

# Saving Lives, Improving Mothers' Care 2018: Lay Summary

In 2014-16 **9.8 women** per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy.

Most women who died had multiple health problems or other vulnerabilities.



## Balancing choices:

Always consider individual **benefits** and **risks** when making decisions about pregnancy



### Things to think about:



Many medicines are **safe** during pregnancy

Continuing medication or preventing illness with vaccination may be the best way to keep both mother and baby healthy - ask a specialist



Be body aware - some symptoms are normal in pregnancy but know the **red flags** and always seek specialist advice if symptoms persist

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

White women  8/100,000

Asian women  **2x** 15/100,000

Black women  **5x** 40/100,000

Older women are at greater risk of dying

Aged 20-24  7/100,000

Aged 35-39  **2x** 14/100,000

Aged 40 or over  **3x** 22/100,000



Overweight or obese women are at higher risk of blood clots including in early pregnancy

## Saving Lives, Improving Care

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The UK Confidential Enquiry into Maternal Deaths represents a gold standard around the world for investigations and improvements in maternity care. Through rigorous reviews 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 the family and friends she leaves behind. This year the report examines in detail the care of women who died during or up to one year after pregnancy between 2014 and 2016 in the UK and Ireland from mental health conditions, blood clots (thrombosis and thromboembolism), cancer, and homicide, and women who survived major bleeding (haemorrhage).

### What this year's report shows

In general, pregnancy is very safe. For women in the United Kingdom fewer than 10 of every 100,000 pregnant women die in pregnancy or around childbirth. Heart disease remains the leading cause of women dying during or up to 6 weeks after the end of pregnancy, followed by blood clots. Maternal suicide is the fifth most common cause of women's deaths during pregnancy and its immediate aftermath, and the leading cause of death over the first year after pregnancy.

Maternal deaths are not evenly spread across our population. This report highlights striking inequalities. Black women are five times and Asian women two times more likely to die as a result of complications in their pregnancy than white women. Understanding these disparities needs urgent research and action.

Most women who died had multiple health problems or other vulnerabilities, such as addiction, abuse or domestic violence, and the report highlights many improvements which could be made in care to prevent deaths in the future. We see in this report confirmation of emerging trends. While we were once able to assume that pregnant women were by and large young and healthy, this is no longer always the case. Women now are often older, heavier and have more complex physical and mental health conditions when they become pregnant. They may be vulnerable in other ways too. They are therefore at higher risk of pregnancy complications. Women in their 40s are three times more likely to die than women in their early 20s. There has been a great focus in maternity services on normality, but the findings in this report suggest that is easy to miss crucial signs. It is time to start challenging our assumptions when faced with women with more complex health issues. Other illnesses, like cancer and stroke, can and do happen in pregnancy. They are rare but symptoms need checking out, often by teams of different specialists who work in areas outside maternity care. Women should be encouraged to speak up, health care professionals need to challenge their own assumptions and check out concerns.



## Key messages for women and their families

### Plan ahead

If you know you have a physical or mental health condition, planning ahead works. When you find out you are pregnant, don't stop taking your medications without discussing this with your usual doctor. Looking after your health is the best thing you can do for you and your baby. Do not assume that all the medicines you are taking will be bad for your baby.

### Be body aware

They are rare, but other illnesses, like cancer or heart disease, can happen in pregnancy. Knowing your risks will keep you and your baby safer. Many symptoms are normal in pregnancy but always seek specialist advice if mental or physical symptoms persist.

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. So stay alert to changes in your body.



#### If in doubt, check it out

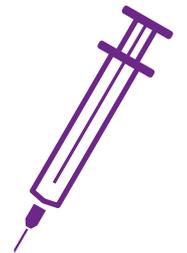
Speak up if you feel you aren't being heard. Repeated symptoms, especially ongoing severe pain, are a red flag and should be acted on

### Myth buster: medicines in pregnancy

It is important to remember that *your health* is important for your baby, and you. While women are often nervous about taking medicines in pregnancy, there are safe medicines in pregnancy and when breastfeeding. There are often risks to stopping existing medications. Continuing medication or preventing illness with vaccination (e.g. your flu jab) may be the best way to keep you and your baby healthy. Your GP or midwife might need to ask a specialist outside of your usual antenatal team for advice.

## Blood clots (thrombosis)

Women who are older, or are overweight or have had a recent operation are at higher risk of blood clots. You should find out if you have any risk factors for developing blood clots during or immediately after your pregnancy. Injections or tablets to thin the blood and prevent clotting can be important if you have risk factors, or have developed a clot. They are safe in pregnancy and while breastfeeding. If you are sent home with injections you must complete the course you have been prescribed, whether that is a week, 10 days or 6 weeks, with no gaps in treatment. Check out how long you need to continue treatment and see your GP if you need more medication.



**Symptom checker:** Be aware of calf or buttock pain or severe breathlessness and report these to your doctor urgently, especially if you are over 35, even if it is still early in your pregnancy.

**Remember:** Your risks may change during or after pregnancy, particularly if you have had an operation or a caesarean birth.

## Know your risks of bleeding (haemorrhage)

The rates of severe bleeding (haemorrhage) after birth are known to be increasing, partly due to placental problems becoming more common. You should be aware that if you have had a previous caesarean birth, you may be at risk of an abnormal placenta, sometimes known as 'placenta accreta' or 'placenta praevia'. You should be seen by a consultant during your pregnancy for assessment and monitoring. Treating anaemia in pregnancy is also important to prevent problems from bleeding.

## Cancer

Cancer in pregnancy is rare, but just because you are pregnant, it doesn't mean you can't develop it. So it is important to know your body, and if you have any symptoms you are worried about, check them out. Being pregnant can delay your diagnosis if symptoms you are worried about are not checked out. Investigations to check for cancer, including x-rays, can be done safely when you are pregnant.

Being pregnant doesn't mean you can't receive treatment for your cancer either. Many cancer treatments are safe to use during pregnancy. Do not feel you need to refuse treatment just because you are pregnant without taking the best advice. You should see a specialist who can assess what treatments are advisable for you and your baby.



## Mental Health

### Mental health is special in pregnancy - the mind can change as well as the body

There is now greater awareness of the importance of mental health during pregnancy and in the first year after birth. But there is still a long way to go in recognising symptoms, supporting women with mental health problems and providing access to specialist perinatal mental health care.



#### *Signs to be aware of – red flag symptoms*

(in yourself, a loved one, or friend)

- Do you have new feelings and thoughts which you have never had before, which make you disturbed or anxious?
- Are you experiencing thoughts of suicide or harming yourself in violent ways?
- Are you feeling incompetent, as though you can't cope, or estranged from your baby? Are these feelings persistent?
- Do you feel you are getting worse?



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 and the expanding network of mother and baby units. Keeping a mother and her baby together is often the best for both.

### And finally –

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.

#### Where to find trusted information

**NHS Website** <https://www.nhs.uk>

**NHS Direct Wales** <https://www.nhsdirect.wales.nhs.uk>

**Ready Steady Baby** <http://www.readysteadybaby.org.uk>