

Obstetric Care for Women who Decline Transfusions (Jehovah's Witnesses and others)
Elliott Main, MD, Department of Obstetrics and Gynecology, California Pacific Medical Center, Sutter Health

SPECIFIC CHECKLIST FOR MANAGEMENT OF PREGNANT WOMEN WHO DECLINE TRANSFUSIONS

Prenatal Care

- Comprehensive discussion with a checklist specifying acceptable interventions
- Aggressively prevent anemia (goal: HCT: 36-40%)
 - Iron—PO or IV (sucrose) with Folate and B12 as needed
 - rh-Erythropoietin 600units/kg SQ 1-3x per weekly as needed (most preparations have 2.5ml of albumin so may be refused by some Jehovah's Witnesses)
- Line-up Consultants (consider MFM, Hematology, Anesthesiology)

Labor and Delivery

- Anesthesia consultation early
- Reassessment of hemorrhage risk and discussion of options (e.g. Surgery, Interventional Radiology)
- Review specific techniques (e.g. Options Checklist and Fibrin/Thrombin glues, rFactor VIIa—but remember that rFVIIa needs factors to work)
- Review references—Have a Plan!!
- Be decisive

Postpartum

- Maintain volume with Crystaloids and Blood substitutes
- Aggressively treat anemia
 - Iron—IV (sucrose)
 - Rh-Erythropoietin 600units/kg SQ weekly (3x week)
RCT's show benefit in Critical Care units

For more information, please review: www.CMQCC.org section on "OB Hemorrhage/Jehovah's Witness"