Treatment of Patients who decline transfusion of Blood Components and/or Blood Products

November 2008
Title: Treatment of Patients who decline transfusion of Blood Components and/or Blood Products

Reference Number: Corp09/003

Implementation Date: This policy will be implemented after being signed off by the Chief Executive

Review date: This policy will be reviewed one year after the effective date and thereafter every two years

Responsible Officer: The officer responsible for reviewing this policy is the Haemovigilance Practitioner on behalf of the Hospital Transfusion Committee

This policy has been developed within the context of Equality and Human Rights statutory obligations and requirements.
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1. Introduction

Occasionally patients presenting for surgery, or other procedures, may request to have bloodless procedures on the basis of a deeply held religious belief (Jehovah’s Witnesses) or personal conviction. The patient has every right not to expect to receive blood if they have made it clear in advance that they do not wish to do so.

To administer blood to a competent adult who has refused to accept it either by an advance directive or by its exclusion in a consent form is unlawful, ethically unacceptable and may lead to criminal and civil proceedings. This does not mean that these patients have any wish to die prematurely and it is essential for the medical or surgical team involved to give this patient group the optimal care at all stages of their treatment. This will include a multidisciplinary approach at each of the stages of informed consent, pre-procedure optimisation, intra-operative management and post-operative care.

2. Alternatives to Blood Transfusion

According to the HSS Circular MD6/03 Better Blood Transfusion, Appropriate use of Blood (2003), patients at risk of transfusion should be informed of their choices which include information relating to alternatives to blood transfusion.
3. Jehovah’s Witnesses view of Blood

Jehovah’s Witnesses have strong beliefs based upon passages from the Bible that are interpreted as prohibiting the ‘consumption’ of blood. As a result of this belief, they do not accept transfusion of whole blood or its primary component.

It is important to ascertain if the patient is a fully dedicated Jehovah’s Witness – this can be confirmed if the patient is carrying an Advance Decision to Refuse Specified Medical Treatment Card (Appendix One) hereafter referred to as an Advance Directive card. Many Jehovah’s Witnesses have lodged a copy with their general practitioner, as well as with associates and relatives (Royal College of Surgeons, 2002). If there is doubt, and time permits, ADVICE may be sought from a family member, the patient’s General Practitioner, a member of the Jehovah Witness congregation or by contacting the Hospital Liaison Committee for Jehovah Witnesses’ (Appendix Two). Relatives and associates CANNOT consent to or refuse treatment for a patient, other than in the case of a minor.

Staff, on learning that a patient is a Jehovah’s Witnesses, should enquire fully as to which aspects of treatment are acceptable and which are not. It is also necessary to identify how these beliefs will affect treatment, whether immediate or planned.

Acceptable Medical Treatment

- Most medical treatments, surgical & anaesthetic procedures, devices & techniques, as well as haemostatic & therapeutic agents that do not contain blood
- Non-blood volume expanders (e.g. saline, dextran)
- Non-blood management techniques such as Hypotensive Anaesthesia, Meticulous Haemostasis and Diathermy
- Agents such as Erythropoietin, Aprotinin, Desmopressin, Vasoconstrictors and Recombinant Factor V11a
Matters of Patient Choice

Each Jehovah’s Witness will decide whether he or she wishes to accept the following as a matter of personal choice. Hence it is essential to discuss whether or not these procedures are acceptable with each patient:

- Intra-operative and post-operative cell salvage (*not available in Western Health & Social Care Trust*)
- Heart by-pass (pumps must be primed with non-blood fluids) (*not available in Western Health & Social Care Trust*)
- Haemodialysis
- Plasma derivatives or cellular components (e.g. albumin, immunoglobulins, anti-D, clotting factors, haemophilic preparations, vaccines)
- Haemoglobin based oxygen carrying solutions, not yet licensed in the UK, may soon be available
- Organ Transplants (*not available in Western Health & Social Care Trust*)

Unacceptable Medical Treatment (All Jehovah’s Witnesses)

- Transfusion of whole blood, packed red cells, white cells, plasma (FFP) & platelets.
- Preoperative autologous blood collection and storage for later reinfusion.

Values of a Jehovah’s Witnesses

The decision of individual Jehovah’s Witness to absolutely refuse blood and primary blood components is their own choice and should be free from any external influence. Jehovah’s Witnesses accept full legal responsibility for their decision and release those treating them from any liability for any adverse consequences directly arising from their management options being curtailed by the exclusion of blood or primary blood components.

It should be noted that it is highly significant for a baptised Jehovah Witness to wilfully and without regret accept blood transfusion since by doing so he/she rejects a previously held core value and thus indicates by his or her own actions that he/she no longer wishes to be a Jehovah Witness.
4. Consent Issues regarding treatment without Blood Components and/or Blood Products

The basic rule applies that a patient, whatever his or her condition, may not be treated without their consent except where emergency treatment is required and/or the patient is unable to give consent and where no valid advance directive card has been received by the Trust.

The Blood Components / Blood Products Advance Directive / Consent (Appendix Three) supplements the Department of Heath, Social Services & Public Safety (DHSSPS) Form ‘Consent for Examination, Treatment or Care’ and it does not replace a current Jehovah’s Witnesses Advance Directive card.

It is not only the patient who needs to be involved in the consent process as other key members of the peri-operative team (e.g. anaesthetist) needs to be alerted well in advance to clarify that they have no personal objections to proceeding with the proposed bloodless procedures in the patient – especially when there may be a considerable risk of morbidity and/or mortality.

An accurate record of all discussions about consent and treatment options should be made in the patient’s hospital notes.


Personnel Recruitment

- In an elective patient who declines transfusion of blood component or blood product, the anaesthetic department should be contacted as soon as possible to ensure that a consultant anaesthetist is prepared to manage the patient’s care. Anaesthetists have the right to refuse to anaesthetise an individual in an elective situation but should attempt to refer the case to a suitable qualified colleague prepared to undertake it. The surgeon should be informed as soon as possible if any difficulty ensues. In an emergency, the anaesthetist is obliged to provide care and MUST respect the patient’s competently expressed views.
- As with any surgical procedure, the surgeon may decline to undertake a procedure if the perceived risk/benefit ratio is unacceptable and will attempt to contact a colleague who is prepared to manage the patient’s care.

Treatment of Patients who decline transfusion of Blood Components and/or Blood Products
With any major surgical procedure, the opinion of the consultant surgeon should be sought, and the operation undertaken by a surgeon of seniority appropriate to the risks involved (Royal College of Surgeons, 2002).

Planning Surgery

- Major procedures can be carried out in stages in order to limit acute blood loss and the choice of operative technique may also influence outcomes.
- Consideration should be given, before surgery, to one or more techniques to reduce intra-operative blood loss such as meticulous haemostasis and drug therapy.

Obstetric Considerations

- The introduction of an antenatal alert of the anticipated delivery of a child to a Jehovah’s Witness mother can be beneficial so that appropriate senior staff will be available. This arrangement should apply to booking of delivery dates by both obstetricians and midwives (The Association of Anaesthetists of Great Britain and Ireland, 2005).
- An appropriate care plan for ‘Women in labour refusing a Blood Transfusion’ should be agreed between patient and the Consultant Obstetrician (Appendix Six).

Pre Operative Assessment/Discussion

- Pre-operative anaemia should be investigated and treated. Discussion of an individual case with a Consultant Haematologist could be beneficial.
- Full pre-operative investigations and consultations with the patient should take place as early as possible, in order to ascertain the degree of limitation on intra-operative management.
- Risks of blood loss should be reduced by identifying bleeding disorders and discontinuation of drugs that interfere with coagulation if feasible e.g. warfarin and antiplatelet drugs.
- At the pre-operative visit, it is important to take the opportunity to see the patient without relatives or members of the local community (if a Jehovah’s Witness) who may influence and impede full and frank discussion of the acceptability of certain forms of treatment. Treatments that are regarded as acceptable should be established and the patient made fully aware of the risks of refusal of blood or blood products. Agreed procedures and non-acceptable treatments should be documented in the clinical notes, witnessed by the patient and dated, timed and signed. At the patient’s request, family members or members of the Hospital
Liaison Committee for Jehovah’s Witnesses may be included in these discussions (Appendix Two for contact numbers).

**Post Operative**
- Post-operative blood loss should be carefully monitored and accurately recorded.

**6. Legal Position**

- **Conscious Adult Patient – Elective Treatment**
  - A conscious, mentally competent adult (over 18 years old) cannot be given treatment without his or her valid consent. Refusal of treatment can be for reasons, which are rational, irrational or for no reason at all. Health care professionals may be legally liable if they administer blood in the face of a refusal by a competent patient who has refused either verbally, by signing a consent form against blood transfusion and/or by carrying an Advance Directive card.
  - Consultation with an experienced practitioner who is aware of blood loss that is likely, pre-optimisation pathway & risks that bloodless procedures present to the patient.
  - Review, consider & discuss non-blood alternatives & treatments without use of homologous blood (Jehovah’s witnesses do not accept pre-deposit autologous transfusions).
  - Consultation with other doctors who may have experience with non-blood management & treatment without recourse to homologous blood.
  - Consider transferring the patient to another site more familiar or willing to comply with the treatment permitted.
  - Complete relevant documentation (Appendix Three & Four).

- **Conscious Adult Patient – Emergency Treatment**
  - If patient is conscious & his/her condition not so extreme as to impair capacity to understand what is proposed, then the patient’s wishes must be respected.
  - No other person has the authority to consent to or refuse treatment on behalf of the conscious adult patient.
  - If patient, having refused blood product, gives reliable indication at any point that he has changed his mind, then he may be treated in accordance with that wider consent despite the dissent of relatives.
- Whenever possible consent should be expressly given in writing by the patient to prevent any misunderstanding.
• **Unconscious Adult Patient – Elective Treatment**
  - Investigate any suggestion that patient is a Jehovah’s Witness & enquire as to restrictions in treatment this may dictate.
  - Any documents found with patient or produced by patient’s relatives (most Jehovah’s Witnesses carry an Advance Directive card) or information as to patient’s beliefs notified by relatives must be carefully noted. If a relative or associate suggests that a patient would not accept a blood transfusion, they must provide documentary evidence such as an Advance Directive card. Without this, blood should not be withheld in life-threatening circumstances (Milligan & Bellamy, 2004).
  - Many Jehovah’s Witnesses lodge a copy of the Advance Directive card with their General Practitioner, who should be contacted if documentation required (or contact the Hospital Liaison Committee for Jehovah Witnesses’ – Appendix Two).
  - If relevant documents are produced that clearly indicates the patient has adopted particular views with regard to use of blood products, then those restrictions must be observed.

• **Unconscious Adult Patient – Emergency Treatment**
  - If an Advance Directive card is signed, dated and the signature witnessed, then there can be no reasonable doubt concerning its validity.
  - If there is obvious doubt as to the validity of the documents or no documents available, the patient should receive such treatment as is immediately necessary and in his/her best interest. DO NOT delay transfusion so as to put the patient at risk.
  - No other person can consent or refuse treatment. Thus in the absence of a direct expression from the patient of his/her views or a valid Advance Directive card, treatment should proceed without restriction from others.
• **Patient with Mental Illness – Elective Treatment**
  - Investigate any suggestion that patient is a Jehovah’s Witness & enquire as to restrictions in treatment this may dictate.
  - Any documents found with patient or produced by patient’s relatives (most Jehovah’s Witnesses carry an Advance Directive card) or information as to patient’s beliefs notified by relatives must be carefully noted.
  - Many Jehovah’s Witnesses lodge a copy of the Advance Directive card with their General Practitioner, who should be contacted if documentation required (or contact the Hospital Liaison Committee for Jehovah Witnesses’ – Appendix Two).
  - If relevant documents produced that clearly indicates the patient has adopted particular views with regard to use of blood products, then those restrictions must be observed.
  - Where it is suggested by relatives that there should be limitations imposed on treatment options seek senior medical and risk management guidance.

• **Patient without Capacity – Emergency Treatment**
  - If an Advance Directive card is signed, dated and the signature witnessed, then there can be no reasonable doubt concerning its validity.
  - If there is obvious doubt as to the validity of the documents, the patient should receive such treatment as is immediately necessary and in his/her best interest. DO NOT delay transfusion so as to put the patient at risk. If a relative or associate suggests that a patient would not accept a blood transfusion, they must provide documentary evidence such as an Advance Directive card. Without this, blood should not be withheld in life-threatening circumstances (Milligan & Bellamy, 2004).
  - No other person can consent or refuse treatment. Thus in the absence of a direct expression from the patient of his/her views treatment should proceed without restriction from others.
• **Child capable of giving informed consent (Gillick competent)**
  - A child who is adjudged capable of giving informed consent to treatment (including blood transfusion) can do so and can thus override parental wishes if he or she so chooses.
  - Young people between aged 16 and 17 years old are presumed to be competent to give consent (refusal may still be challenged), and should be treated as such unless there is evidence to suggest otherwise.
  - Where a competent child up to the age of 18 refuses treatment and the treating team considers the refusal not to be in the child’s best interests, the Trust’s solicitors should be contacted (Litigation Department, Westcare Ext 2376 or 02871865121) and a Court can be asked to authorise the proposed treatment on the child’s behalf.

• **Child unable to give informed consent – Elective Treatment**
  - Where parents refuse consent to a blood transfusion on behalf of a minor (i.e. a person below the age of 18) and the treating team believe that blood is necessary, the Trust’s legal advisors should be contacted (Litigation Department, Westcare Ext 2376 or 02871865121) to consider making an application to the Court.
  - It is important, before this serious step is taken, that two doctors of Consultant status, should make an unambiguous, clear & signed entry in the clinical notes that the blood transfusion is essential, or likely to become so, to save life or prevent serious permanent harm.
  - In the event that a court order is sought, it is strongly recommended that the parents be given the opportunity to be properly represented & are kept fully informed of the practitioner’s intention to apply for the court order.
  - Involvement of Litigation Department (Westcare Ext 2376 or 02871865121) is essential.
• **Child unable to give informed consent – Emergency Treatment**
  - Management of a Jehovah’s Witnesses child in an emergency situation, who is likely to succumb without the immediate administration of blood, is viewed in law in a different light. In this situation, application to the courts would be too time consuming & blood should be transfused without consulting the court. (Courts are likely to uphold decision of doctor who gave blood).
  - Two doctors, Consultant status, should make an unambiguous, clear & signed entry in clinical notes that the blood transfusion is essential to save life or prevent serious permanent harm.
  - The Trust’s legal department (Litigation Department, Westcare Ext 2376 or 02871865121) should be informed as early as possible.

• If any patient has additional support needs to ensure effective communication to ensure informed consent, e.g. language and signing interpreting, then this will be provided for as appropriate.
Appendix Two

Hospital Liaison Committee for Jehovah Witnesses’ Contact Numbers

The prime role of members of the Hospital Liaison Committee for Jehovah Witnesses’ is to assist in avoiding confrontation between doctor and patient and to assist understanding on both sides.

They can provide reference material and information about the latest developments in blood surgical and medical management. They will be able to provide a contact list of consultant surgeons and physicians who have had experience in providing non-blood medical management for Jehovah Witnesses’ patients.

Jehovah Witnesses’ patients may require the hospital staff to contact members of the Hospital Liaison Committee on their behalf.

Hospital Liaison Committee members for Western Area:

- Mr David Benstead
  - Telephone 00353749736974
  - Mobile 00353862285077
  - (Chairman)

- Mr John Mayne
  - Telephone 02871882317
  - Mobile 07708222583

- Mr Tim Nightingale
  - Telephone 02871811784
  - Mobile 07935223764

- Mr Ronald Bacon
  - Telephone 02870353502
  - Mobile 07867690764

Nonurgent communications, email: daveandmaggie@eircom.net
Appendix Three

Blood Components / Blood Products Advance Directive / Consent

Ideally this advance directive / consent must be gained by an informed Consultant Practitioner after the patient has had sufficient information and adequate time (to consult others if necessary) to make a fully informed decision. This section is to be completed by the patient and a Consultant Anaesthetist / Consultant Surgeon / Consultant Physician.

I ______________________ (print patient’s full name), born on the _____ day of ________ (month), __________ (year), am of sound mind and I voluntarily make this health care advance directive. This will remain in force until specifically revoked by me.

**Concerning the following medical treatments:**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Patient’s Wishes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood transfusion from a donor (whole blood)</td>
<td></td>
</tr>
<tr>
<td>Blood transfusion predonated by me (whole blood)</td>
<td></td>
</tr>
<tr>
<td>Red blood cell from a donor</td>
<td></td>
</tr>
<tr>
<td>Red blood cell predonated by me</td>
<td></td>
</tr>
<tr>
<td>White blood cells</td>
<td></td>
</tr>
<tr>
<td>Platelets</td>
<td></td>
</tr>
<tr>
<td>Fresh Frozen Plasma</td>
<td></td>
</tr>
<tr>
<td>Albumin</td>
<td></td>
</tr>
<tr>
<td>Cryoprecipitate</td>
<td></td>
</tr>
<tr>
<td>Coagulation factors</td>
<td></td>
</tr>
<tr>
<td>Recombinant coagulation factors</td>
<td></td>
</tr>
<tr>
<td>Immunoglobulins (including Anti-D)</td>
<td></td>
</tr>
<tr>
<td>Crystalloids (Saline, Hartmann’s, dextrose)</td>
<td></td>
</tr>
<tr>
<td>Colloids (Gelofusion, Haemacell, Dextran)</td>
<td></td>
</tr>
<tr>
<td>Recombinant Erythropoietin</td>
<td></td>
</tr>
<tr>
<td>Haemodialysis</td>
<td></td>
</tr>
</tbody>
</table>

Patient confirms that above details are correct

<table>
<thead>
<tr>
<th>Full Name (Print):</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Time:</td>
</tr>
</tbody>
</table>

Completed by: -

<table>
<thead>
<tr>
<th>Full Name (Print):</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant Anaesthetist / Consultant Surgeon / Consultant Physician (Please select appropriate response)</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>Time:</td>
</tr>
</tbody>
</table>
Appendix Four
Elective Surgery – Patient who declines Transfusion of Blood Components and/or Blood Products

**Statement of Health Care Professional**

<table>
<thead>
<tr>
<th>Proposed Procedure:</th>
<th>Planned Date:</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

**Estimate expected blood loss:** _________________ ml

*If expected blood loss > 500ml, Consultant Surgeon/Physician must be involved*

<table>
<thead>
<tr>
<th>Patient informed about procedure and blood loss?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Blood samples taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBC</td>
</tr>
<tr>
<td>Coagulation Screen</td>
</tr>
<tr>
<td>Ferritin</td>
</tr>
<tr>
<td>B12</td>
</tr>
<tr>
<td>Folate</td>
</tr>
<tr>
<td>Thyroid Profile</td>
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<tr>
<td>LFTs</td>
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<tr>
<td>U&amp;E</td>
</tr>
</tbody>
</table>

*Warfarin/Antiplatelet drugs to be stopped before procedure*  
Yes  No  N/A

*Iron supplementation required*  
Yes  No

*If expected blood loss > 500ml:*

<table>
<thead>
<tr>
<th>Is a suitable alternative treatment possible?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

*If ‘yes’, please specify ________________________________*

<table>
<thead>
<tr>
<th>Has this been explained to the patient?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If the patient wishes to proceed with proposed procedure with blood loss > 500ml expected:*

<table>
<thead>
<tr>
<th>Patient referred to Anaesthetist at earliest opportunity?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Patient advised of additional risks of morbidity / mortality  
Because of refusal to accept blood and/or blood products?*  
Yes  No

Completed by: -  
Full Name (Print): [Full Name]  
Signature: [Signature]  
Date: [Date]  
Time: [Time]

Consultant/Specialist Registrar/Staff Grade (Please select appropriate response)

**Treatment of Patients who decline transfusion of Blood Components and/or Blood Products**

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Appendix Five
Summary of Clinical management for Medical Staff to consider

Pre-operative
- Liaison with Anaesthetic / Haematological Personnel
- Consider iron supplements
- Consider erythropoietin

Intra-operatively
Anaesthetic
- Experienced senior personnel should be present
- Correct patient positioning
- Normothermia maintained (use of fluid warmer and temperature of theatre)
- Haemodilution should be employed
- Hypotensive technique followed by optimal filling & normo / hypertension before closing the wound (considered essential)
- Anti-fibrinolytics

Surgical
- Experienced senior personnel should be present
- Correct patient positioning
- Meticulous surgical haemostasis
- Use of topical haemostatic agents
- Staged procedure (if possible)
- Low risk operative technique (if choice available)
- Use vasoconstrictor (if appropriate)
- Tourniquet (if possible)

Post-operative
- Early Hb check (Use micro-sampling)
- Careful record of blood loss
- Early re-exploration, if indicated
- Early discussion with a Consultant Haematologist
# Risk factors predisposing to postpartum hemorrhage (PPH):

- If the patient has any of the risk factors below, an IV infusion of syntocinon (Desmopressin) should be considered after delivery of the baby.
- **Previous history of bleeding, medication use or prothrombin time**
- **Protracted labor (especially when augmented with oxytocin)**
- **Abnormal presentation**

## Management of postpartum hemorrhage:

**First stage**: Intrauterine massage, amniotomy and haemostatic scissors. Establish IV fluid infusion e.g. Colloids. Use oxytocic drugs such as ergonovine maleate or methylergometrine maleate. Oxytocic given early in the 1st stage of labor, followed by postpartum oxytocin infusion. If bleeding persists, use maternal compression. Give oxygen, Californes, and muscle relaxants. Consider cephaline. Use oxytocin against the open vagina using a jet just above the umbilicus, may be repeated every 4-6 hours. If internal bleeding persists, consider uterine artery ligation.

**Second stage**: If bleeding continues, consider uterine artery ligation, bipolar coagulation. If bleeding is uncontrolled, consider hysterectomy.

### Additional treatments:
- **Membrane evacuation**: Complete evacuation of the placenta by suction aspiration or dilatation and curettage may help control bleeding.
- **Uterine compression**: If bleeding persists despite ligation, consider uterine compression.
- **Medical therapy**: Consider administration of uterotonic agents, such as oxytocin or methylergometrine.

### Postpartum complications:
- **Uterine atony**: Immediate uterine massage, uterine inversion, or uterine artery ligation.
- **Infection**: Antimicrobial therapy.
- **Blood transfusion**: If required, consider blood transfusion.

---

**Table: Risk Factors for PPH**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous history of bleeding</td>
<td>IV fluid infusion</td>
</tr>
<tr>
<td>Medication use or prothrombin time</td>
<td>Syntocinon infusion</td>
</tr>
<tr>
<td>Protracted labor</td>
<td>Oxytocin infusion</td>
</tr>
<tr>
<td>Abnormal presentation</td>
<td>Maternal compression</td>
</tr>
</tbody>
</table>

---

**Postpartum care**

- **Oxytocin therapy**: Oxytocin may be administered intramuscularly or intravenously to stimulate uterine contractions and control bleeding.
- **Blood transfusion**: Consider blood transfusion if bleeding persists despite conservative measures.
- **Hysterectomy**: In case of severe bleeding, hysterectomy may be necessary.

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**Hospital information services for Jehovah's Witnesses**: 021-0105-0000.
References:


Acknowledgements:

The Hospital Transfusion Committee would like to acknowledge representatives from the local Hospital Liaison Committee who contributed useful comments to this document. The local Hospital Liaison Committee provided a copy of a ‘Policy for the treatment of Jehovah’s Witnesses’ as a reference source from North Bristol NHS Trust that they perceived to be an accurate reflection on their beliefs.