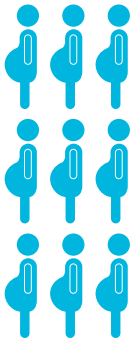
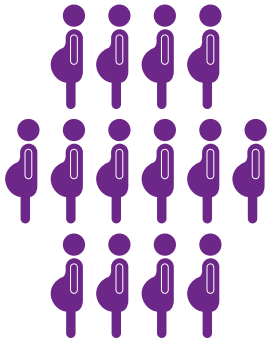
MBRRACE-UK
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

Saving Lives, Improving Mothers' Care 2015: Lay Summary



9 women

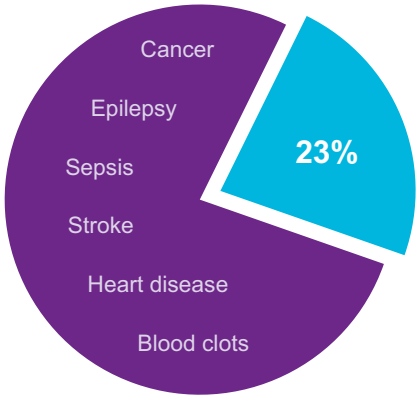
per 100,000 died up to six weeks after giving birth or the end of pregnancy in 2011 - 13



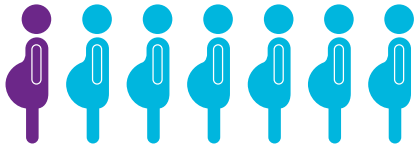
14 more women

per 100,000 died between six weeks and a year after their pregnancy in 2011 - 13

Mental health matters

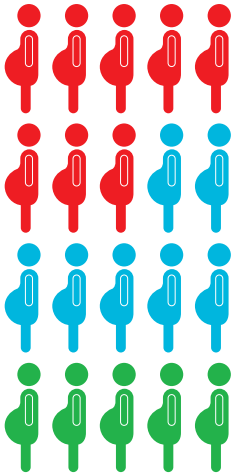


Almost **a quarter** of women who died between six weeks and one year after pregnancy died from **mental-health related causes**



1 in 7 women died by **Suicide**

Specialist perinatal mental health care matters*



If the women who died by suicide became ill today:

- **40%** would not be able to get any specialist perinatal mental health care.
- Only **25%** would get the highest standard of care.

It's OK to tell

The mind changes as well as the body during and after pregnancy.

Women who report:

- New thoughts of violent self harm
- Sudden onset or rapidly worsening mental symptoms
- Persistent feelings of estrangement from their baby

need urgent referral to a specialist perinatal mental health team

*Mapping data from the Maternal Mental Health Alliance (http://everyonesbusiness.org.uk)

Learning for the future

As enquiries into maternal deaths in the UK have for more than 60 years, this report focuses on learning for the future. It is critically important to continue to learn from women's deaths during and after pregnancy to make maternity services as safe as possible for as many women as possible.

The focus of this 2011-13 report is therefore on more than just numbers. Telling these women's stories and driving change is what we owe to their families and friends left behind. The report identifies messages to improve care for women with mental health problems and drug or alcohol dependence, thrombosis and thromboembolism (blood clots), women with cancer in pregnancy or after they have had their baby, and women who are subject to domestic abuse. It also reports on improvements that could be made to care for women who are at risk between when their postnatal care ends, at 6 weeks, and one year after the birth of their baby.

Although it is clear that mental health problems can affect women from every type of background, a major theme that runs throughout the report is vulnerability. Many of the women who died were from vulnerable populations, with multiple complex social, medical and mental health factors who needed care from many health and other professionals. Making sure that every woman gets the co-ordinated care she needs at all times to keep her healthy during and after pregnancy, whether that care comes from maternity services, her GP, her mental health team, or other hospital and community specialists, is a key action identified.

Women need to feel safe when discussing sensitive and complex issues. These issues should be discussed in a trusting and confidential environment where they do not feel worried about sharing their problems, and in a kind, sensitive manner. Doctors, midwives and nurses, need to be aware of concerns women may have in telling them about mental health problems, drug or alcohol use, domestic abuse or other sensitive issues, take them seriously and know how to contact the right specialists in their area, if they are needed to give women the best care.

What the report shows

Giving birth in the United Kingdom remains safer than ever. Overall there has been a decrease in the maternal death rate to just 9 women per 100,000 giving birth. Between 2011-2013, 240 women died during or within 42 days of giving birth, a further 334 women died between six weeks and one year after the end of their pregnancy, among over 2 million women who gave birth. This means that the chances of a woman dying in and around childbirth in the United Kingdom are smaller than ever, and very small – less than 1 in every 10,000 women giving birth.

Maternal deaths from direct causes - that is complications from the pregnancy itself such as bleeding, blood clots, pre-eclampsia or infection - continue to decrease. However, maternal deaths from indirect causes; pre-existing conditions that are not direct pregnancy complications, such as heart disease, epilepsy, mental health problems or cancer, remain a major challenge. The rate remains high with no significant change since 2003. Deaths from mental health problems make up a significant proportion of maternal deaths after birth, and almost a quarter of maternal deaths occurring between six weeks and one year after the end of pregnancy were due to mental health-related causes. Overall, more than 100 women died by suicide between 2009 and 2013 and it was clearly evident that many needed, but did not receive, specialist perinatal mental health care.

Key messages for women and their families

Mental health problems

Just as the body changes in pregnancy, so can the mind

Nearly 1 in 5 of the women who died, from whatever cause, had a mental health problem. We know and can see that the body changes in pregnancy. But the mind can change as well, often very rapidly. For most women this will just be short-lived baby blues, but other women can get severely ill. Pregnancy does not protect against mental illness, and the personal and social demands of pregnancy and looking after a new baby can mean women are more at risk, especially if they have a pre-existing mental health condition.

Mental health problems can affect women from every part of our society. Women are at higher risk of experiencing

a severe (new onset) mental illness in the early days and weeks after birth than at any other time in their lives. We are not just talking about mild depression or baby blues - this summary relates to the most severe mental health problems. These are uncommon but very important. There are lots of different mental health problems that women can develop during or after pregnancy and there are different symptoms to look out for. A woman or her partner or family may not realise the seriousness of the illness, or even that she is ill.

Signs to be aware of – red flag symptoms

In yourself, or 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 a mother, as though you can't cope, or feeling distanced or estranged from your baby? Are these feelings persistent?
- Do you feel you are getting worse?

The good news is that we know how to treat these conditions. It is important to speak out as early as possible if you or your partner or friend have any of these symptoms and it's best to get treated early. Women may be concerned about speaking out, but there are specialist perinatal mental health teams who can support a mother's recovery from perinatal mental health problems, with her baby. Women must remember that looking after themselves is a way of looking after their baby as well.

It's OK to tell

- Tell your midwife of any **history** of depression or other mental health problems.
- Tell your midwife, health visitor or family doctor, partner, family or friends how you are **feeling now**, especially if you are feeling worse. Mental health problems can develop very quickly.
- If you are feeling worse, you may need urgent help.

It's OK to ask

- Severe maternal mental health problems need specialist care from a perinatal psychiatrist or specialist perinatal mental health team - someone who understands what mental health care pregnant or recently pregnant women need. Staff in mainstream services, even in non-specialised mental health services, may not realise how ill you are or how best to support you.
- If you are not happy with your care, or the care being provided to someone close to you, or you feel you are not being listened to or taken seriously, it's OK for you or a relative or friend to ask for different care or a referral to a specialist perinatal mental health service if you want it.

Where to go for help? Recommendations from the Maternal Mental Health Alliance (maternalmentalhealthalliance.org.uk)

(for women, their partners, family and friends)

In addition to your doctor and midwife, these organisations can help

- **Tommy's**: Midwife-led telephone line Mon-Fri 9-5pm. Phone 0800 0147 800.
  Email support: *midwives@tommys.org*
- **Association of Postnatal Illness:** Telephone support available Monday to Friday 10.00am to 2.00pm on 020 7386 0868. Email support: *info@apni.org*
- **Action Postpartum Psychosis:** Online support *www.app-network.org/pptalk*
- **Maternal OCD:** Email support: *info@maternalocd.org*
- **Samaritans:** Phone 116 123 (UK and Ireland). Email *jo@samaritans.org*

Domestic violence and abuse

Domestic abuse or violence can start during pregnancy for the first time, or can get worse. It's important to get help as soon as possible.

It's OK to tell your doctor or midwife at any time you see them.

It's OK to ask to be seen on your own by a midwife or doctor.

And if you can't tell them try phoning (there should be a phone number in your maternity notes for your midwife and for domestic abuse helplines)

Drug or alcohol dependence

It's OK to tell: It's OK to ask for help for help if you are worried about your drug or alcohol intake.

It's OK to ask: You are entitled to support and referral to addiction services in your area. If you want to detox or reduce your intake you can be supported to do this when pregnant or after your baby is born. Safe detoxing in pregnancy or after your baby is born may mean you have to be admitted to hospital but there should be facilities available for this.

Cancer

Very rarely cancer can return or develop during pregnancy.

It's OK to tell

- It's OK, and indeed very important, to tell doctors and midwives if you have had cancer before.
- It's OK to tell doctors and midwives if you are worried about a lump or other possible cancer symptom during your pregnancy.

Your diagnosis and treatment should be the same when you are pregnancy as if you weren't – you should be seen quickly and receive the same investigations and treatment as you would if you weren't pregnant unless there is a very good reason why not.

It's OK to ask

- Be reassured that many treatments for cancer are safe in pregnancy. Treatment does not normally require your baby to be delivered early and your treatment can usually start **before** your baby is born.

Thrombosis and thromboembolism – blood clots

The body as well as the mind can change during pregnancy. Your blood gets thicker and this can put some women at risk of getting blood clots in their legs or lungs, during pregnancy and in the few weeks or months after their baby is born. It's also important to remember that you can still be at risk of blood clots after a miscarriage or abortion.

It's OK to tell: There are many different factors that can make you more at risk: if you have had a clot before, have a family history of clots, or are diabetic or overweight. Your doctor or midwife should make an assessment of your individual risk. Look out for the symptoms; breathlessness, dizziness, a pain in your legs or buttocks, and fainting or blacking out.

It's OK to ask: You may be advised to take preventive medicine or injections (anti-coagulants or blood-thinning tablets or injections). It's really important to take this medication **for as long as you need it**, which may be several weeks after you give birth. It's OK to ask for more injections or tables if you don't have enough, as it is essential your prescription lasts for the whole time you need it for - so make sure you know how long that is. Your GP may need to prescribe more once you are home from hospital.

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