An audit on quality of care and documentation in Jehovah's Witness pregnancies

Ye H[1], Berg L[1], Dave A[1], Farah M[1], Wei J[2], Pattanakamjonkit P[2], Yoong W[1]
[1] North Middlesex University Hospital, [2] St George's University, Grenada

NHS North Middlesex University Hospital NHS Trust

Our values — We are caring — We are fair — We are open

Objective:

It is important for clinicians to have a collaborative Montgomery-competent discussion with Jehovah's Witness (JW) mothers about their care plan, and agree on the advance directive prior to labour. The obstetrician must have absolute clarity about which blood fractions will or will not be accepted. It was found that confusion over this was a factor in the most recent JW maternal death, which was complicated by placental abruption. The Royal College of Obstetricians and Gynaecologists (RCOG) advises consultant lead care, optimisation of haemoglobin (Hb) antenatally, and senior staff presence at instrumental and Caesarean deliveries. The aim of this study, conducted at a London centre of excellence for JW care, was to audit adherence to care plan and documentation of the advanced directive forms and if acceptance of specific blood fractions was discussed.

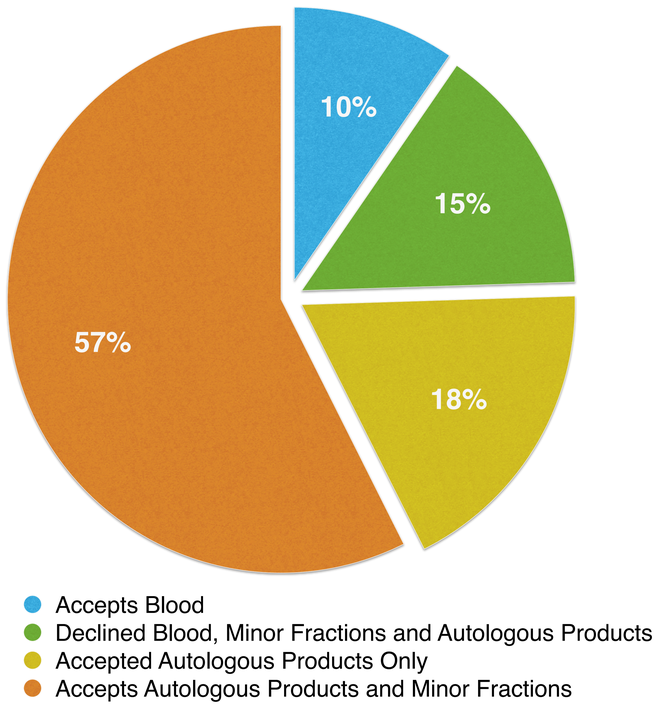
Design:

An audit to evaluate adherence to guidelines in JWs who received antenatal care between January 2013 and December 2021.

Method:

Case notes of 126 JW deliveries were scrutinised for compliance with RCOG guidelines for women who decline blood products, and checked that advance directives were appropriately documented and discussed.

Fig. 1: Documentation of accepted blood products in JW patients



Results:

Care plans were discussed early in the antenatal period, with advanced directives completed in 91 cases (74%). 63% of women saw a consultant antenatally, 86% saw either a senior registrar or consultant, while 5.9% had midwife lead care and did not see a doctor during their pregnancy. Acceptance of autologous products or selected blood fractions was documented in 56.4% of cases. 9.6% were willing to accept blood, 14.9% declined autologous products, minor fractions and blood products, 18.1% accepted autologous products only, and 57.4% accepted both autologous products and minor fractions (Fig 1). 74% of women had their Hb levels appropriately optimised by the 3rd trimester and 88.7% had a third trimester Hb measurement documented in their antenatal notes. 98% had senior staff present during instrumental or Caesarean delivery, and 95.5% had active management of the 3rd stage.

Conclusions:

For a centre of excellence for JW care, it is disappointing that only 86% of JW mothers were reviewed by senior trainee or consultant. More than 40% of notes audited had no documentation of the advanced directive, or discussion of blood fractions accepted. While senior staff presence was noted in the vast majority of instrumental and Caesarean deliveries, the authors felt that overall documentation of care plans and advance directives could be significantly improved.