

GP Education

Topic: **Saving Mothers' Lives Report:
Reviewing Maternal Deaths to make Motherhood Safer:
2006-2008**

Interviewer: Dr Leslie Borrill, Leicester City GP and a Lead Appraiser

Interviewee: Dr Angie Doshani, Consultant in Obstetrics and Gynaecology

Time: 16 minutes

Notes to accompany podcast:

The podcast discusses a few scenarios and events from the Saving Mother's Lives Report that highlights 45 cases thought to be related to substandard care in primary care.

The Saving Mother's Lives Report can be downloaded here

<http://www.hqip.org.uk/assets/NCAPOP-Library/CMACE-Reports/6.-March-2011-Saving-Mothers-Lives-reviewing-maternal-deaths-to-make-motherhood-safer-2006-2008.pdf>

Sepsis is one of the leading causes of maternal death. The commonest organism is streptococcal A infection

If pregnant women or women in the post-partum period present with the following symptoms, consider administering antibiotics urgently

- temperature
- no cough
- tonsillar exudate
- tender anterior cervical lymph nodes

The 'Back to Basics' section of the 'Saving Mother's Lives Report' details red flags for immediate transfers

- temperature over 38 degrees
- hypothermia
- pyrexial, feeling tired and down
- breathless
- tachycardic
- adnominal or chest pains
- reduced/ no fetal movements or absent fetal heart if still pregnant
- diarrhoea
- tender renal angles



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- unduly distressed

Breathlessness – take home messages from an asthmatic maternal death

- Women need to be reassured steroids are safe in pregnancy
- Communicate severity of asthma when referring to secondary care so they can be considered 'high risk'
- Salbutamol usage in pregnancy needs to be monitored carefully

Hypertension

- We need to be cautious of pregnant and post-partum women with a blood pressure over systolic 150 and treat promptly. It is advisable to seek secondary care input before starting anti-hypertensive medication in pregnant women.

GPs are encouraged to read the cases to reflect on their own practice and for teaching purposes

