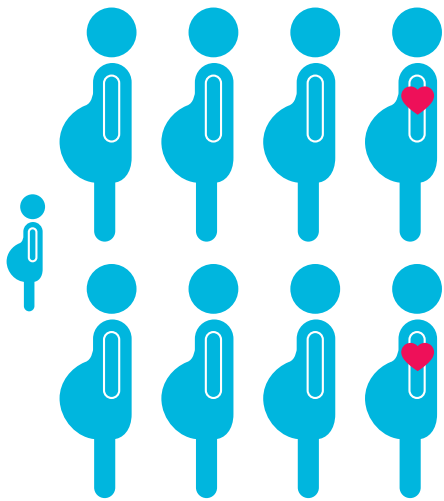


Saving Lives, Improving Mothers' Care 2016: Lay Summary



8.5 **women** per 100,000 died during pregnancy or up to six weeks after giving birth or the end of pregnancy in 2012 - 14

2 **women** per 100,000 died from **heart**  **disease**



Women known to have **heart disease** are **high risk** and need specialist care

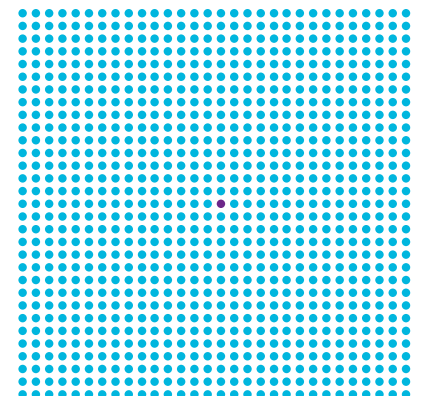
Persistent breathlessness when lying flat is **not normal** in pregnancy and may mean heart problems



Be aware severe **chest pain** spreading to the left arm or back may be **cardiac**

Good care makes a difference

Less than **1 woman in every million** who gives birth now dies from **pre-eclampsia**, but to detect it blood pressure and urine must be checked at every antenatal visit



Saving Lives, Improving Care

The UK Confidential Enquiry into Maternal Deaths has represented a 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. This report includes lessons learned from the care of women who died between 2009 and 2014, with a focus this year on maternal heart disease, pre-eclampsia and early pregnancy care.

What the report shows

For women in the United Kingdom, giving birth remains safer than ever - less than 9 in every 100,000 women die in pregnancy and around childbirth. More than two thirds of women die from medical and mental health conditions – and there has been no change in the overall rate by which women die from these conditions since 2003.

Heart disease is the leading cause of maternal death during or up to six weeks after the end of pregnancy. The enquiry found that in some instances diagnosis of heart disease in young women was overlooked and for others who knew they had heart disease, care was fragmented. Preventing women from dying from heart disease is essential to efforts to continue to reduce the number of women dying.

Maternal deaths from hypertensive disorders – pre-eclampsia and eclampsia - are at their lowest rate ever. In the UK less than one woman in every million now dies from a blood pressure disorder of pregnancy, a condition from which more than 100 women globally die every day. This is a great success.

But we must not rest on our laurels if we want to continue to improve care. Taking forward the lessons for improving care from these confidential enquiries will continue this achievement across other causes of maternal death and serious illness in pregnancy.

This year suicide has been reclassified as a **direct cause** of maternal death, in recognition by the World Health Organisation of the importance of maternal suicide and its direct link with pregnancy.

The report also finds the gap in outcomes between white women and ethnic minority women hasn't changed. It is still important to think how maternity services are designed to provide the care that **every** woman needs.

Key messages for women and their families

General messages

- Get as healthy as possible before you become pregnant to avoid problems – this includes paying attention to your weight and smoking, and, for women who have medical and mental health conditions, making sure you are taking the medicines which are the best ones for you to take when you get pregnant.
- It is important that when you become pregnant you do not stop taking your medications without discussing this with your usual doctor.

“Right care, right place, right people.”

- You need the right care for you, especially if you have a pre-existing health condition. Discuss all aspects of your health and wellbeing with your doctor or midwife early on in pregnancy, so you get the right care in the right place, with the right team of people at the right time.

“Speak up for safety”

- There should always be a senior consultant/senior midwife you can speak to if you are worried about any aspect of your care, or if you feel unsafe.
- You, your midwife or doctor can ask for different care or a referral to a different service if you want it, if you are not happy with your care or if you feel you are not being listened to or taken seriously.
- If you have a symptom that doesn't feel normal for you, tell the midwife or doctor caring for you.
- If your wife or partner appears unusually sleepy, semi-conscious, drowsy, floppy, confused or can't be woken - seek help urgently.

Heart disease

Heart disease (cardiac disease) can affect people of all ages, including young women. You may not know you have heart disease, but being pregnant puts more strain on the heart and so you may get symptoms for the first time. If you already have heart disease it may get worse. If you get **any** of the symptoms below during or after pregnancy, talk to a midwife or doctor urgently.

“Red Flag” symptoms which may mean heart disease

- Breathlessness, so you can't lie down, or your breathing is difficult or unusual even when sitting at rest
- Band like squeezing or a sensation of pressure in your chest, which
 - spreads to your jaw, arm, back or between your shoulder blades
 - makes you nauseous and sweaty
- If a member of your family has died suddenly from a sudden or unexpected heart related cause, or there is a history of recurrent blackouts in your family, mention this to your antenatal team.
- If you have had heart disease in childhood or know you have heart disease before you become pregnant, it is important to find out early (ideally even before you are thinking about getting pregnant) about how pregnancy might affect your health. For a very small number of women with heart disease, pregnancy can be extremely risky. Most women will need to make sure that their health and medicines are the right ones for pregnancy before they start planning to conceive.
- If you have an artificial heart valve, pregnancy is very high risk. You need to seek pre-pregnancy advice and if you decide to become pregnant you should have a specialist team in place for your care, including cardiologists, haematologists, obstetricians and midwives.

Pre-eclampsia and eclampsia

High blood pressure (hypertension) is a common complication in pregnancy, and can lead to serious conditions – for example pre-eclampsia – which, without careful treatment, can affect the liver, brain and blood clotting. Pre-eclampsia is diagnosed by monitoring a pregnant woman's blood pressure and the protein levels in her urine. If pre-eclampsia is diagnosed, a woman needs close monitoring and sometimes her baby has to be delivered early.

As many women as ever are getting pre-eclampsia but very few women are dying. So care for women with pre-eclampsia has clearly improved. Nevertheless, pre-eclampsia also has a major effect on babies, who are at risk through having to be delivered early. This means diagnosis and care of pre-eclampsia needs to remain highly vigilant.

“It's OK to ask”

There are several factors that might make you more at risk of pre-eclampsia, and it is important that you discuss these at your booking appointment or first visit with the midwife.

Factors which might make you more at risk of pre-eclampsia:

First pregnancy
Age 40 years or older
Pregnancy interval of more than 10 years
Body Mass Index (BMI) of 35 or more
Family history of pre-eclampsia
Multiple pregnancy

- You should expect to have your blood pressure and urine tested at **every** antenatal visit. Make sure this is happening. If it is not, ask why not.
- Measuring your own blood pressure should not replace your regular blood pressure and urine checks with your midwife.
- You may not realise how ill you are. Pre-eclampsia can develop quickly and you won't necessarily have any symptoms.
- If you have pre-eclampsia it is usual for a consultant to be involved in your care.

Early Pregnancy Care

There can be complications in early pregnancy (less than 24 weeks) that put women's lives at risk. These include ectopic pregnancy, where the pregnancy develops in the wrong place, most often the tube connecting the womb and the ovary, and complications from miscarriage or termination.

Ectopic pregnancy

You may not realise you are pregnant, so check if you might be pregnant with a pregnancy test.

Look out for symptoms:

- vaginal bleeding that's different from a normal period
- pain low in the stomach (abdomen), perhaps on one side
- pain in the tips of the shoulders
- diarrhoea, vomiting (being sick) or constipation
- feeling dizzy or faint

(The Miscarriage Association – miscarriageassociation.org.uk)

Early pregnancy services are not necessarily available every day or at night. If you or your friend or partner is feeling unwell and you suspect an ectopic pregnancy, you should go to the early pregnancy service or your local emergency department, even at the weekend - don't wait until Monday morning.

If you still feel pregnant several weeks after a miscarriage, it might be an idea to re-do a pregnancy test, as there is a very small chance of some abnormal placental tissue remaining.

If you've had recurrent miscarriages, it can be a sign of a condition called Anti-Phospholipid Syndrome that puts you at high risk of pre-eclampsia, so it is important to let your midwife or doctor know.

Messages that stay the same from the last report

Don't forget your flu jab

While there has been a fall in deaths from flu, this was primarily due to a low flu rate in 2012-14, so getting a flu jab is still important. A flu vaccine can save your or your baby's life.

Mental health still matters

Signs to be aware of – red flag symptoms of mental health problems

(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?

There has been no change in the rate of maternal deaths from mental health problems. Mental health problems remain a leading cause of death in pregnancy and the 12 months after birth, so the messages for women and families remain the same – **speak out and get treated early** by a specialist team.

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