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# Declining Blood Products or a Blood Transfusion during Pregnancy or after Childbirth

# Declining Blood Products or a Blood Transfusion

This leaflet is intended to give you additional information in conjunction with that received from a healthcare professional.

## INTRODUCTION

The vast majority of women will accept blood products and/or a blood transfusion if the clinical reasons are fully explained. However, a few women may decline a blood transfusion or blood products because of personal or religious beliefs.

## TELLING YOUR MIDWIFE OR DOCTOR

You may choose to decline treatment with blood or blood products but it is important that you tell your midwife or doctor at your booking appointment or during early pregnancy. This will allow sufficient time to discuss the potential implications with an obstetrician in a relaxed and unhurried environment.

The Royal College of Obstetricians and Gynaecologists (RCOG) have developed a 'care plan for women in labour refusing a blood transfusion' and the obstetrician will be guided by this plan when discussing your care with you.

Following the discussion you will be asked to sign a Health-Care Advance Directive which will be kept in your maternity notes.

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## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email [pals@asph.nhs.uk](mailto:pals@asph.nhs.uk). If you still remain concerned please contact our Complaints Manager on 01932 722612 or email [complaints@asph.nhs.uk](mailto:complaints@asph.nhs.uk).

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## ALTERNATIVES TO ANTI D

There is no alternative to Anti D

## FURTHER INFORMATION

Further information can be obtained by logging on to:

[www.rcog.org.uk](http://www.rcog.org.uk)

[www.watchtower.org](http://www.watchtower.org)

[www.bpl.co.uk](http://www.bpl.co.uk)

[www.nice.org.uk](http://www.nice.org.uk)

## RISKS OF DECLINING A BLOOD TRANSFUSION

Bleeding following childbirth can be unpredictable and can become life threatening in a very short time.

In most cases, a blood transfusion can save a woman's life and may considerably reduce the long term health consequences.

## BENEFITS OF A BLOOD TRANSFUSION

- Less long term illness from the effects of anaemia.
- May reduce the risk of hysterectomy around the time of birth when bleeding is exceptionally heavy.
- May be necessary to save life.

## ALTERNATIVES TO A BLOOD TRANSFUSION

Intra-operative cell salvage – is a method of collecting blood loss during an operation and giving it back to the patient. The blood that is lost during the operation is collected into a machine which washes and filters the blood to remove any contaminants. The blood can be given back to the woman during the operation or afterwards. This procedure is only available at some hospitals, and is not currently available at Ashford and St. Peter's hospital.

## **MINIMISING THE NEED FOR A BLOOD TRANSFUSION**

You may be able to reduce the chance of needing a blood transfusion by ensuring you are not anaemic (low iron levels). You will be offered regular blood tests to check your iron levels and if they are low, you will be advised to take iron tablets to increase your iron levels. Eating a diet with iron rich foods as well as vitamin C to help absorb dietary iron may also help.

To minimise the chance of heavy bleeding after the birth of your baby, you will be advised to have 'an active management' to deliver the placenta. The midwife will give you an injection of syntometrine into your thigh immediately after the birth of your baby. This will help the placenta to separate from the uterus (womb). The midwife or doctor will then deliver the placenta.

## **HAVING YOUR BABY**

To ensure any problems with bleeding are dealt with promptly you are advised to give birth in the consultant led unit at St. Peter's Hospital.

The care you receive during your labour will not be affected by your decision to accept or decline a blood transfusion.

If you are required to have your baby by caesarean section (planned or emergency) a consultant obstetrician will also be available during surgery to identify and manage any problems quickly.

## **ANTI D IMMUNOGLOBULIN**

Anti D is a human blood product offered to rhesus negative women during their pregnancy and following the birth if the baby is rhesus positive. It is given by an injection into the top of your arm. Please ask your midwife for a copy of the leaflet "You, Your Baby & the RhD Factor".

## **THE BENEFITS OF HAVING ANTI D**

If any of the baby's rhesus positive blood were to enter the mother's blood stream either during pregnancy or during the birth, the Anti D will remove the rhesus positive blood cells. This will prevent the mother producing antibodies to rhesus positive blood. Should the mother produce antibodies, these may cross into the baby's circulation and destroy the rhesus positive blood cells and cause severe anaemia in the baby during the current or subsequent pregnancy.

## **RISKS OF HAVING ANTI D**

- Tender injection site
- There have also been reports of nausea and vomiting, rash, low blood pressure, and rapid pulse rate. However these are rare.