Maternal, Newborn and Infant Clinical Outcome Review Programme

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

Saving Lives, Improving Mothers' Care

Lay Summary 2025

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Introduction

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 childbirth, pregnancy loss or termination. This is an important period in the life of women, their children and their families. Physical and mental health issues that women experience during pregnancy can also have far-reaching effects beyond this period. The learning in this report 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 643 women who died during, or up to one year after, pregnancy between 2021 and 2023 in the UK and Ireland. The report also offers detailed recommendations for professional organisations, policymakers, service planners and health professionals based on lessons learned from reviews of the care of women who died from pre-eclampsia, heart disease and mental health causes. This report also looked at the care received by women facing multiple disadvantages who died from accidental causes or homicide or who were living in the most deprived areas of the UK but who did not die. The full report and a shorter 'State of the Nation' summary report are available on the ***MBRRACE-UK website***.

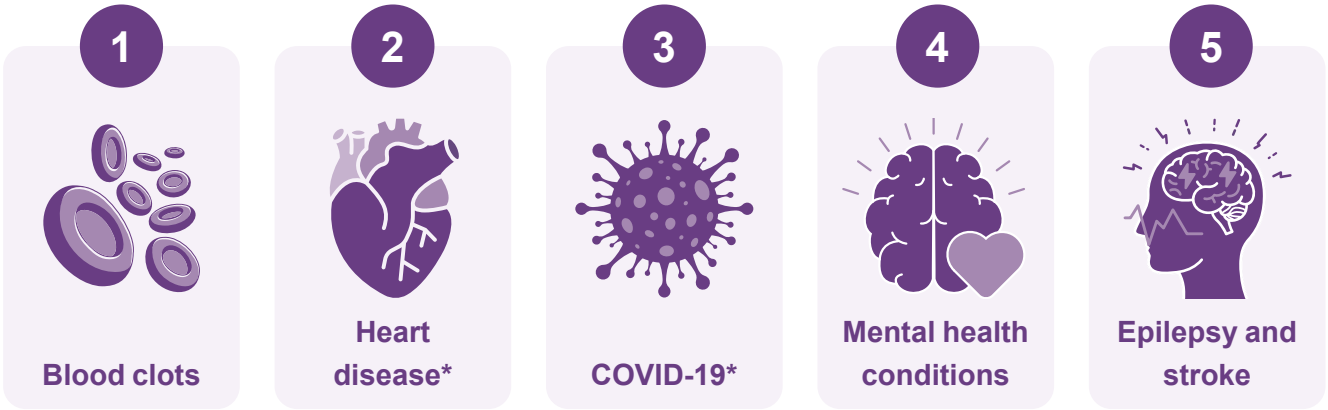
This lay summary provides an overview of the report's findings and signposts messages for women and their families, including key concerns or 'red flags' to look out for.

Key findings from this report

By global standards, giving birth in the UK is safe, but the data in this year's MBRRACE-UK report highlight the consequences of increasing inequalities and social complexities, as well as the impact of the current state of our maternity services, on maternal outcomes.

- Between 2021 and 2023, 257 women died during or up to six weeks after pregnancy in the UK - this equates to 12.82 women per 100,000 giving birth, which is lower than in last year's report
- Blood clots (thrombosis and thromboembolism) remained the leading cause of maternal death followed by heart disease and COVID-19, which happened at equal rates
- Late maternal deaths, occurring between six weeks and one year after the end of pregnancy, continued to increase and were significantly higher in 2021-2023 compared to 2018-2020
- Deaths linked to mental health issues, including suicide and substance use, were the leading causes of late maternal deaths (deaths between six weeks and one year after the end of pregnancy)

Leading causes of maternal deaths



***Responsible for the same number of maternal deaths in 2021-23**

A constellation of biases

This year's report again identifies a constellation of biases and inequalities that may contribute to women's deaths. It recognises that individualised, holistic care is needed for women with medical, mental health and social complexities in order to prevent poor outcomes.

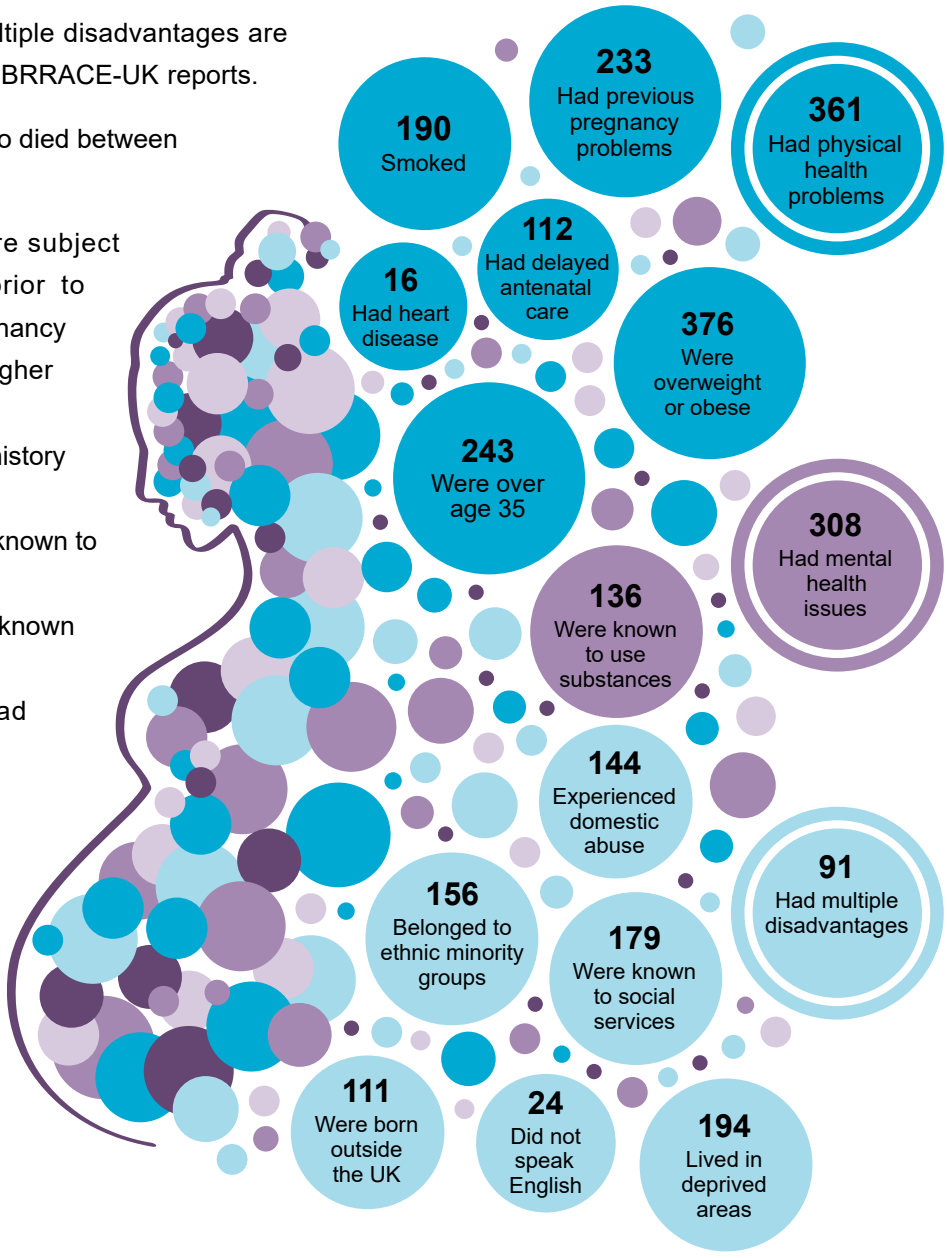
Of the 643 women who died during or up to one year after pregnancy in the UK and Ireland in 2021-2023, 583 (91%) faced multiple interrelated challenges.

Social complexity

Women experiencing severe, multiple disadvantages are consistently overrepresented in MBRRACE-UK reports.

The same was true for women who died between 2021 and 2023.

- 22% of women who died were subject to domestic abuse either prior to pregnancy or during their pregnancy - this was nearly four times higher than in 2012-2014
- 7% of women who died had a history of abuse as a child
- 21% of women who died were known to social services
- 17% of women who died were known to use substances
- 46% of women who died had mental health problems



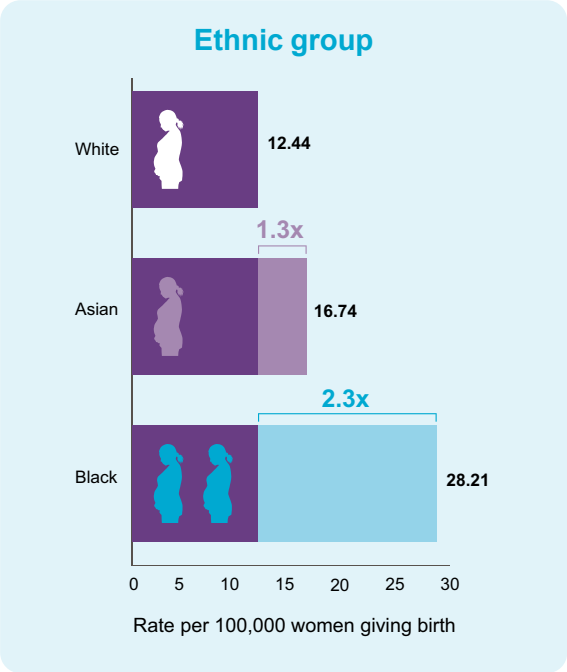
Individualised care

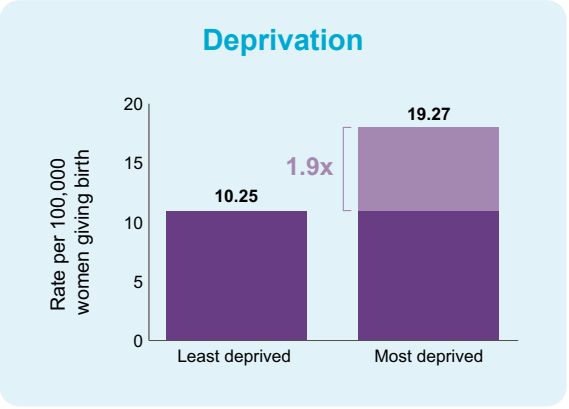
Many women experience multiple, severe disadvantages including **social service involvement, domestic abuse** and **deprivation** and may require additional supports and services

Of all the women who died during pregnancy or up to six weeks after pregnancy in the UK and Ireland, 14% were considered to be facing multiple disadvantages. This highlights the current levels of social complexity in the maternity population and the need for improved systems, guidelines and policies to support robust responses and individualised care.

Continuing inequalities in maternal mortality

Inequalities previously reported in maternal deaths persisted in 2021-2023. Women from Black ethnic backgrounds were still more than twice as likely to die compared to White women. There has also been little improvement in disparities between women living in the most deprived and least deprived areas. Women who lived in poorer areas were twice as likely to die as those living in the least deprived areas.





Racism

While the inequalities in maternal outcomes for Black and Asian women have shown a slight improvement in this year's report, it is important that this is not misrepresented as progress. Black and Asian women continue to face disproportionately higher risks during pregnancy, childbirth and the postnatal period and reported discrimination remains widespread. New reports into Black Maternal Health from organisations such as ***Five X More*** demonstrate that Black, and Asian, women continue to describe experiences of microaggressions and being ignored by healthcare providers. They also report difficulties navigating a maternity care system that is not delivering individualised and culturally appropriate care. While there have been positive developments in advocacy and community groups, women emphasised that self-advocacy can be exhausting and should not be normalised. It is important that healthcare providers continue to recognise and acknowledge the impact of racism on women's experiences and participate in anti-racism education and training such as that provided by the ***Royal College of Obstetricians and Gynaecologists***, the ***Royal College of Midwives*** and the ***Royal College of Psychiatrists***.

Where to find help and trusted information

Five X More: ***fivexmore.org/***

Black Mothers Matter: ***blackmothersmatter.org/***

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

FIVEXMORE

maternity engagement action
Engaging Black Perinatal Families For Better Maternal Outcomes

Black Mothers Matter

Key messages from the confidential enquiries

Caring for women with multiple disadvantages

The report highlights that women experiencing multiple and complex social factors need multi-agency supports, yet often care is fragmented. For these women, a focus only on physical health is insufficient and may mean that other needs requiring specialist input or safeguarding are overlooked. Multi-agency support and individualised care are recommended, but guidance is outdated and provision is patchy. While there were some examples of good care and high-quality support, this was not universal.

There was also variation in how information relating to social risk was recorded in women's maternity notes. The current 'tick box' nature of electronic health records may obscure women's complex circumstances and challenges. Having comprehensive guidance and strong systems in place for specialist referrals and coordinated multi-agency care are essential to reduce inequalities and improve outcomes for women and babies in all regions.

Birth Companions (***www.birthcompanions.org.uk/***) offers support for women and babies who experience inequality and disadvantage.

Key messages for health professionals caring for women with multiple disadvantages

Information sharing

Domestic abuse was documented for nearly half the women who were killed by their partner or former partner, but often this information was not known to those caring for women during their pregnancy. Guidance for information sharing within maternity systems and across health services is essential if there are safeguarding concerns. Codes for flagging domestic abuse in women's records must be used and known to all those caring for her.

Make every contact count

- Maternity staff or other frontline staff in contact with pregnant or recently pregnant women should be trained to recognise the ***risks and signs of domestic abuse***
- Know how to ask relevant questions and how to respond to disclosures in a sensitive manner
- Disclosure is often dependent on trust - ask women about domestic abuse or other social risk factors on more than one occasion and in a sensitive, safe environment
- When possible, coordinated working with other services and systems, including the voluntary sector and social care, can help provide holistic, multi-agency care

Be curious, ask questions and offer support

- Consider why women may not attend appointments and ask them about personal circumstances that may be barriers to care:
  - Can you afford to get to the hospital?
  - Can you afford to take time off work?
  - Do you have someone who can support you?
  - Do you feel safe where you're living?
  - Is the ambulance going to turn up for you?
- Offer means of support such as travel vouchers, home appointments, or flexible appointment schedules to help women engage with their care

Mental health care

1 in 4 women will experience mental health issues, and these numbers are increasing. Of the 155 women who died from mental health (psychiatric) causes during or after pregnancy in the UK and Ireland, 88 died by suicide and 67 died in relation to substance use. Most of these women died between six weeks and one year after the end of pregnancy.

Key messages for health professionals caring for women with mental health issues

The loss of a child, either by miscarriage, stillbirth or neonatal death, or a child being taken into care, increases vulnerability to mental illness. These women may require additional support.

Many women who died from suicide or substance use had experienced a loss with over 50% having had their child taken into care. Many of these women were not seen by a specialist perinatal mental health team.

- High-risk women need early referral to and assessment by specialist perinatal mental health teams even if they are considering ending their pregnancy or if they experience a pregnancy loss or child removal
- Leadership from specialist perinatal mental health teams is vital so women do not fall through the gaps

Perinatal mental health team (PMHT)

Women with **mental health issues** who are pregnant, recently pregnant or who have experienced the loss of a child through pregnancy loss, bereavement or custody loss, should receive PMHT referral and leadership

Women with social and medical complexity require urgent, specialist care and interagency communication to fully appreciate and coordinate all aspects of care.

Almost all the women who died from mental health causes had some element of disadvantage. Many had a history of childhood trauma, were previously in care themselves or had a family history of suicide or substance use. Many also had a history of trauma in adulthood, including domestic abuse.

- Maternity care should provide holistic support for both mental and physical health, which recognises the complexity of some women's lives
- Care should be coordinated and easy to access, not split across different agencies or requiring women to adhere to an unrealistic appointment schedule

Recognise decline

Deterioration of mental health during and after pregnancy can be extremely rapid. It is important to recognise women's risks and consider her previous history, the pattern of symptom development and any ongoing stressors.

- Do not underestimate 'red flag' symptoms:
  - Significant change in mental state or emergence of new symptoms
  - Thoughts or acts of violent self-harm
  - Expressions of incompetency as a mother
  - Separation from the infant
- Listen to friends or family members, especially if they escalate concerns

Key messages for women and their families

- Be aware of the ***signs and symptoms of mental health issues*** in yourself or a loved one:
  - Do you have new feelings or thoughts that you have never had before, which make you disturbed or anxious?
  - Are you experiencing thoughts of suicide or harming yourself?
  - Are you feeling as though you are not coping well with being a mother or feeling estranged from your baby? Are these feelings persistent?
  - Do you feel you are getting worse, or at risk of getting worse?
- Don't be afraid to speak out about any thoughts or symptoms you, or a loved one, may be having
- Speaking out early can help get you the help and support you need

Maternal Mental Health Alliance

If you or someone you love is affected by mental health problems during or around the time of pregnancy, The Maternal Mental Health Alliance can help. (***maternalmentalhealthalliance.org/help***)

Pre-eclampsia

The rate of maternal death due to pre-eclampsia in 2021-2023 was similar to previous years and remained four times higher than it was at its lowest point in 2012-2014. Reviewers felt that care could have been improved for all of the women who died from high blood pressure disorders.

The report also highlighted that no woman who had high blood pressure during pregnancy had placental growth factor (PLGF) testing, even when pre-eclampsia was suspected. The importance of routine urine and PLGF testing in all pregnant women with high blood pressure was emphasised.

ACTION ON PRE-ECLAMPSIA
PROMOTING SAFER PREGNANCY

Action on Pre-eclampsia (***apec.org.uk/***) is currently leading an advocacy campaign to make PLGF testing available throughout the UK.

Heart disease

Only 11% of the 79 women who died from heart disease in 2021-2023 had pre-existing heart problems, but many had known risk factors for heart disease. More than half were overweight or obese, many had other pre-existing health conditions and a third were known to smoke. It is important that women are aware of their risks and feel empowered to discuss their health with those caring for them.

Risk factors for heart disease:

- Older age
- Smoking
- Obesity
- Diabetes
- High blood pressure and/or pre-eclampsia
- A family history of premature coronary disease (< 55 years old in men and < 65 years old in women)
- High cholesterol

Key messages for health professionals caring for women with high blood pressure or heart disease

Pre-pregnancy counselling and urgent specialist consultation

Women with complex, high-risk conditions should be urgently referred and appropriately managed early in pregnancy. Guidelines recommend that women with chronic high blood pressure (hypertension) are referred to a specialist prior to becoming pregnant to discuss blood pressure medications.

Urgent referral pathways

Set up an urgent referral pathway to triage high-risk women for senior or specialist review in early pregnancy

For the women included in this year's report, there was little evidence of pre-pregnancy counselling. As a result, some women's blood pressure was not controlled when they became pregnant. Many other women were not informed about the risks of becoming pregnant or of stopping their current blood pressure medication in pregnancy.

- Recognise the risk factors for pre-eclampsia or heart disease and counsel women about their individual risk
- For women with chronic high blood pressure, optimise blood pressure prior to pregnancy
- Be aware of the ***resources*** available to help counsel women prior to becoming pregnant

Discharge to primary care

The report highlights the importance of improved discharge summaries for primary care. In order to reduce gaps in postpartum care, discharge summaries must indicate, in a clear summary box, the key conditions needing ongoing support and management, and a clear postnatal care plan. This should include both medical conditions, such as hypertension, as well as mental health or social challenges.

Discharge summaries

Discharge summaries for primary care should include a summary box of actions concerning conditions that require postnatal management

Need for inquisitiveness

When women present with unexplained symptoms or declining physical or mental health it is important to ask why and consider the whole picture of each woman's life.

- Consider women's symptoms in the context of their personal and family history
- Think about why this is happening to this woman at this moment - consider all medical, mental health and social issues that may impact women's health and how they engage with healthcare

Key messages for women and their families

Get ready for pregnancy

If you are considering becoming pregnant, either for the first time or after a previous pregnancy, consider getting advice about your current health. An open discussion with your GP can help with any physical or mental health conditions, or address any social needs that may require extra support or different treatment before you become pregnant.

Counselling should include, but is not limited to:

- Advice on the best medications to manage ongoing conditions, including what medications are safe to use in pregnancy
- Support for weight management or smoking cessation
- Specialist referral to mental health or addiction services

Ready for pregnancy

The period before or between pregnancies is an ideal time to counsel women about their health, including **weight** or **smoking**, and to create a plan to manage pre-existing conditions

The FIGO pregnancy passport

The ***FIGO pregnancy passport*** was created for women who have risk factors for heart disease. It includes advice on follow-up checks after pregnancy, information about risks, and advice about managing future health.

Looking to the future

The goal to halve maternal mortality in England by 2025 is unlikely to be met. Rates of maternal mortality have increased over the past 10 years and this year's report showed that, for 45% of women who died, improvements to care may have made a difference to their outcome. Looking towards the next 10 years, it is clear that there must be changes made to maternity services in the UK. This sentiment appears to be echoed by the Department of Health and Social Care and NHS England based on the recent announcement of a national investigation into NHS maternity and neonatal services as part of the government's ***Fit for the Future: 10 Year Health Plan for England***. This plan outlined 3 radical shifts: from hospital to community, from analogue to digital, and from sickness to prevention. The findings of this year's report suggest that addressing maternal mortality and providing holistic care for pregnant and recently pregnant women can and should be part of these shifts.

Fit for the Future: 10 Year Health Plan for England

Hospital to community: Fragmented care is costing lives. The medical, mental health and social complexity identified for many of the women who died in this year's report highlights the importance of improved multi-agency working. Care for women experiencing severe, multiple disadvantages needs to work across hospital, primary care and community settings. It must also extend beyond the nine months of pregnancy in order to prevent women from falling through the gaps postnatally.

Analogue to digital: The current structure of electronic records is disjointed with little communication between systems. There are important opportunities for integrated care across health systems supported by electronic health records including the introduction of the single patient record. However, these will not fix all the problems. Digital exclusion is still common and significant gaps persist in the documentation of social risk factors and mental health issues. The 'tick box' nature of electronic records also does not allow for any nuance or commentary on personal circumstances.

Sickness to prevention: The time before or between pregnancies is ideal to provide advice about health and address any physical or mental health conditions or social needs that may require management before pregnancy. Complications that arise during pregnancy, such as pre-eclampsia, have known long-term health impacts. Pregnancy itself, especially in instances where women experience a traumatic birth, can also greatly impact women's mental health in the short and long-term. It is essential that all risks are recognised and properly managed in order to prevent future health complications either during or beyond pregnancy.