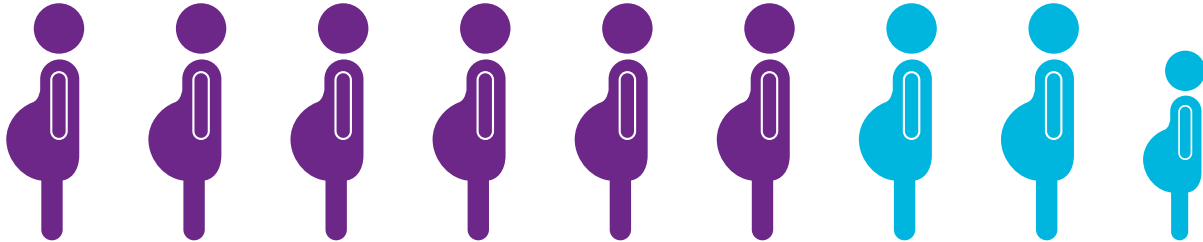


# Saving Lives, Improving Mothers' Care 2017: Lay Summary



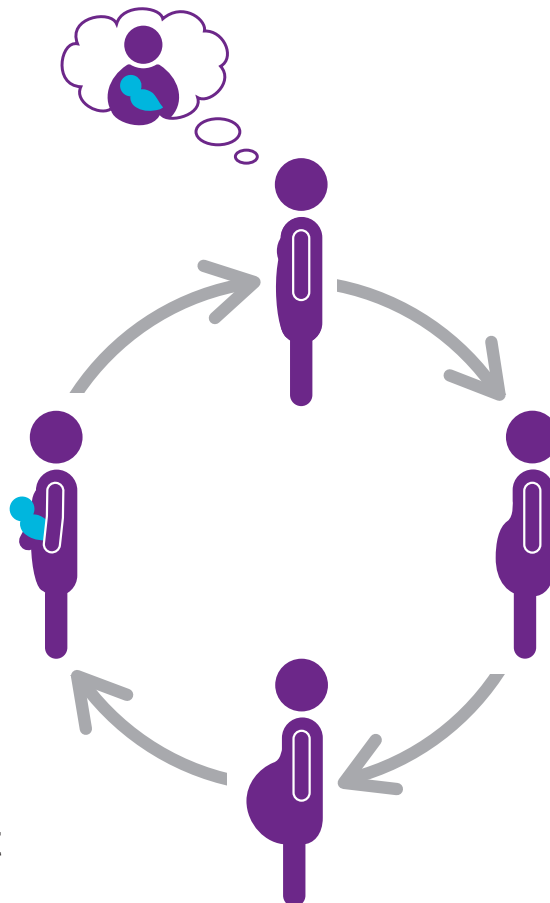
In 2013-15 **8.8 women** per 100,000 died during pregnancy or up to six weeks after giving birth or the end of pregnancy. **Two thirds of women who died** had pre-existing physical or mental health problems.

## Forward planning works

For women with physical and mental health problems:

Before pregnancy, plan contraception as well as the safest medication

Take account of changes which occur in the postpartum period and change medication accordingly. Plan for contraception as well as the next pregnancy



Do not stop medication in early or later pregnancy without consulting a specialist

Think about special medication considerations around the time of labour and birth

## Saving Lives, Improving Care


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The UK Confidential Enquiry into Maternal Deaths has represented the gold standard around the world for investigations and improvements in maternity care for over 60 years. Through rigorous investigations the Enquiry recognises the importance of learning from every woman's death, during and after pregnancy, not only for staff and health services, but also for the family and friends she leaves behind. More recently the Enquiry has conducted reviews of the care of surviving women with serious physical and mental health conditions during or after pregnancy. This year the report examines the care of women with epilepsy and severe mental illness.

### What this year's report shows

For women in the United Kingdom, giving birth remains very safe - fewer than 9 of every 100,000 women die in pregnancy or around childbirth. More than two thirds of women die from physical and mental health conditions and not direct complication of pregnancy. For the first time this year there has been a decrease in the overall rate at which women die from these conditions. This is primarily due to a fall in the number of women dying from 'flu and other severe infections (sepsis). Raised awareness of the risks of sepsis may have played a large part in these reductions and should be a model for reducing deaths from other disorders, such as heart disease, epilepsy and mental health problems. Heart disease remains the leading cause of maternal death during or up to six weeks after the end of pregnancy. The number of women dying from pre-eclampsia continues to be low, but recognition of signs and symptoms remains extremely important to make sure the condition is diagnosed early so that treatment can be started as soon as possible.



Heart disease  
can happen



Maternal mental health remains a serious concern in the weeks and months after birth. Maternal suicide is the third largest cause of direct maternal death in the first few weeks, but is the leading cause of death when looked at over a year. 1 in 9 women who die during pregnancy or up to one year after pregnancy die by suicide. While there are funds being channelled into improving perinatal mental health services around the country, there is still much vital progress to be made.

It is striking that across the range of different conditions examined in the report there is one recurring theme. Forward planning for the care of women with known pre-existing medical or mental health problems can make a real difference to saving women's lives.

## Key messages for women and their families

### Looking after yourself is the best thing you can do for you and your baby

Keep as healthy as possible before you become pregnant to avoid problems – this includes paying attention to your weight, giving up smoking, and getting regular exercise.

### Plan ahead

For women who have known physical and mental health conditions, forward planning helps. When you find out you are pregnant, don't stop taking your medications without discussing this with your usual doctor.

### Be alert

Pregnant women are generally fit and healthy and they 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.

## Think infection, think sepsis

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

Sepsis is a life-threatening condition that can develop very rapidly. It can affect women during pregnancy and in the first few weeks after birth.

Women and their families need to remain aware of early warning signs:

- High temperature (over 38.3 °C)
- Very low temperature (less than 36 °C)
- Chills and shivering
- Fast heartbeat
- Fast breathing, breathlessness
- Headache
- Severe abdominal pain
- Extreme sleepiness

If you develop any of these symptoms you or your family should seek medical advice, or go to a maternity unit, quickly.

### Remember to get your flu jab

A flu vaccination can save your or your baby's life. There has been a fall in maternal deaths from flu in recent years, but this has largely been because of low flu rates. Getting a flu jab is still important.



## Stroke

Strokes are very rare in pregnancy, but they do happen, so women and their families should be aware of the symptoms. Act F.A.S.T. (Face-Arms-Speech-Time) is easy to remember and will help you recognise if you or someone you know is having a stroke.

- Face – has her face fallen on one side? Can she smile?
- Arms – can she raise both arms and keep them there?
- Speech – is her speech slurred?
- Time to call 999 if you see any single one of these signs of a stroke. Tell them you are pregnant or have just had a baby.



Headaches can be associated with strokes in pregnancy. Red Flag headache symptoms include:

- Headache of sudden onset, described as the 'worst ever'
- Headaches with additional symptoms not usually experienced – a stiff neck, fever, weakness, double vision, drowsiness, seizures
- A headache that takes longer to resolve than usual or persists longer than 48 hours

Time is of the essence. Seek urgent advice from your doctor or midwife if you have a 'red flag' headache symptom – it could mean pre-eclampsia, sepsis or stroke. If it is a stroke you should be transferred to a stroke unit, fast.

## For women with epilepsy and their families

Care before, during and after pregnancy needs to be joined up; involve your epilepsy specialist team as well as your maternity team throughout.

### Before getting pregnant

If you (or someone you know) has epilepsy make sure you get seen before you get pregnant. Seek advice about what medicines are best to take when 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 unless your specialist team tell you it is safe to stop. Keeping yourself well is the best thing you can do for your baby.

### During pregnancy

Protect your baby by continuing your epilepsy medication, even if you haven't had a fit for a while. Fits can be bad for the baby – so you are protecting your baby by continuing your medication to prevent a fit. Make a birth plan that takes into account your epilepsy.

### After birth

If you have epilepsy, taking care of your baby can be a worry, so seek advice on safe baby care. Simple precautions (such as carrying the baby securely fastened in a car seat) can be highly effective in reducing the risk to the baby and reducing your anxiety. Even after birth, make sure you talk to your epilepsy team or GP about your medications.



## Mental Health

### Plan Ahead

Women who have had severe mental illness before may have a risk of it happening again during or after their next pregnancy. Preventive treatment and plans for action may stop relapse in future pregnancies. If you already know you have a mental illness, or have experienced previous mental health problems in pregnancy, talk to your specialist and find out what might be done to help prevent future problems. Do not change your treatment without advice from a perinatal mental health specialist.

### *“Pregnancy changes everything.”*

Some women who have mental illness during or after pregnancy haven't had mental health problems before, so it is important to be aware of the signs and symptoms to look out for. Postnatal illness is not just depression. Other illnesses include anxiety, perinatal obsessive compulsive disorder, postpartum psychosis and post-traumatic stress disorder (PTSD). Women and their families should be aware that the onset of symptoms can be rapid and severe. You can get worse very quickly. Any threat of suicide should be taken very seriously.

If you have a severe mental illness and need admission for hospital care, your family should be aware of the benefits of joint mother and infant admission. Keeping a mother and her baby together is often the best for both.



### And finally – stay connected and joined up

With mental health and pre-existing conditions, planning care across the whole pathway of your pregnancy is important. Think about your health before and after, as well as during your pregnancy.

Stay connected with your usual care teams, and keep your GP informed.