UIHC SPECIFIC CHECKLIST FOR MANAGEMENT OF PREGNANT WOMEN WHO DECLINE TRANSFUSION

Prenatal Care

☐ Comprehensive discussion with patient using the UIHC blood refusal/acceptance checklist specifying acceptable interventions
☐ UIHC blood refusal/acceptance checklist signed by patient and staff provider (OB, anesthesia and/or hematology) scanned into patient’s EPIC chart.
☐ Patient to obtain all prenatal care at UIHC (preferably HROB clinic)
  - Obtain consults as early in pregnancy as possible:
    ☐ MFM consult
    ☐ UIHC Anemia Clinic consultation and follow up as indicated
    ☐ Anesthesiology consult
    ☐ Arrange Gyn Onc and additional OBGYN surgeon for scheduled cases at high risk for bleeding/complicated surgical issues.
    ☐ Schedule delivery at 39 weeks (or earlier if indicated), if patient lives greater than 1 hour away.
    ☐ Scheduled cases to be performed in the morning (8 or 10a start).
☐ Aggressively prevent anemia (goal: HCT: 36-40%) per UIHC Anemia Clinic
  ☐ Iron – PO or IV (sucrose) with Folate and B12 as needed (per UIHC Anemia Clinic)
  ☐ Rh-Erythropoietin

Labor and Delivery

☐ Anesthesia consultation early (upon arrival and before any interventions)
☐ Review with patient her signed UIHC blood refusal/acceptance checklist for any changes/modifications
☐ Reassessment of hemorrhage risk and discussion of options (e.g. potential need for surgical delivery, need for Interventional Radiology)
☐ Review specific techniques (e.g. UIHC blood refusal/acceptance checklist, Fibrin/Thrombin glues, rFactor VIIa, pre-, intra- and post-operative tranexamic acid, Cell Saver use, etc.)
☐ Review Bloodless Medicine OB Hemorrhage Protocol (*link to document)
☐ Implement the OB Hemorrhage Bundle as indicated without blood transfusion

Postpartum

☐ Maintain volume with crystalloids and blood substitutes
☐ For uncomplicated cases, maintain postpartum management on labor and delivery unit for 4-6 hours postpartum. When ready to transfer, it is preferred they transfer to 6th floor. Complicated patients may require ICU admission post-delivery.
☐ In patients at high risk for postpartum hemorrhage, utilize postpartum uterotonics for 24+ hours (Methergine, Hemabate), even in the absence of immediate hemorrhage.
☐ Aggressively treat anemia
  ☐ Iron – IV (sucrose)
  ☐ Rh-Erythropoietin