KARNATAKA STATE OBSTETRICS AND GYNECOLOGY ASSOCIATION

ETHICS AND MEDICOLEGAL COMMITTEE

MEDICOLEGAL BULLETIN

Week 18:Blood Transfusion in Obstetric Emergencies – Consent, Refusal, Massive Transfusion, and Medicolegal Liability

1. REAL LIFE CLINICAL SCENARIO

A 29-year-old woman developed severe postpartum hemorrhage following cesarean section due to uterine atony. Despite uterotonics and surgical interventions, she continued to bleed profusely. Her hemoglobin rapidly dropped to 4.8 g/dL, and the anesthetist advised immediate blood transfusion. However, the patient's husband refused transfusion because of religious beliefs and insisted on conservative management.

Despite repeated counseling, the family continued to refuse blood products. The patient's condition deteriorated, and she suffered cardiac arrest.

Following her death, the family alleged that the treating team failed to save her life.

The major medicolegal question became:

How should a doctor proceed when life-saving blood transfusion is refused?

2. MEDICOLEGAL RISKS IN SUCH CASES

Blood transfusion is one of the most frequently litigated interventions in obstetric emergencies.

Common allegations include:

- Failure to arrange blood in time
- Delay in initiating transfusion
- Transfusion without valid consent
- Failure to document refusal of blood
- Wrong blood transfusion
- Mismatched blood administration
- Inadequate monitoring during transfusion
- Failure to recognize transfusion reactions
- Poor documentation during massive transfusion

* In obstetrics, delay in blood replacement may rapidly convert a manageable hemorrhage into maternal death.*

3. WHAT THE LAW EXPECTS

The law expects doctors to act according to accepted standards of emergency care.

Doctors are expected to:

- Explain the indication for transfusion
- Discuss risks and benefits
- Obtain informed consent whenever possible
- Document refusal carefully if blood is declined
- Continue all other life-saving measures

Arrange urgent referral if additional resources are required

In genuine life-threatening emergencies where the patient cannot consent and no legally authorized surrogate is immediately available, doctors may proceed in accordance with accepted emergency medical principles to preserve life.

The decision must always be documented clearly.

4. DOCUMENTATION – THE DOCTOR'S STRONGEST DEFENSE

Every transfusion record should include:

Clinical Indication.
Estimated blood level
Blood group.
Consent for transfusion
Name and unit number of blood products
Time transfusion started.
Monitoring during transfusion.
Hemoglobin level.
Vital signs.
Cross-match details
Time completed
Any adverse reactions

"Documentation of refusal often becomes the strongest medicolegal evidence"

If blood is refused, documentation should include:

Reason for refusal.
Patient/relative statement.
Alternative treatment initiated
Risks explained
Witness signatures

5. PRACTICAL SAFE PRACTICE – WHAT TO DO

- Anticipate blood requirements early in high-risk obstetric cases
- Activate the Massive Transfusion Protocol (MTP) promptly when indicated
- Communicate with the blood bank without delay
- Counsel the patient and relatives honestly
- Document every discussion
- Monitor continuously for transfusion reactions
- Escalate early to ICU or tertiary care when necessary
- Good transfusion practice begins before blood is actually required.

6. COMMON MISTAKES TO AVOID

- Delaying blood requisition
- Incomplete transfusion documentation
- No written consent
- Failure to document refusal
- Poor communication with blood bank
- Delayed recognition of transfusion reactions
- Assuming relatives understood the seriousness without documentation
- Many medicolegal disputes arise because communication was never documented

7.CLINICAL–LEGAL PEARL

Blood saves lives.

Documentation protects those who administer it.

8. REAL COURT CASE INSIGHTS (FOR UNDERSTANDING)

Indian courts have repeatedly held that doctors must exercise reasonable clinical judgment regarding blood transfusion during emergencies.

Courts generally examine:

- Whether transfusion was medically indicated
- Whether unnecessary delay occurred
- Whether informed consent or documented refusal existed
- Whether accepted transfusion protocols were followed
- The legal focus is rarely on the blood itself.

It is usually on the decision-making process and documentation surrounding the transfusion.

9.TAKE-HOME MESSAGE

Blood transfusion remains one of the most critical interventions in obstetric emergencies. Early anticipation, prompt communication, informed consent, meticulous documentation and adherence to transfusion protocols significantly reduce medicolegal risk.

Remember:

A timely blood transfusion may save the patient's life.

Proper documentation may save the doctor's career.

Next Week's Topic:Breaking Bad News in Obstetrics and Gynecology – Communication After Maternal Death, Stillbirth, Fetal Anomalies, and Unexpected Surgical Complications.

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