

## **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 (iron sucrose or ferric carboxymaltose) with Folate and B12 as needed
  - rh-Erythropoietin 600 u/kg SQ 1-3x per weekly as needed (most preparations have 2.5 mL of albumin so may be refused by some Jehovah's Witnesses but others do accept)
- 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)
- Review references—Have a Plan!!
- Be decisive

### Postpartum

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