

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 recommend that you have a cannula placed in the vein (small tube) and have drugs to help with the delivery of your placenta (active management of the third stage).

At all times, even if an emergency arises, we will respect your wishes. You will be monitored closely for up to 24 hours after the birth usually on Labour Ward

To help us respect your wishes you should:

Carry an 'Advance Directive' form with you at all times

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.

For Jehovah's Witnesses further help is available from your local minister.

You can change your mind at any point about the use of blood. You should not feel as though you have to stick rigidly to your original decision.

Unforeseen circumstances sometimes influence events, resulting in previous decisions needing to be changed.

Patient advice and liaison service (PALS)

If you have a question, compliment, comment or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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Declining a blood transfusion in pregnancy

A patient's guide



This leaflet tells you about your right to decline a transfusion of blood or blood components in your pregnancy.

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 and respects her religious or cultural/social beliefs.

Before giving anyone a blood transfusion the risks and benefits of having or not having blood or blood components will be discussed. 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 looked after in pregnancy and how you can become as fit as possible before getting pregnant. Your General Practitioner (GP) can arrange an appointment for you to see a hospital specialist (obstetrician) to discuss this further.

Your risks of needing a blood transfusion are reduced if your iron reserves are good before conception and remain high during pregnancy. You can do this by having an iron rich diet, for example; meat, eggs, vegetables and cereals.

What if 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 components to be used as part of your care.

If you choose to not receive blood, we would strongly recommend that you have your baby in the **consultant-led unit**, rather than at home or in the Birth Centre. Your midwife or GP will refer you to a **consultant obstetrician** who will plan your care with you.

If you are a member of the Jehovah's Witness community you will probably have an 'Advance Directive' to refuse specified medical treatment, sometimes known as a 'No Blood form'. This tells us of your wishes about treatments. Let your midwife and obstetrician see this and give them a copy. 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 when the following will be covered: Iron and folic acid supplementation throughout the pregnancy; Regular blood tests to check your haemoglobin (blood count) remains satisfactory; If your haemoglobin remains low despite taking supplements and you have low iron stores you may be recommended to have 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. Your maternity notes will record that you do not want blood and blood products.

You will be asked to sign (or already have signed) a form which is an 'Advance Directive' to decline blood and blood components'. A plan for your care in labour will be documented in your notes. You will be asked what treatments and procedures you are willing to accept and these will be written in your maternity notes.

Cell Saver

Use of blood salvage techniques will be discussed. Please note it is not recommended by the Royal College of Obstetricians to collect and store your own blood for use in labour and therefore this facility is not offered at Whittington Health NHS Trust.

If you are Rhesus negative it is recommended 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 or a member of your hospital liaison committee.