

Information for Expectant Mothers

PERSONAL PREPARATION

1. It is wise to inform yourself thoroughly about pregnancy and childbirth. This will enable you to make good decisions about prenatal care, anemia, Rh incompatibility, major bleeding that may occur during or after delivery (postpartum hemorrhage), and other matters that may arise during pregnancy.—Prov. 16:16; *g03* 1/8 pp. 12-14; *g94* 12/8 pp. 23-26.

2. During pregnancy, physicians may offer you various medications and treatments that might include derivatives of primary blood components (blood fractions) or procedures that make use of your own blood. Guided by your Bible-trained conscience, prayerfully decide what medications and treatments you will accept.—Gal. 6:5; *lff* lesson 39; *km* 11/06 pp. 3-6.

CARE BY COOPERATIVE DOCTOR

3. Early in your pregnancy, you can ask your elders to contact the Hospital Liaison Committee (HLC). The HLC may be able to help you find obstetric teams and facilities that are prepared to handle complicated situations without blood transfusions. (Eccl. 9:11) HLC members can also provide medical information and assist you when communicating with doctors.

4. Throughout your pregnancy, it is wise to have regular checkups and discussions with your health-care provider. Ask your doctor for advice on medication, lifestyle, nutrition, and consumption of caffeine and alcohol.—*g09* 11 pp. 26-29; *g03* 1/8 pp. 12-14; *g97* 6/22 pp. 11-13.

DISCUSSIONS WITH DOCTORS

5. **Blood Fractions and Use of Your Own Blood:** It is wise to inform your doctor, during your first visit, of your position on blood transfusion and your decisions on conscience matters. It is good to make sure that the doctor is able and *willing* to respect your decisions. It is very helpful to put in writing your decisions on a durable power of attorney (DPA) card and give the doctor a copy. Any legal agents you have appointed on your DPA card should also be informed of your decisions.

6. **Health During Pregnancy:** Be prepared to inform your doctor about your medical history. This includes medications you take, illnesses, past surgeries, prior pregnancies, and any miscarriages, as well as any previous blood clotting or major bleeding issues. Ask your doctor whether you are anemic and should take iron or folic acid supplements.

7. **Labor and Delivery:** Ask your doctor to explain to you the signs of labor and premature labor and what you need to do if this occurs. Ask your doctor to explain to you when a cesarean section (C-section) might become medically necessary.

8. **Postpartum Hemorrhage:** Discuss with your doctor postpartum hemorrhage (PPH). PPH is excessive and potentially life-threatening bleeding that may occur during or after delivery. Ask your doctor how he will prevent or control PPH. Although PPH is not common, it is serious, and advance preparation by your obstetric team is vital. There are a number of basic management options, such as using medical or surgical techniques to reduce bleeding, recycling your own blood (cell salvage), and administering clotting factors (which could include blood fractions). Ask your obstetrician to monitor you closely for bleeding after delivery. It is wise for your husband or another individual to stay with you for a time, if possible. He will then be on hand to alert clinicians in the event of unexpected difficulties.

9. **Emergency Hysterectomy:** Inform your obstetrician in advance whether or not you would consent to an emergency hysterectomy (surgical removal of the uterus) if all other measures have failed to stop major bleeding after childbirth. In such cases, early emergency hysterectomy can be lifesaving.