

Individuals who Do Not Accept Administration of Blood or Human-Derived Products

[April 2025 (replaces September 2024)]

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This guideline has been updated to include recommendations for respectful counseling as well as include legal considerations for pregnant minors who decline blood products. The BCM OB/Gyn Perinatal Guidelines Committee also upgraded the Transfusion Medicine antepartum consult from optional to *highly encouraged*.

Background

Jehovah's Witnesses is a Christian denomination who believes that certain passages from the Bible prohibit blood transfusion including but not limited to transfusions of donated or autologous whole blood, red blood cells, granulocytes, plasma, and platelets.¹ However, some individuals will accept blood components or minor fractions (albumin, clotting factors, fibrinogen, or immunoglobulins). The spectrum of acceptance of blood products may be wide-ranging within an obstetric Jehovah's Witnesses population.²

Therefore, a detailed discussion with each patient is warranted.

Counseling Recommendations

Since surgical or obstetric hemorrhage can occur abruptly and profoundly, resulting in the need for immediate action, conversations and planning should take place early in prenatal care and prior to the patient's admission to the labor and delivery unit when possible. It is important to counsel the patient that maternal mortality is significantly increased for Jehovah's Witnesses obstetric patients.^{3,4}

However, it is also important to begin the conversation in a way that is free from judgement and puts the patient at ease.

Conversation starting tips from the Ben Taub Transfusion Medicine department:

- Consider using language such as, "Our goals are to both understand your wishes and make sure we are allowing you to make an informed choice."
- Consider discussing the color, cellularity, and degree of processing for various blood products. Patients often want to know how closely each product resembles whole blood when they are making a decision.
- Patients often come with documents listing the products they will accept. These should be closely reviewed by a physician as the descriptions of blood products in these documents are not always accurate.

The Transfusion Medicine team (Blood Bank) is available for inpatient and outpatient consults at both the Pavilion for Women (PFW) and Ben Taub (BT) (see contact information below) if additional help is needed.

Frequently Asked Questions

What do Jehovah's Witnesses believe (generally)?

Once blood has been removed from the body, it should be disposed of and not returned to the body. Violating this prescription can lead to loss of eternal life.

What are the rights of patients?

Patients may have concerns in addition to physical well-being including emotional, spiritual, psychological, and social concerns. Based on the principle of patient autonomy, patients have the right to decline care if the following criteria are met.¹

The patient:

1. is an adult
2. is mentally capable of making decisions
3. is free of coercion
4. is well-informed about the risks, benefits, and alternatives of the proposed treatment
5. understands the potential consequences of declining treatment including death

- **AND** - the decision will not:

6. cause harm or burden on an "innocent third party" such as a child (e.g. parent declining blood for a child) (note: fetus does not have the same legal rights as a child)
7. lead to greater use of medical resources

In the event that an adolescent/minor Jehovah's Witness is pregnant, the rights of the patient become less clear. Section 32.003 of the Texas Family Code states that a child may consent to medical treatment if the child "is unmarried and pregnant and consents to hospital, medical, or surgical treatment, other than abortion, related to the pregnancy." However, in the United States, the ability of an adolescent to decline blood products is generally determined on a case-by-case basis. Generally, it is not permitted for a younger child's parents to decline life-saving medical treatment, such as blood transfusion, on behalf of their child. Consider an ethics consult if a pregnant minor declines blood products.⁵

Do providers have rights?

Providers have moral obligations to act in the best interest of the patient. To withhold a blood transfusion in a life-threatening situation may violate a provider's ethical, moral, or religious convictions. Except in an

emergency, a provider can decline to provide professional services to a patient, granted the care of the patient is transferred to another physician who is qualified, prepared, and willing to take on care of the patient.

Legal Components

Advance healthcare directive

(also known as a living will or healthcare declaration)

A written statement detailing an individual's desires regarding medical care

Medical power of attorney (POA)

(also called healthcare power of attorney or healthcare agent)

A legal document that states who should make medical decisions on behalf of the patient should the patient become incapacitated/incapable of making their own decisions. In the absence of a designated Medical POA, the following is the list of priority of surrogates:

1. Spouse (including common law spouse)
2. Adult children
3. Parents
4. Nearest relative

Definition of common law marriage in Texas:

Section 2.401 of the Texas Family Code states that a common law marriage may be proved by evidence that the couple:

“Agreed to be married;” **-AND-**

“After the agreement they lived together in this state as husband and wife;” **-AND-**

“Represented to others that they were married”

It is a surrogate decision-maker's ethical responsibility to follow the wishes of the patient, if known. It does not matter how the patient made his or her wishes known. A surrogate decision-maker should not substitute his or her judgement for the judgement of the patient.

Legal Contacts

BCM Legal: On call pager 713-788-3628

Harris Health Ethics: On call pager 281-952-0603

TCH Risk Management: On call pager 832-824-2099

Pre-Delivery Optimization

The basic goals of care in the antepartum period include: ^{6,7}

1. Screening patients for willingness to accept blood products
2. Counseling patients on various blood products and fractions and the risks of declining blood. See Appendix for a [blood product checklist](#) to facilitate discussion.
3. Documenting and planning for patient wishes
4. Avoiding significant anemia.
 - The work-up of anemia is paramount for appropriate treatment. Please see guideline “Iron-Deficiency Anemia During Pregnancy” for information regarding work-up and management of anemia. In patients with severe anemia, there are several adjuncts to standard therapy that can be administered during prenatal care or arranged prior to scheduled delivery:

- **Erythropoietin** is a glycoprotein produced by the kidneys that increases red blood cell production. Recombinant human erythropoietin may be used in cases of moderate to severe refractory anemia (generally, hemoglobin <10 g/dL not improved with iron). Erythropoietin can be dosed at 100 units/kg intravenously or subcutaneously 3 times weekly.^{8,9}
- **Normovolemic hemodilution** is a technique that can be performed prior to expected blood loss (generally before Cesarean delivery) to minimize red cell loss and may be acceptable to Jehovah's Witnesses patients if blood is maintained in a closed system. The objective is to lower the hemoglobin concentration of circulating blood volume so that the blood lost is "diluted" and later replaced with "normal" whole blood. Blood bank may help in gathering necessary "blood bags" for the procedure. Please contact the blood bank at least 24 hours prior to planned procedure.¹⁰
 - The process involves removal of blood from the patient that is maintained in a closed system. Typically, 1-3 units of blood (approximately 300 cc per unit) is withdrawn and replaced 1:1 with colloid or 1:3 with crystalloid fluids. Blood is kept in closed circulation by continuous flow system and given back to the patient during or after the procedure.
- **Intraoperative cell salvage (Cell Saver®)** may be an option for Cesarean delivery, particularly if at risk of excessive blood loss. Generally, Cell Saver® only retrieves about 10% of blood loss. Recognize that the perfusionist/transfusionist for Cell Saver® is not in-house and anticipate 30-60 minutes before arrival; therefore, this option will only be feasible for scheduled or non-urgent Cesarean.
 - At BT, Cell Saver® can be arranged via discussion with the labor and delivery charge nurse and Anesthesia.
 - At PFW, Cell Saver® should be requested at the time of scheduling a planned Cesarean. For non-urgent intrapartum Cesareans, Cell Saver® should be requested when posting the case with the charge nurse.

Intrapartum Management

1. Limit blood draws and volume for laboratory testing (may use pediatric phlebotomy tubes).
2. Early and aggressive identification and management of postpartum hemorrhage with examination, uterotronics, tranexamic acid, uterine tamponade, evacuation of retained placenta, and laparotomy with compression/hemostatic sutures or hysterectomy when required.
3. Supplemental oxygen administration to optimize oxygen delivery during hemorrhage.
4. Judicious use of non-blood volume expanders (Lactated Ringer's, Normal Saline).
5. Avoid hypothermia if coagulopathic or hemorrhaging.
6. Early identification and reversal of coagulopathy with liberal use of patient-approved hemostatic agents (see [Appendix](#) for treatment options that do not contain any human blood or components).
7. Normovolemic hemodilution (requires 24 hours preparation time) and/or Cell Saver® if appropriate.
8. Meticulous hemostatic surgical technique and use of hemostatic instruments (e.g. electrocautery, LigaSure).

Delivery Admission Checklist

(Epic Smartphrase: .DLCJWADM – Owned by Dr. Danielle Chirumbole)

Please see the [Antepartum Checklist](#) and [Blood Product Acceptance Checklist](#) in the Appendix

- Screen all patients for the willingness to accept blood products.
- If the patient does not accept blood products, review and update the "Blood Product Acceptance Checklist" or complete the Checklist if this has not been completed already AND have the patient sign the "Blood Refusal Form".
- Obtain baseline CBC, coagulation profile (PT/INR, PTT, and fibrinogen), AND a type and screen.
- Obtain a type and screen even if the patient declines blood products, as they could change their mind.
 - a.

Blood bank contact information

Contacts for Blood Bank Consults:

PFW: Dr. Jun Teruya or On-call pathologist (found in SPOK call schedule under pathology, blood bank)
BT: Dr. Sarah "Kate" Hartman

PFW Blood Bank: 832-826-3641 and ask for on-call pathologist

BT Blood Bank: 713-873-3250 or on-call pathologist 713-327-2640

BT on call Perfusionist: 1-800-521-9757

Resources

May contact the local Chaplain Services to assist with contacting the Jehovah's Witnesses Hospital Liaison

Jehovah's Witnesses Hospital Liaison Committee

Hospital Information Services (United States)

(718) 560-4300

Free service is available 24 hours a day to healthcare professionals who treat Witness patients

<https://www.jw.org/en/medical-library/strategies-downloads/>

Appendix

Antepartum Checklist

(Epic Smartphrase: DLCJWANTE – Owned by Dr. Danielle Chirumbolé)

All patients	
Accepts blood products	y/n
Risks of bleeding specific to pregnancy reviewed ^a	y/n
Personal/family history Bleeding disorders ^b Medication concerns ^c	y/n y/n
Patients who decline blood products	
Risks of declining blood products reviewed	y/n
Has patient spoken to religious liaison? Living Will Healthcare power of attorney	y/n y/n y/n
Blood Product Acceptance Checklist complete Wishes Documented in Chart	y/n y/n
Blood Refusal Form (site specific) complete	y/n
Baseline Labs ^d CBC DIC panel ^e Ferritin	Results (date)
Treatment of anemia required (goal Hgb >11)? ^f Treatment (date)	y/n
Repeat CBC (32-36w, pending delivery timing)	
Recommended Consults Anesthesia HROB/MFM Transfusion Medicine (strongly encouraged)	y/n y/n y/n
Optional Consults (complex pt, refractory anemia, possible bleeding disorder) Hematology	y/n
Contraception	

^a Risks for bleeding specific to pregnancy include placental abruption, placenta previa, placenta accreta, uterine rupture, Cesarean delivery, and postpartum hemorrhage

^b Also consider personal/family history of perioperative bleeding, menorrhagia, obstetric bleeding

^c Medications that may affect hemostasis include aspirin, NSAIDs, herbal medications

^d Limit number and volume of blood draws if possible. Consider pediatric phlebotomy tubes

^e A DIC panel should include PT/INR, PTT, fibrinogen

^f Optimize red blood cell mass by correction of anemia with oral or IV iron supplementation, erythropoietin, and/or vitamin B12 and folic acid where deficient.

Blood Product Acceptance Checklist

(Epic Smartphrase: DLCJWCHECKLIST)

COMPONENTS OF HUMAN BLOOD	ACCEPT	DO NOT ACCEPT
Red blood cells	_____	_____
Fresh frozen plasma	_____	_____
Platelets	_____	_____
Cryoprecipitate	_____	_____
Albumin	_____	_____

MEDICATIONS THAT CONTAIN A FRACTION OF HUMAN BLOOD

RhIg (Rhogam)	_____	_____
Erythropoietin	_____	_____

TECHNIQUES FOR BLOOD CONSERVATION

Cell Saver	_____	_____
Autologous blood	_____	_____
Normovolemic hemodilution	_____	_____

Adapted From: California Maternal Quality Care Collaborative

Available Products for Coagulopathy or Hemostasis

Products that CONTAIN components of human blood

Systemic

- Erythropoietin (Epogen/Procrit)
- Prothrombin complex concentrate (Beriplex/Kcentra)
- Fibrinogen concentrate (RiaSTAP)
- Factor VIII and von Willebrand factor concentrate (Humate-P)
- Other human-derived factors

Topical hemostatic agents

- Thrombin
- Tisseel
- Surgiflo (not available at Ben Taub)
- Evarrest (not available at Ben Taub)
- Floseal (not available at Ben Taub)
- Evicel (not available at Ben Taub)
- Gelfoam PLUS (contains thrombin) (not available at Ben Taub)

Products that DO NOT CONTAIN components of human blood

Systemic

- Vitamin K
- Tranexamic acid
- Vasopressin
- Desmopressin (DDAVP)
- Recombinant factor VIIa (NovoSeven RT)
- Recombinant erythropoietin (r-HuEPO)
- ϵ -aminocaproic acid (Amicar)

Topical hemostatic agents

- Collagen hemostat (Avitene, Instat)
- Recombinant thrombin (Recothrom)
- Oxidized cellulose (Surgicel, Oxycel)
- Gelatin foam/sponges (Gelfoam, Surgifoam)
- QuikClot sponges
- Tissue adhesives/fibrin glue

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