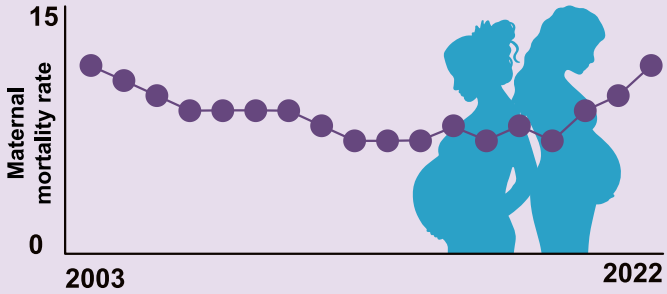
Saving Lives Improving Mothers' Care 2024: Lay Summary

MBRRACE-UK
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

275 women died during pregnancy or up to six weeks after pregnancy in 2020-2022

13.56 women per 100,000 died during pregnancy or up to six weeks after pregnancy

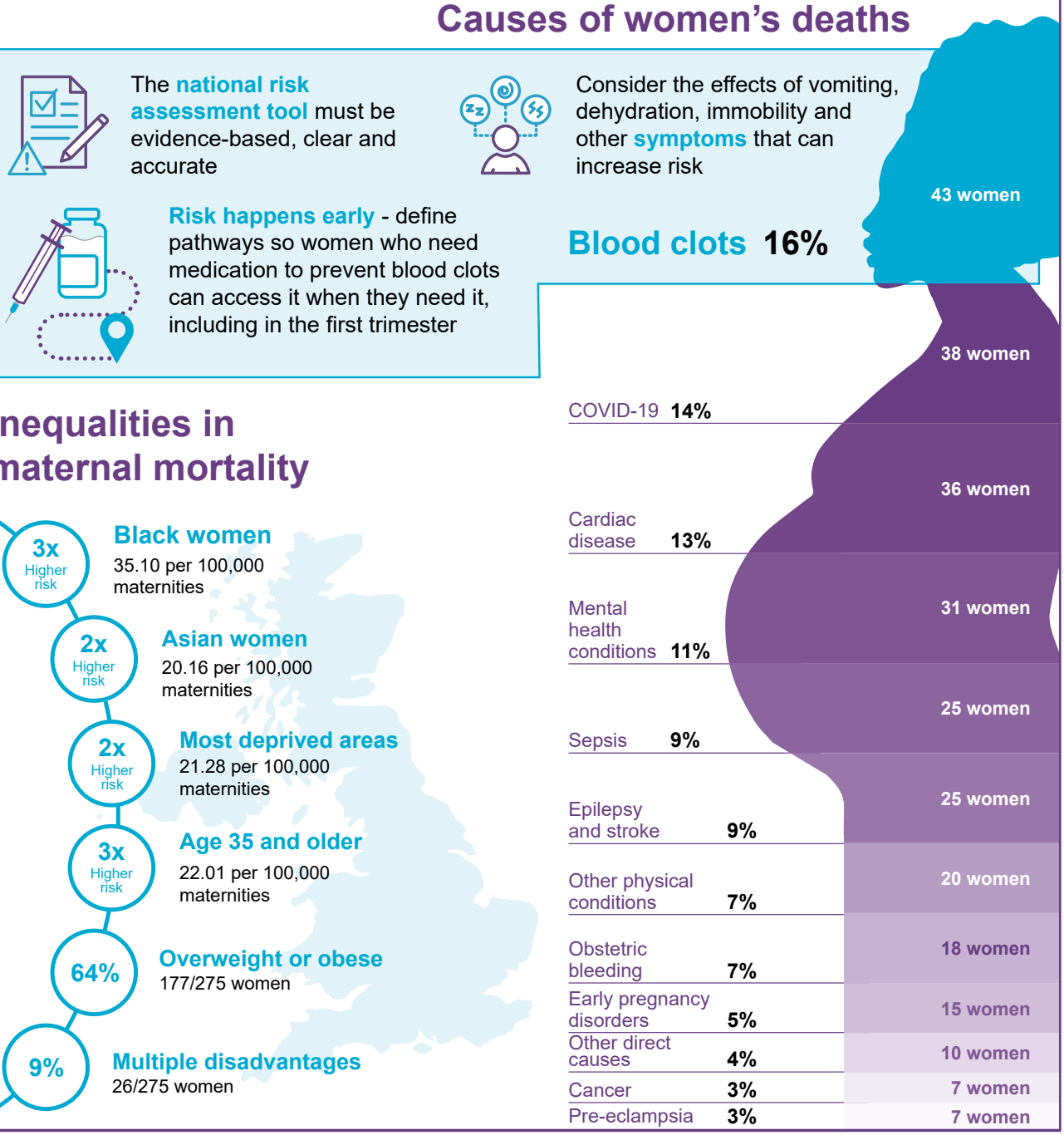


Causes of women's deaths

The **national risk assessment tool** must be evidence-based, clear and accurate

Consider the effects of vomiting, dehydration, immobility and other **symptoms** that can increase risk

Risk happens early - define pathways so women who need medication to prevent blood clots can access it when they need it, including in the first trimester



Inequalities in maternal mortality

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The United Kingdom's MBRRACE-UK Confidential Enquiry into Maternal Deaths and Morbidity represents the gold standard around the world for rigorous investigations to drive improvements in maternity care. MBRRACE-UK recognises the importance of learning from every woman's death during pregnancy and in the 12 months after birth, pregnancy loss or termination. This learning is important, not only for staff and health services, but also for the family and friends that women leave behind and for those who will use maternity services in the future.

This year's report examines the care of 625 women who died during, or up to one year after, pregnancy between 2020 and 2022 in the UK and Ireland. The report also offers detailed recommendations for professional organisations, policy makers, service planners and health professionals based on lessons learned from reviews of the care of women who died from thrombosis and thromboembolism (blood clots), cancer and ectopic pregnancy. Messages arising from a review of the care experienced by 38 women who had recently migrated to the UK, who had language difficulties, and who did not die are also included in the report. The full report alongside a shorter 'State of the Nation' summary report are available on the ***MBRRACE-UK website***.

This summary provides an overview of the report's findings and signposts messages for women and their families, including key concerns to look out for.

Key findings from this year's report

By global standards, the UK remains a safe place to give birth, but the data from this and recent MBRRACE-UK reports show evidence that outcomes for some women are worsening, and that maternity services can be improved.

- In 2020-2022, 275 women died during, or up to six weeks after, pregnancy in the UK and a further 329 women died between six weeks and one year after the end of pregnancy.
- Rates of maternal deaths have increased significantly, even when deaths due to COVID-19 are excluded.
- Thrombosis and thromboembolism (blood clots) are the leading cause of women's death followed by COVID-19 and heart disease; together these causes account for almost half of women's deaths (43%) during or up to six weeks after pregnancy.
- Deaths linked to poor mental health, including suicide and substance use, are the leading causes of deaths between six weeks and one year after pregnancy.

These figures are increased from past years and should be taken as a warning sign of stretched health and social care systems that have been greatly impacted by the COVID-19 pandemic and increasing inequalities and social complexities. This highlights the importance of continuing to take action to improve maternity services and address underlying social determinants of health as part of the government's Health Mission in England.

Inequalities continue to exist in maternal mortality

- Women from Black ethnic backgrounds are almost three times more likely to die, and women from Asian ethnic backgrounds are almost twice as likely to die, compared to White women.

Black and Asian women have a higher risk of dying in pregnancy

White women		12/100,000
Mixed ethnicity women	1.3x	16/100,000
Asian women	1.7x	20/100,000
Black women	2.9x	35/100,000

- Women living in the most deprived areas are more than twice as likely to die compared to women living in the least deprived areas.

Women living in the most deprived areas have a higher risk of dying in pregnancy or shortly after

Least deprived		10/100,000
Most deprived	2.2x	21/100,000

- Older women, aged 35 years and older, are three times more likely to die compared to women in their early 20s.
- Women who are overweight or obese represent a significant proportion (64%) of women who died in 2020-22.
- Nine percent of the women who died were known to have multiple and severe disadvantages, including mental health conditions and substance use.
- The number of women with social services involvement who died has risen to 22%, the highest proportion since reporting began.

Although the risk for Black women has decreased slightly from previous reports this should not be misrepresented as progress. Black and Asian women continue to experience significant disparities in outcomes that must be addressed. It is also important to point out that the groups used to make these comparisons (White women and women living in the least deprived areas) are also experiencing higher rates of death than in previous years. The increase in these groups must be considered when interpreting the differences in risks.

It is also likely that the number of women with social complexities and multiple disadvantage is higher than reported as social risk factors are often the most poorly recorded in women's notes. Social risk factors, as well as ethnicity and migrant status must be better recorded in order to provide culturally-sensitive, individualised care. Inequalities will continue if women's individual circumstances are not recognised and considered during her maternity journey. Community advocacy and involvement of community voices in service development or processes can help find solutions and produce change.

Where to find help and trusted information

Birth Companions: ***www.birthccompanions.org.uk***

Fivexmore: ***fivexmore.org***

Maternity Engagement Action: ***maternityengagement.uk/***

Equity in outcome versus equality in care

Some women may have limited social support which can affect physical and mental health

Financial need can impact women's ability to take time off work, travel to appointments and access digital maternity records

Women living in temporary accommodation may be moved frequently affecting continuity of care

Consider the reasons why women do not attend appointments and explore alternatives such as aligning appointments, discussing the choice of timing of appointments with women and their families and allowing more time in appointments to allow for communication with interpreter support

Right to access care

Many of the migrant women whose care was assessed were not registered with a GP and did not appear to be aware of their ability to register without proof of address. Women should be made aware that anyone living in the UK can register and consult with a GP without charge and that GP practices are not required to ask for proof of identity, address or immigration status from patients. While maternity care can be chargeable for some migrants, it cannot be withheld or delayed for this reason.

NHS entitlements for migrants[1]

- GP and nurse consultations in primary care, treatment provided by a GP and other primary care services are free of charge to all.
- GP practices are not required to ask for proof of identity, address or immigration status from patients wishing to register. A practice cannot refuse a patient because they do not have proof of address or immigration status.
- Refugees, asylum seekers and refused asylum seekers can be registered with a GP and receive free primary care services in the same way as any other patient in any nation of the UK[2].
- Hospital treatment is free of charge for people who are ordinarily resident in the UK. To be considered ordinarily resident, you must be living in the UK on a lawful and properly settled basis for the time being. Migrants who are subject to immigration control and do not have Indefinite Leave to Remain or pre-settled or settled status under the EU Settlement Scheme are treated as 'overseas visitors' and can be charged for hospital treatment, including maternity care. A number of exemptions apply, including for asylum seekers and victims of trafficking.
- All maternity care is considered 'immediately necessary' and cannot be withheld or delayed for any reason relating to payment. Guidance from the Department of Health and Social Care states that 'every effort should be made to avoid deterring patients from seeking maternity care'[3].

[1]*Office for Health Improvement and Disparities*; [2]*Refugees' and asylum seekers' entitlement to NHS care*; [3]*NHS cost recovery – overseas visitors*

maternity action

More information about women's right to access care during and after pregnancy can be found on the Maternity Action website (***maternityaction.org.uk***)

Remember the essentials

A ASK

Ask - take a full history including the woman's last menstrual period

For women with unusual or unexplained symptoms, basic steps such as a pregnancy test or taking a detailed history can make all the difference in quick diagnosis and management. This is particularly true for women with ectopic pregnancies, many of whom may not be aware that they are pregnant. Ectopic pregnancies occur when a fertilised egg implants outside the uterus (womb), usually in one of the fallopian tubes. Bleeding from a ruptured ectopic pregnancy can be rapid and requires urgent diagnosis and surgical intervention.

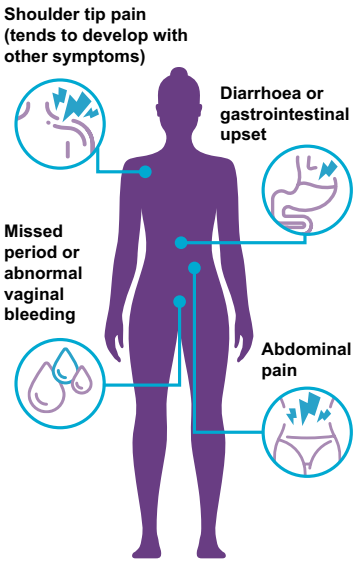
Key messages for health care providers:

- Take a full medical history including the woman's last menstrual period.
- Offer a pregnancy test to all women of reproductive age if they demonstrate symptoms of an ectopic pregnancy or experience an unexplained collapse.

Key messages for women and their families:

- Be aware of the common symptoms of ectopic pregnancy.
- If you have these symptoms and have had a positive pregnancy test, or suspect that you could be pregnant even if using contraception, you should speak to your doctor or contact an Early Pregnancy Assessment Unit (EPAU).
- The Ectopic Pregnancy Trust (***ectopic.org.uk***) offers more information and support for women who have experienced an ectopic pregnancy.

The Ectopic Pregnancy Trust



B BE CURIOUS

Be curious – consider the woman's symptoms and perform an examination

Many of the women who died in 2020-22 had worrying symptoms that were dismissed as they were thought to be related to pregnancy or due to some other cause such as COVID-19. This was especially true for women who died from cancer. Cancer in pregnancy is rare but still occurs. While cancer care in pregnancy has improved and knowledge has increased, symptoms of new cancer or cancer recurrence are not always recognised.

Key messages for health care providers:

- Advise women about the importance of being aware of and reporting unusual symptoms, especially if they have a complex medical history or risk factors, such as a known cancer diagnosis or blood clots in a previous pregnancy.
- Listen to women when they voice concerns or present with new, unusual or ongoing symptoms and escalate care promptly. Do not dismiss symptoms because a woman is pregnant.
- Most imaging, including ultrasound and x-rays, can be performed safely during pregnancy and should not be delayed or denied to pregnant women. Discuss imaging and treatment in pregnant women with senior staff or a member of the maternity medical team to help determine what is most appropriate.

Key messages for women and their families:

- A serious symptom outside pregnancy is a serious symptom during pregnancy. Don't dismiss or delay reporting worrying symptoms.
- 'Be breast aware' - don't stop your regular breast checks during pregnancy.
- Being pregnant doesn't mean you can't have x-rays or other tests or treatment, including chemotherapy, for cancer. Discuss with a specialist what treatments are best for you and you and your baby.
- Mummy's Star (***www.mummysstar.org***) offers support for women and their partners following a cancer diagnosis in and around pregnancy.

MUMMY'S STAR

C COMMUNICATE

Communicate – with women, their families and other health care professionals

Provide women with information to make informed choices

Before, during and after pregnancy women are expected to make many important decisions about their health and care and the health of their baby. Women need personalised information about their options in order to make informed decisions. This should include a discussion on the importance of certain medications and the benefits, safety and potential risks of any treatments including how risks might be managed if they occur. Clinicians must make sure that this information is clearly communicated to and fully understood by the woman with time for questions and clarifications. Women should have autonomy in all decisions and be supported in their choices.

Examples of conversations that can inform decision making include:

- Discussions about pre-pregnancy planning and contraceptive use. This is especially important for women who have underlying medical conditions such as cancer and who may not think they can get pregnant naturally.
- The importance and proper use of certain medications, including low molecular weight heparin which is used to prevent blood clots.
- The benefits, risks and safety of treatments such as chemotherapy during pregnancy.
- Considerations for end-of-life planning for women with terminal conditions.

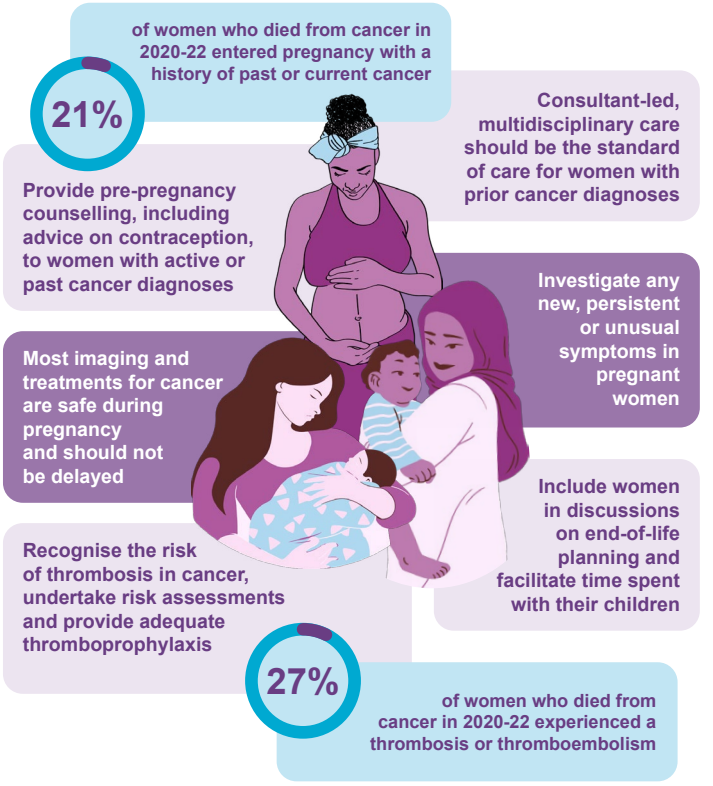
Key messages for health and care professionals:

- Women with cancer and other medical conditions need pre-pregnancy planning and contraception advice.
- Provide clear and succinct information about risks, benefits and safety of imaging and treatment to the woman.
- Make sure women understand why certain medications or treatments are being recommended. Ask women if they are taking their medications at all interactions. If they are not adhering to medications, discuss the reasons why.
- Positive palliative care is vital. Ensure maternity and palliative care teams work together to support women to die as a new mother rather than a cancer patient. In end-of-life situations ensure that the mother and her baby can spend time together.

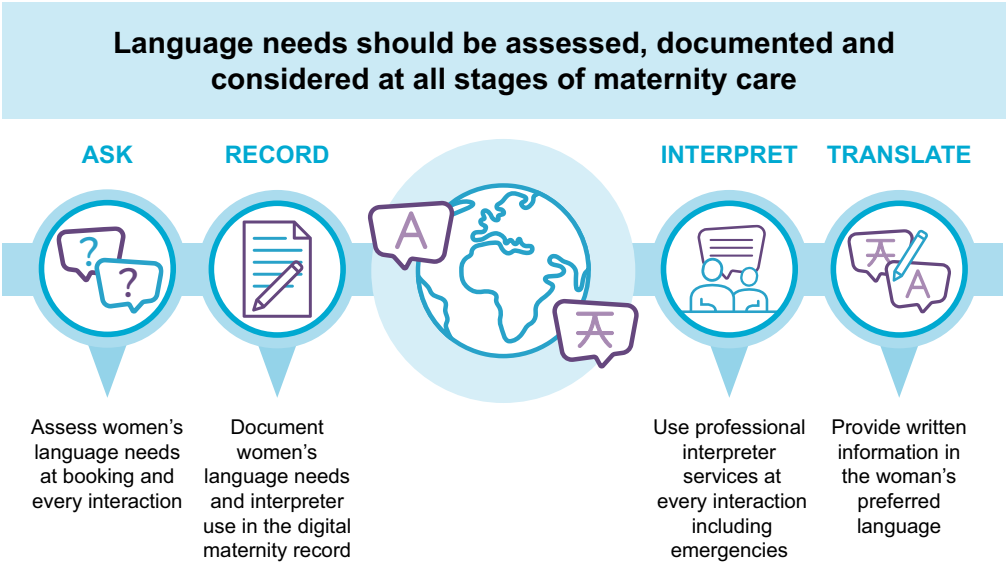
Key messages for women and their families:

- If you have had or are having treatment for cancer, make sure you have contraception and consider postponing pregnancy.
- Talk to your doctor if you have any concerns about how your treatment or medications can affect your baby. It is okay to talk about your concerns and ask questions.
- If you're receiving palliative care, adjustments can be made to help you spend more time with your baby.

Equity in the treatment of pregnant women with newly diagnosed cancer or a previous cancer diagnosis



Women with language difficulties



This year's morbidity confidential enquiry into the care and experiences of women who had recently arrived in the UK who had English language difficulties, and who didn't die, highlighted the value of proper communication. Many women did not have their language needs properly assessed and documented. Most did not have formal interpreter services for many conversations during their maternity care. Instead, Google translate or family members and friends were often relied upon to deliver important or difficult information.

Key messages for healthcare providers:

- Ask women about their language needs at booking and every interaction and record this information in their maternity record.
- Use professional interpreter services, either remote or in person, for ALL interactions with women who do not speak or understand English.
- Avoid using family members or friends as interpreters so that women can be openly asked about sensitive topics such as domestic abuse without coercion or concerns around privacy.
- Consider women's preferences when selecting an interpreter. Some women may not wish to discuss their health with a male interpreter or member of the local community.
- Closed-loop communication should be used to ensure information is understood. When giving verbal information, ask the woman about her understanding of what she has been told. Do not assume she has understood it.
- Health information leaflets and letters in English should be translated where needed into other languages at no cost to the patient.
- Check before offering - do not assume that a person can read health-related information in their preferred language.

Key messages for women and their families:

- You are entitled to an interpreter if you require one. Do not be afraid to ask if one is not provided to you. You can also ask for a female interpreter.
- If you do not understand the information being told to you it is okay to ask questions.

Several organisations offer translations of common information materials that are available to help women get the information they need:

Royal College of Obstetricians and Gynaecologists: ***www.rcog.org.uk/for-the-public/translated-patient-information***

Tommy's: ***www.tommys.org/pregnancy-information***

Labour Pains: ***www.labourpains.org/translated-information/overview***

Antenatal Results and Choices: ***www.arc-uk.org/publications/***

The Ectopic Pregnancy Trust: ***ectopic.org.uk/ectopic-pregnancy-leaflets***