Topic: Saving Mothers' Lives – Maternal Health

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

Interviewee: Dr Angie Doshani, Consultant in Obstetrics and Gynaecology

Time: 19 minutes 15 seconds

Notes to accompany podcast:

Dr Angie Doshani talks about a report published in 2011, 'Saving Mother's Lives'. It shares lessons learnt from the 261 women in the UK who died directly or indirectly due to pregnancy between 2006-2008. It is a user friendly report underpinned with clinical scenarios and highly recommended reading for GPs.

Pre-pregnancy counselling

The report makes ten recommendations.

The first recommendation relates to pre-pregnancy counselling.

There has been an increase in the number of older women wishing to get pregnant and they are more likely to have existing comorbidities like epilepsy, diabetes, hypertension, asthma, mental health.

The indirect causes for the mother's deaths related to pre-existing conditions prior to pregnancy. Cardiac complications were the leading cause of indirect deaths. There is a high ethnic minority population in Leicester with specific needs. Within migrant populations, cardiac conditions are prevalent which could account for maternal mortality.

There are rising obesity levels.

The key to pre-pregnancy counselling is to ensure women start off in good condition to optimise the impact of pregnancy.

The direct causes of the women's deaths in the report related to obstetric complications in pre-pregnancy, pregnancy, labour or the post-partum period. Sepsis was the leading cause of direct deaths and is making a comeback.

For women with pre-existing co-morbidities, it is advisable to fax a referral letter to UHL and the community midwife to raise awareness of high risk pregnancies.

The physiological condition in pregnancy can exacerbate co-morbidities so it is important to communicate possible complications with secondary care clinicians.

Patients who are already pregnant and have uncontrolled existing medical problems should be referred as a matter of urgency.

The severity of their condition should be communicated and a detailed medical history shared.

Patients who are already pregnant with well controlled co-morbidities can be referred to our consultant-led clinics.

Primary care input

Chapter 14 relates specifically to primary care issues. Guidelines which GPs should be aware of include:

- **Venous thromboembolism and pulmonary embolus** The commonest symptom is breathlessness and a primary care risk assessment is required.
- **Obesity** NICE provide guidelines on appropriate weight loss pre-pregnancy and how to look after pregnant women with a high BMI http://www.nice.org.uk/guidance/PH27
- **Asthma** Steroids and Ventolin inhalers are very safe to use in pregnancy. Women often need reassurance to continue using asthma medication especially if they have been using the medication long-term.
- **Pre-eclampsia and eclampsia** Women with high blood pressure should be referred to secondary care urgently. Women with sudden onset of epigastric pain triggers a red flag for an urgent referral.
- **Blood pressure** Systolic blood pressures of 150 mmHg, or above, require effective antihypertensive treatment. If the systolic pressure is very high, >180 mmHg, this is a medical emergency that requires urgent as well as effective antihypertensive treatment.
- **Mental health** GPs are well placed to have a good history of a women's mental health and are pivotal in the multi-disciplinary team's management of the patient

How to Access Information within 24 Hours

1. The community midwifery team are a good point of contact
2. For imminent advice, GPs can speak to the consultant on the labour ward
3. For less imminent advice, GPs can fax a letter marked as urgent. Make the letter as informative as possible to help the consultant assess the urgency of the request.

References

Centre for Maternal and Child Enquiries (CMACE), (March 2011) Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer: 2006–2008. The Eighth Report of the Confidential Enquiries into Maternal Deaths in the United Kingdom, BJOG 2011;118 (Suppl. 1):1–203.

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