



**BLOOD MANAGEMENT  
CLINICAL PRACTICE GUIDELINE**

**Blood products and / or components:  
Refusal of**

<b>Scope (Staff):</b>	WNHS Obstetrics and Gynaecology Directorate staff
<b>Scope (Area):</b>	Obstetrics and Gynaecology Directorate clinical areas at KEMH

**This document should be read in conjunction with this [Disclaimer](#)**

## **Aim**

- Early identification of women who decline transfusion of blood component / product(s)
- Documentation of acceptable treatment options and initiation of a management plan

## **Background**

A competent adult may refuse to consent to receive a transfusion of a blood component and / or blood product(s) for religious or personal beliefs. See [WA Health Consent To Treatment Policy](#).<sup>1</sup>

The management of obstetric and gynaecology patients who refuse blood component / product(s) presents a challenge due to the potential for major haemorrhage. Mortality and morbidity is higher than in the general population.<sup>2, 3</sup> Advance planning is needed to provide information, identify the blood components / products that the patient will accept or decline, and discuss what alternatives are available in the event of major haemorrhage.

Pre-existing anaemia amplifies the impact of blood loss and proactive management of iron deficiency anaemia is essential to optimise the patient's own red cell mass. See WNHS Clinical Guideline, Obstetrics and Gynaecology: [Anaemia and Iron Deficiency Management](#).

## **Advance Health Directive**

An Advance Health Directive (AHD) is a written expression of the person's wishes in relation to medical treatment which comes into effect if the person loses their capacity.

An Advance Health Directive can come into effect if that person is unable to make reasonable judgments about their treatment at a later time, due to unconsciousness or other circumstances. See [WNHS Policy: Advance Health Directives](#).

The majority of baptised Jehovah's Witnesses in Australia will be well versed with blood component refusal and carry an AHD / Blood Card which identifies their individual treatment decisions regarding blood components / products and acceptable alternatives. Non-baptised Jehovah's Witnesses may not have an AHD.

Women declining blood who do not have an AHD can download and complete an AHD from [WA Health Advance Care Planning Resources](#) or choose not to complete an AHD.

Health professionals needing more information on Jehovah's Witnesses can contact the CNC PBM phone 6458 2733 or page 3257, or access Hospital Information Services for Jehovah's Witnesses or Hospital Liaison Committee for Jehovah's Witnesses.

Medical Officers may give blood product / component(s) to women **without** an AHD in life-threatening circumstances where she is unable to provide consent, even if relatives indicate the woman is a Jehovah's Witness. No other person is legally able to consent to or refuse treatment on the woman's behalf. See [WA Health Consent To Treatment Policy](#)<sup>1</sup>.

Healthcare professionals must respect the wishes of each individual woman and bear in mind that she has the right to change her mind at any time.

[See Quick Reference Flowchart \(on page 4 of this document\)](#)

## Key points

1. Women should be informed of all the blood products and components available and to ascertain the individual components, products and treatments which are acceptable or not acceptable. The discussion must be recorded clearly in the digital medical record (DMR) and on the MR295.98 checklist completed ('Checklist of Discussion for Patients Declining Blood / Blood Product Support').
2. Information including reasons, receiving, types, risks, benefits and further resources on blood transfusions, can be located on the Australian Red Cross website at this link - [www.lifeblood.com.au/patients](http://www.lifeblood.com.au/patients)
3. Cell salvage is discussed and [Cell Salvage Information Sheet](#) provided
4. Women should be counselled about their increased risk of death and morbidity in the event of haemorrhage. Thresholds / triggers for intervention may differ to that of other patients.
5. Maternity patients should be advised that hysterectomy may be required to control bleeding if limitations are placed on blood component / product(s) transfusion:
6. Active management of the third stage of labour is strongly advocated and needs to be discussed, and documented in the DMR prior to birth.
7. A copy of the woman's AHD (including the acceptance of death before receiving blood components), must be uploaded to the DMR summary page.
8. Effective management of anaemia is essential to optimise the patient's haemoglobin prior to birth of the baby or surgery. See Clinical Guidelines, O&G:
  - [Anaemia and Iron Deficiency Management](#)
  - [Iron Therapy: Intravenous](#)

## Obstetric patients

### Antenatal care

- An e-Referral is sent to Haematology - CNC Patient Blood Management [HABL]
- ANC or HAE351 (CNC PBM consultation) is facilitated by CNC PBM

- See the following for further management planning. WNHS Clinical Guidelines:
  - Obstetrics and Gynaecology: [Complex Care Planning](#)
  - Anaesthesia and Pain Medicine: [Pre- Operative Consultation and Investigation](#) and [Intraoperative Cell Salvage](#)

## Intrapartum care

The Obstetric and Anaesthetic Senior Registrar must be notified immediately when a woman who has refused blood products is admitted. See also Obstetrics and Gynaecology guidelines:

- [Labour: Moderate and High Risk Women Presenting at MFAU and LBS](#)
- [Caesarean Birth](#)

## Postpartum haemorrhage

- Management as per Clinical Guideline, Obstetrics and Gynaecology (Restricted Area Guideline) [Postpartum Complications](#) (WA Health employee access through HealthPoint).
- Rapid and definitive management of obstetric bleeding should be undertaken according to the cause of the blood loss (oxytocics and other uterotonic agents, EUA, intrauterine haemostatic balloon insertion, embolization, laparotomy, B-Lynch suture, uterine artery ligation, internal iliac artery ligation, hysterectomy).
- In the presence of haemorrhage, the decision to proceed to laparotomy may be taken earlier than is usual, and rapidly, before the onset of Disseminated Intravascular Coagulation.
- The woman and her family must be kept fully informed of events in a nonjudgmental way.

## Oncology and gynaecology patients

- Oncology and Gynaecology patients need to be referred to the CNC PBM as soon as identified as Blood refusal, to allow optimum time for assessment, consultation and anaemia management.
- Prior notice of Blood Refusal patients attending PAC is highly encouraged, however if only identified at PAC please contact the CNC PBM to see the patient.
- In the event the CNC PBM is absent the Anaesthetist will complete the MR295.99
- At PAC patients are given information sheets on blood products, cell salvage, oral iron therapy, discussion had and the MR295.98 and MR295.99 completed.
- Consent must be signed off by a Senior Registrar or Consultant.
- If a country patient cannot attend PAC then a phone consultation is done and then the patient is seen on day of surgery by CNC PBM to complete the paperwork

**If an intravenous iron infusion is recommended or required at any time please contact the CNC PBM via pager 3257 or phone 82733 or send an e-referral to 'Haematology- CNC PBM iron infusion [HAIF]'**

## Flowchart: Women refusing blood components / blood products

### Planned admission

- Patient Blood Management CNC, or medical staff (after hours) discussion to ascertain (in detail) the individual blood component/product(s) and alternatives which are acceptable and not acceptable
- Follow “Checklist for discussion for patients declining blood product support” (MR 295.98) and also document this discussion in the DMR.
- The “Refusal to Permit Blood Transfusion” (MR295.99) can be commenced by the PBM CNC but needs to be signed off by a Consultant or Senior Registrar.
- Obtain a copy of the Advance Health Directive/Blood card and upload to the summary page of the DMR
- Check blood tests as below



### Obstetric management plan

- Send an e-referral to CNC PBM for triage, assessment and management
- Other specialists may be required
- Obstetrician, Anaesthetist
  - Haematologist (coagulation disorders, anaemia)
  - Physician (pre-existing medical disease)
  - MFM (woman/foetus requiring highly specialised obstetric care)



### Gynaecology management plan

- Send an e-referral to CNC PBM for triage, assessment and management
- Other specialists may be required
- Gynaecologist, Anaesthetist
  - Haematologist (coagulation disorders, anaemia)
  - Physician (pre-existing medical disease)

### Initial blood tests

- Full blood picture and iron studies
- B12 / folate studies
- Coagulation screen
- Other tests directed by Haematologist, Physician, Obstetrician or Anaesthetist

### Optimise haematological parameters

- Discuss dietary and oral iron
- Consider ceasing antiplatelet / anticoagulant therapy in non-pregnant women with non-complex medical disease. Liaise with managing specialist.
- Treat anaemia / iron deficiency anaemia (iron, folate, B12). Intravenous administration of iron

### Unplanned admissions or outside regular weekday hours:

- **Immediately inform:** Senior Obstetrician / Gynaecologist / Anaesthetist
- Check that a “Refusal to Permit Blood Transfusion” form (MR295.99) is completed
- Check, copy and file AHD if supplied
- Contact CNC PBM (M-F 0700-1530)

## References

1. WA Health Consent to Treatment Policy. Perth: Department of Health WA; 2016.
2. Lewis G. Saving mothers lives: Reviewing maternal deaths to make motherhood safer: 2006-2008: The eighth report of the confidential enquiries into maternal deaths in the United Kingdom. **BJOG / CMACE**. 2011;118, Supp 1. Available from: <http://www.hqip.org.uk/assets/NCAPOP-Library/CMACE-Reports/6.-March-2011-Saving-Mothers-Lives-reviewing-maternal-deaths-to-make-motherhood-safer-2006-2008.pdf>
3. Van Wolfswinkel M, Zwart J, Schutte J, Duvekot J, Pel M, Van Roosmalen J. Maternal mortality and serious maternal morbidity in Jehovah's witnesses in the Netherlands. **BJOG: An International Journal of Obstetrics & Gynaecology**. 2009;116(8):1103-10.

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Effa-Heap G. Blood transfusion: Implications of treating a Jehovah's Witness patient. *Br J of Nursing*. 2009;18(3):174-77.

Gyamfi C, Gyamfi MM, Berkowitz RL. Ethical and medicolegal considerations in the obstetric care of a Jehovah's Witness. *Obstet Gynecol*. 2003;102(1):173-80.

## Related legislation and policies

Department of Health: [WA Health Consent to Treatment Policy](#)

## Related WNHS policies, procedures and guidelines

WNHS Policy: [Advance Health Directives](#) (WA Health employee access via HealthPoint)

WNHS Clinical Guidelines:

Anaesthesia and Pain Medicine (WA Health employee access via HealthPoint):

- [Intraoperative Cell Salvage](#)
- [Pre-operative Consultation and Investigation](#)

Obstetrics and Gynaecology:

- [Anaemia Management During Pregnancy and the Postnatal Period](#)
- [Caesarean Birth](#)
- [Complex Care Planning](#)
- [Iron Therapy: Intravenous](#)
- [Labour: Moderate and High Risk Women Presenting at MFAU and Labour Birth Suite](#)
- [Postpartum Complications \(PPH\)](#)

## Useful resources (including related forms)

Department of Health WA:









- [Advance Care Planning e-Learning](#)
- [Advance Care Planning Resources](#)

### Forms:

MR 004 or 005 (Obstetric or Gynaecology) Special Instruction Sheet

MR 295.98 Checklist of Discussion for Patients Declining Blood / Blood Product Support

MR 295.99 Refusal to Permit Blood Transfusion

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## Version history

Version	Date	Summary
1 - 6	Prior to July 2016	Archived- contact OGD Guideline Coordinator for previous versions. Original titled as B.2.14: 'Management of Women who Refuse Blood Components and / or Blood Products, including Jehovah's Witnesses'
7	July 2016	Titled 'Refusal of Blood Components and / or Products: Management'
8	Sept 2021	<ul style="list-style-type: none"> <li>Background section links to information on blood and blood product refusal in the WA Health Consent to Treatment Policy, information on AHD and links added.</li> <li>Referral method now e-referral</li> <li>Expanded language to be inclusive of non-obstetric patients</li> <li>Quick reference flowchart added</li> <li>Removed content for antenatal, intrapartum, Caesarean and PPH – now links to related guidelines</li> </ul>
9	Oct 2024	<ul style="list-style-type: none"> <li>Advice for oncology and gynaecology patients updated.</li> <li>Reference to Australian Red Cross website providing key points of information on Information including reasons, receiving, types, risks, benefits and further resources on blood transfusions.</li> <li>Cell Salvage Information Sheet link imbedded into Guideline.</li> </ul>

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