

Appendix H: Checklist for Patients Who May Decline the Use of Blood Products

Prenatal Care
<input type="checkbox"/> Comprehensive discussion with a checklist specifying acceptable interventions <input type="checkbox"/> Clear documentation of patient wishes <input type="checkbox"/> Aggressively screen for anemia and optimize hemoglobin prior to delivery (See toolkit section on Management of Iron Deficiency Anemia.) <ul style="list-style-type: none"> • Consider aggressively correcting any hemoglobin below 12.0 g/dL rather than using the general obstetric threshold of 11.0 g/dL <input type="checkbox"/> Coordinate consultants (consider MFM, Hematology, Anesthesiology)
Labor and Delivery
<input type="checkbox"/> Inform the entire care team and have a plan! <ul style="list-style-type: none"> • Obstetrics, MFM, Anesthesia, Neonatology, ICU, Main OR Team (Charge RN), Blood Bank <input type="checkbox"/> Coordinate planning with blood bank (can be done earlier per facility protocol) <input type="checkbox"/> Reassessment of hemorrhage risk and gather baseline labs (e.g., CBC) <input type="checkbox"/> Review previous discussion of options and patient wishes (or have a discussion based on shared decision-making if not done prior to admission) <input type="checkbox"/> Quantify blood loss at delivery for accurate measurement of hemorrhage stage <input type="checkbox"/> Limit blood draws/laboratory testing when possible (e.g., use low-volume pediatric microtainers) <input type="checkbox"/> Ensure quick access to uterotonics and other medications/tools for managing blood loss (e.g., TXA, fibrin glues) and consider earlier utilization
Postpartum
<input type="checkbox"/> Maintain volume with crystalloids <input type="checkbox"/> Limit blood draws/laboratory testing when possible <input type="checkbox"/> Aggressively treat anemia (see toolkit section Management of Iron Deficiency Anemia) <input type="checkbox"/> Continue close monitoring for vital signs changes and postpartum bleeding

Checklist: Acceptable interventions for those who decline to use blood products

Components of human blood	YES	NO
Packed Red Blood Cells		
Fresh Frozen Plasma		
Platelets		
Cryoprecipitate		
Albumin		
Plasma Protein Fraction		

Medications which contain a fraction of human blood		
	YES	NO
RhoGam (contains proteins from human blood)		
Human Immunoglobulin		
Tisseel (fibrin sealant containing proteins from plasma)		

Techniques for blood conservation/processing <i>These interventions involve your own blood being removed from your body and put back in.</i>		
	YES	NO
Cell saver		
Autologous (your own) banked blood transfusion		
Cardiopulmonary bypass		
Plasmapheresis		
Hemodialysis		
Other: _____		

Surgical interventions* <i>These are interventions that may be used to save your life, but do not involve blood products. Note that they may be used more readily in patients who cannot receive a transfusion.</i>		
	YES	NO
Bakri intrauterine balloon		
Uterine compression sutures		
REBOA (resuscitative endovascular balloon occlusion of the aorta)		
Hysterectomy		
Interventional Radiology		
Fibrin/thrombin glues		
Other: _____		

*See Section: Placenta Accreta Spectrum: Incidence, Risks, Diagnosis, Counseling and Preparation for Delivery on page 51
Improving Health Care Response to Obstetric Hemorrhage, a CMQCC Quality Improvement Toolkit, 2022