**Peripartum hysterectomy in the UK: Study of a ‘near-miss’ event using the UK Obstetric Surveillance System (UKOSS)**

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**BACKGROUND:** Maternal deaths from haemorrhage, as identified by the Confidential Enquiries into Maternal and Child Health (CEMACH), have increased over the last three years in the UK (1). The study of ‘near-miss’ events has been advocated to complement the confidential enquiry into maternal deaths. Peripartum hysterectomy is usually undertaken in cases of life-threatening obstetric haemorrhage and may therefore be considered a ‘near-miss’ event.

**AIM:** To identify women undergoing peripartum hysterectomy in the UK and to describe the management and outcome of the associated haemorrhage.

**METHODS:** A population-based descriptive study was undertaken using the newly-developed UK Obstetric Surveillance System (UKOSS) between February 2005 and February 2006 and 100% of consultant-led obstetric units participated.

**RESULTS:** 318 women underwent peripartum hysterectomy, 315 to control haemorrhage and 3 for malignancy. The most commonly reported causes of haemorrhage which led to hysterectomy were uterine atony (53%) and morbidly adherent placenta (39%). Women were managed with a variety of different therapies prior to the hysterectomy (median 4, range 0-9). 50 women were unsuccessfully managed with B-Lynch or other brace suture prior to hysterectomy, 28 with activated factor VII and 9 with arterial embolisation. 21% of women experienced damage to other structures at hysterectomy, 20% required a further operation to control haemorrhage or to repair organ damage and 19% were reported to have additional severe morbidity. Bladder damage at the time of hysterectomy was more likely in women with placenta accreta (OR 3.41, 95% CI 1.55-7.48), compared with women with uterine atony and in women who underwent total hysterectomy (OR 1.80, 95% CI 0.90-3.61) compared with those who underwent subtotal hysterectomy, although this difference was not statistically significant. Two women died; case fatality 0.6% (95%CI 0-1.5%).

**CONCLUSIONS:** For each woman who dies in the UK following peripartum hysterectomy, more than 150 survive. The associated haemorrhage is managed using a variety of different therapies prior to hysterectomy. Further investigation of the outcomes following some of the more innovative therapies for control of haemorrhage, such as arterial embolisation, is needed.