for this obstetric patient will occur.
 2. A negative response by a CNM or Family Practice patient will result in a one- time consult to the obstetric service for counseling.
 - a. The OB physician will counsel the patient as directed by the Obstetric Blood/Blood Products Beliefs inpatient checklist [Appendix B].
 - b. Outcomes of this counseling will be documented in the

obstetric electronic record problem list and on the UIMC form attached to policy RI 5.03 that the patient will sign [See Appendix C].

- c. If the responsible provider/physician feels that their personal ethical beliefs are in conflict with that of the patient's belief system, a back up provider/physician will be notified at admission of the possibility of the need for care transfer.

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APPENDIX A:

OB Patient Screen: Blood/Blood Product Beliefs [e.g. Jehovah's Witness]

Outpatient Clinic Check List

Please initial after each step once completed:

Will the patient accept or refuse the following Blood Products, derivatives or autologous blood replacement procedures?

Blood Products, Derivatives or Autologous Blood Replacement Procedures	Accept	Refuse
RBC, Platelets, Plasma, Cryoprecipitate		
Albumin		
Autologous or self-transfusion		
Erythropoietin		

FOR ANY PATIENT INDICATING BLOOD/BLOOD PRODUCTS WOULD BE REFUSED:

- Complete MARS "Blood status"; add plans for this problem to the problem list
- Sign UIMC forms for declining Blood [UIMC P&P RI 5.03]. List the blood products from above that the patient refuses. Give the patient the ability to change her mind at any time up until immediately prior to surgery. Advise patient that she may be asked to reiterate her choice again in labor.
- Alert patient to possible need for hysterectomy secondary to lack of other options for acute blood loss management
- Alert patient to over 40X-increase risk of mortality with delivery secondary to refusal of blood products
- Anesthesiology Consult – Antepartum
- For patients with known potential for blood loss, ie placenta previa, accreta, consider consult with Radiology for placement of balloon catheters, preoperatively.
- 28-32 wk Hgb/Hct
- Hgb/Hct each month thereafter
- If Hct is <36% Erythropoietin [10,000 units SQ 3X q wk] may be considered

APPENDIX B:

OB Patient Screen: Blood/Blood Product Beliefs [e.g. Jehovah's Witness]
Inpatient/Labor & Delivery Check List

Please initial after each step once complete:

- Will patient accept or refuse the following Blood Products, derivatives or autologous blood replacement procedures?

Blood Products, Derivatives or Autologous Blood Replacement Procedures	Accept	Refuse
RBC, Platelets, Plasma, Cryoprecipitate		
Albumin		
Autologous or self-transfusion		
Erythropoietin		

FOR ANY PATIENT INDICATING BLOOD/BLOOD PRODUCTS WOULD BE REFUSED:

- Confirm MARS "blood status" is complete/problem is entered on the problem list
- Re-sign UIMC forms for declining Blood [UIMC P&P RI 5.03]. List the blood products from above that the patient refuses. Give patient ability to change her mind at any time up until immediately prior to surgery. Advise patient that she may be asked to reiterate her choice again during labor by our service or others and again at the time of a major procedure e.g. cesarean section or D&C.
- Anesthesiology Consult –in labor
- Alert patient to possible need for Hysterectomy secondary to lack of other options for acute blood loss management and sign operative consent
- Alert patient to over 40 times increased risk of mortality with delivery secondary to refusal of blood products.

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RELEASE OF LIABILITY STATEMENT: ACKNOWLEDGMENT OF REFUSAL OF CERTAIN MEDICALLY RECOMMENDED PROCEDURES

I, _____ refuse to consent for certain medically necessary treatment and procedures, including _____.

(name of procedure)

Dr. _____ has explained to me my treatment plan, the hospital's policy (name of doctor)

regarding the refusing of medical procedures, and the possible adverse consequences to my health if the medically necessary procedure is not performed, including the possibility of death. I recognize that the treatment plan I will undergo may involve a medically necessary procedure that I refuse, and it is my wish, understanding, and direction that such procedures not be performed on me. Further, I recognize that if the treatment/procedure is not performed, I may die or suffer serious injury.

I realize that when I am treated at the University of Illinois Medical Center, I release it and all of its employees and physicians in any way connected with me as a patient, from civil and criminal liability for respecting and following my express wishes and direction.

Patient

Professional Staff Member Witness to Signature

Physician

Date

Blood Products, Derivatives or Autologous Blood Replacement Procedures	Accept	Refuse
RBC, Platelets, Plasma, Cryoprecipitate		
Albumin		
Autologous or self-transfusion		
Erythropoietin		

PATIENT/FAMILY INFORMATION
BLOOD PRODUCTS, DERIVATIVES OR AUTOLOGOUS BLOOD REPLACEMENT
PROCEDURES

On occasion an obstetric patient develops complications of pregnancy that cause their providers to recommend blood replacement. There are some patients who have personal beliefs or concerns about accepting blood replacement procedures. Your UIMC obstetric provider will be asking you about your thoughts on this issue. Below are blood replacement options commonly offered when indicated:

Blood Products: Blood may be replaced or transfused as whole blood or one of its components. Blood components include red blood cells, plasma, platelets and cryoprecipitated antihemophilic factor.

Red blood cells contain a complex iron-containing protein called hemoglobin that carries oxygen throughout the body and gives blood its red color.

Platelets are very small parts of blood that help with clotting

Plasma is the liquid part of the blood that carries various proteins that assist with clotting, immunity and mineral exchange in the body

Cryoprecipitate is a part of plasma that has several clotting factors

Albumin: Albumin is a major protein and contributes to improved clotting

Autologous or self transfusion: A process where a patient “banks” her own blood over six weeks prior to a medical event where blood loss risk is high such as surgery or delivery. One unit of blood per week may be removed from a patient and stored until the planned surgery or delivery. Then if a problem occurs the patient receives her own blood as needed. The body begins replacing blood as soon as it is removed from the body but usually the patient will need to take iron during the weeks of pre-delivery donations to help increase her red blood cell count.

Erythropoietin: A glycoprotein that stimulates red blood cell production

Source: All About Blood – Frequently Asked Questions – American Association of Blood Banks <http://www.aabb.org>