

Management of mothers who decline transfusion with blood/blood products

CIS Obstetrics Meeting

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Dr. Chris Fitzpatrick

Coombe Women & Infants University Hospital

- ❑ Founded 1823
- ❑ Voluntary Hospital
- ❑ Non-denominational
- ❑ Multi-cultural
- ❑ > 20% mothers born outside the RoI
- ❑ Unequivocal respect

competent adults to consent to accept/refuse treatment
religious freedom

Principles of management

- ❑ Provision of optimal care
- ❑ Early identification
- ❑ Effective communication
 - non-judgemental
 - evidence based risk estimation
 - advance care directives
 - involvement of Liaison services as dictated by mother
- ❑ Informed consent
- ❑ Customised consent form

Principles of management

- ❑ Strategy for prophylaxis & treatment of haemorrhage
- ❑ Involvement of senior clinical personnel
- ❑ Guidelines
- ❑ Issues relating to non-transfusion should not dominate the management of pregnancy

Ante-natal care

- ❑ Mothers should be seen at booking by consultant Obstetrician

- ❑ Risk of haemorrhage should be discussed
 - mortality
 - serious morbidity
 - consequences for partner, baby, family

Discussion

- ❑ Frank, non-dramatic, evidence based and non-judgemental
- ❑ Interpreter if required
- ❑ Provide opportunities for discussion as directed by mother
 - in private
 - with partner/family
 - with Liaison services

Discussion

- ❑ Specify nature of refusal
 - Red blood cells
 - Plasma
 - Platelets
 - Cryoprecipitate
 - Factors
 - Fibrinogen
 - Albumin
 - Anti-D
 - Cell salvage

Discussion

- ❑ Mothers attitude to neonatal transfusion
- ❑ Change of mind options
- ❑ Coma

Resuscitation

- ❑ Crystalloids
- ❑ Colloids
- ❑ Pharmacological interventions
- ❑ Tamponade
- ❑ Surgery
- ❑ Interventional radiology
- ❑ Cell salvage

Booking visit

- ❑ Personal, family Hx of excessive bleeding
- ❑ FBC (repeat at 32 weeks)
- ❑ Serum ferritin
- ❑ Blood group & antibody screen
- ❑ Sickle cell, Thalassaemia, G6PD as required
- ❑ Iron prophylaxis

Deficiency anaemia

- ❑ Blood film
- ❑ Ferritin
- ❑ B12
- ❑ RBC folate
- ❑ Replacement treatment
- ❑ Dietetic advice

Haematology referral

- ❑ Actual/suspected bleeding/coagulation disorder
- ❑ Significant/refractory deficiency anaemia
- ❑ Genetic anaemia

Placental site

- Ultrasound localisation in early third trimester, particularly if previous CS

Labour & delivery

- ❑ Induction of labour and CS should be decided by consultant obstetrician
- ❑ Notification of consultant obstetrician and consultant anaesthetist when admitted to labour ward
- ❑ Labour should be overseen by senior midwifery staff
- ❑ Operative vaginal delivery and CS must be done by senior obstetrical staff; senior anaesthetic staff must be involved

3rd Stage

- ❑ Active management of 3rd stage of labour
- ❑ Prophylactic syntocinon infusion
- ❑ Close observation on labour ward for at least one hour post delivery
- ❑ Pro-active management of retained placenta

Post-partum Haemorrhage

- ❑ Rapid response
- ❑ Senior staff
- ❑ Rub up contraction, expel clots
- ❑ Oxygen & IV fluids
- ❑ Catheter
- ❑ Oxytocics
- ❑ Anti-fibrinolytics
- ❑ rVIIa
- ❑ Bimanual compression

Post-partum haemorrhage

- ❑ uterine packing
- ❑ balloon tamponade
- ❑ B Lynch
- ❑ uterine artery ligation
- ❑ internal iliac ligation
- ❑ hysterectomy
- ❑ interventional radiology
- ❑ cell salvage

Post-partum anaemia

- ❑ Iron - oral, intravenous
- ❑ B12, folate
- ❑ erythropoietin

Ongoing LTH

- ❑ Respect refusal
- ❑ Advise re entitlement to change mind at any time
- ❑ Maintain
 - professional attitude
 - trust of patient
 - caring relationship
- ❑ In the event of mortality
 - bereavement support for family
 - support and debrief for staff

The Future

- ❑ Ask all mothers at booking re transfusion
- ❑ Work closely with Liaison Groups
- ❑ Address paediatric issues
- ❑ Evaluate new technology
- ❑ Establish national guidelines
- ❑ Establish dedicated obstetrical service