

Saving Lives, Improving Mothers' Care: Lay Summary 2014



Maternal deaths have decreased

from **11** (2006-08) to **10** (2010-12) per 100,000 women giving birth

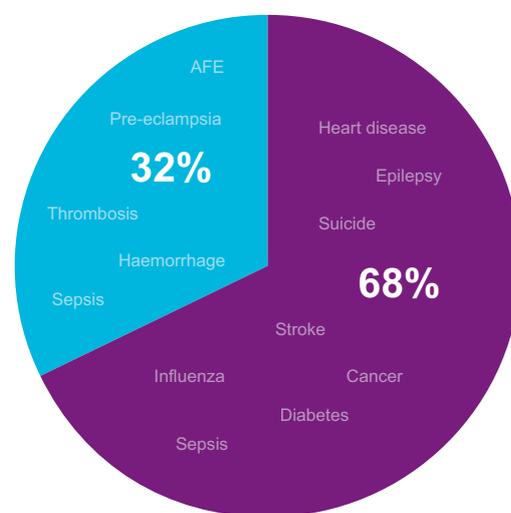
Causes of mothers' deaths

Two thirds of mothers died from medical and mental health problems in pregnancy and **only one third** from direct complications of pregnancy such as bleeding.

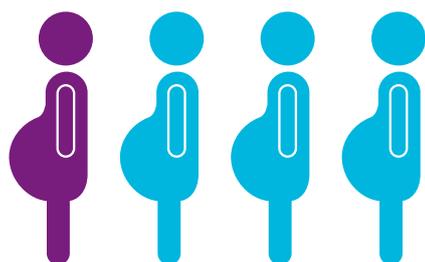
Three quarters of women who died had medical or mental health problems before they became pregnant.

Women with pre-existing medical and mental health problems need:

- Pre-pregnancy advice
- Joint specialist and maternity care



Think Sepsis



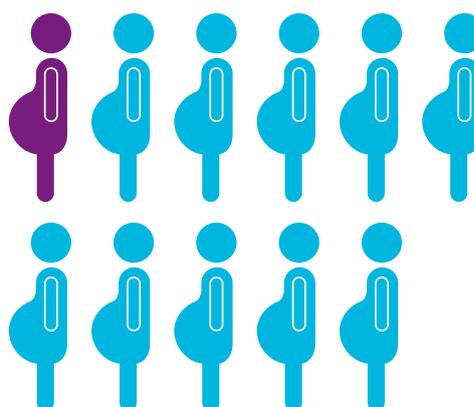
Almost a quarter of women who died had **Sepsis** (severe infection).

Women with sepsis need:

- Early diagnosis
- Rapid antibiotics
- Review by senior doctors and midwives

Prompt treatment and action can make the difference between life and death

Prevent Flu



1 in 11 of the women died from **Flu**

More than half of these women's deaths could have been prevented by a flu jab.



Flu vaccination will save mothers' and babies' lives

Beyond the numbers

The focus of this 2009-12 report is on improving care; recommending changes or actions, both small and large, that can be made to make care better for pregnant women across the UK. By learning from each and every maternal death, changes can be made to prevent pregnant women dying in the future.

Every maternal death is a tragedy. In addition to the numbers, it is important to remember that every woman described in this report has her own story. She was an individual with a life and family and friends. She has left behind a family without a wife, a mother, a daughter. Telling these women's stories, through the descriptions that are included throughout the report, recognises the women and their loss, focuses on the personal tragedy that each loss of life represents. Telling their stories has the capacity to drive change for the future.

What the report shows

Giving birth in the United Kingdom is safer than ever and the risk is very small. The number of women who die during, or shortly after, pregnancy has decreased from 11 to 10 per 100,000. The latest enquiry into maternal deaths, *Saving Lives, Improving Mothers' Care*, reports that, in the three years 2009-12, 321 women died during their pregnancy or within six weeks of giving birth from pregnancy-related causes. This means that the chances of a woman dying in and around childbirth in the United Kingdom are smaller than ever - just 1 in every 10,000 women giving birth.

This reduction in deaths comes as a time when maternity services are increasingly challenged. The number of births is going up each year, and more women have additional risks such as having babies later in life, more medical complications and higher obesity rates.

There are direct and indirect causes of a maternal death. Of the 321 women who died, just one third (32%) died of complications directly caused by pregnancy; that is conditions like high blood pressure, bleeding or blood clots. This means that two thirds (68%) of the women who died in this period died from indirect causes, that is medical or mental health problems that were made worse by pregnancy, but not directly caused by pregnancy, such as epilepsy, heart disease, suicide or flu.

More than two thirds of all the women who died did not receive the recommended amount of antenatal care. We cannot say whether this was a factor which contributed to their deaths, but it does show that we need to try as hard as possible to make sure the antenatal care we provide is right for all women, including those from specific ethnic or socially deprived groups.

This is the latest report in a series of confidential enquiries into maternal deaths that have been conducted continuously in the UK since 1952 and the first to also include women who died in the Republic of Ireland. The quality and rigour of these enquiries are held up as a gold standard around the world. They demonstrate an ongoing commitment to understanding the causes of mothers' deaths and thereby reducing deaths and improving care in the future. In the 60 years these confidential enquiries have been running, maternal deaths in the UK have fallen from 90 to 10 per 100,000 births.

For the first time, the report includes confidential enquiries into the care of women who were severely ill, but survived. While maternal deaths are rare, a much larger number of women suffer from severe pregnancy complications that can be life-threatening. By studying their experiences we can learn more lessons to improve future care. The reviews of the care of women who survived show clearly that prompt action can make the difference between life and death.

To continue to save mothers lives and improve the quality of maternity care, this report makes recommendations for policy makers, professional organisations, hospitals and healthcare staff. There are also key messages for women.

Key Messages for women who are thinking of having a baby, for pregnant women and women who have recently had a baby

Make your doctor or midwife aware

If you already have a medical or mental health condition before you get pregnant, or have had problems in or after a previous pregnancy (such as bleeding or postnatal depression), make sure you tell your maternity team about it. Don't assume it will be picked up from your notes. You may need to say this every time you see a different doctor or midwife.

If you already have a health condition before you get pregnant, get your doctor's advice

- It is best to get your doctor's advice before you get pregnant. If this is not possible, talk to your doctor as soon as you are aware you are pregnant.

Women with health problems before becoming pregnant, for example diabetes, heart disease, epilepsy or mental health problems, should seek advice about their condition before becoming pregnant as to what medicines are best to take when they are pregnant or trying for a baby. Some medicines are safer for the baby than others. However, it is very important to continue taking your medicines when you become pregnant until you have discussed with your doctor what the best medicines are for you and your baby.

- Once you get pregnant, you should receive joint pregnancy care, from both the maternity team as well as specialists in your condition.

If you have a choice about where to book for care, check out which of the hospitals near you can offer this joint care.

A flu vaccine could save your or your baby's life

1 in 11 of the women who died had flu. More than half of these deaths could have been prevented by having a flu jab in pregnancy. When a woman is pregnant, it is natural for her immunity to be altered. This means that pregnant women and their babies are at greater risk of serious complications of flu. You should be fully informed about the importance of having a flu jab during your pregnancy.

Be alert

Pregnant women are generally fit and healthy and can compensate for illness remarkably well. Although severe illness is rare, when a woman is getting very sick, she will often feel quite well until she becomes suddenly and seriously ill. Therefore, if you feel or appear to be ill, it is better to take action sooner rather than later. In an emergency you are advised to go to a consultant maternity unit rather than A&E, particularly in the later stages of pregnancy or soon after giving birth.

Think infection – think sepsis

- Be aware of the signs and symptoms of sepsis
- Seek rapid care from senior doctors and midwives

Overall, almost a quarter of the women who died had severe infection, known as sepsis. Sepsis is a common and life-threatening condition, when the body's immune system goes into overdrive setting off a series of reactions including swelling and blood clotting. Pregnant women or new mothers with sepsis need an early diagnosis and rapid treatment with antibiotics in hospital from senior doctors and midwives.

Sepsis can develop very quickly. Pregnant women or new mothers can appear relatively well and yet become seriously ill very quickly. Women and their families need to be aware of early warning signs. If you develop any of these symptoms you or your family should seek medical advice, or go to a maternity unit, quickly. If you think you or your partner has sepsis, getting rapid treatment with antibiotics may be life-saving. Quick action can make the difference between life and death.

- **Signs & symptoms to watch out for:**
 - High temperature (over 38.3°C)
 - Chills and shivering
 - Fast heartbeat
 - Fast breathing, breathlessness
 - Headache
 - Severe abdominal pain
 - Extreme sleepiness

Be persistent

Don't be hesitant about asking to be referred to more senior doctors or midwives. If you are ill during or after your pregnancy and you, or your partner or other family members, are not happy about how you are being looked after, be persistent about asking to see a more senior doctor or midwife.

Ask for a report of the review of your care

If anything goes wrong, ask for a report of the review of your care from the maternity unit. A review should be undertaken, and you have a right to read the review report.

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