

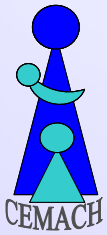
Confidential Enquiry into Maternal and Child Health

Improving the health of mothers, babies and children

Why Mothers Die and Saving Mothers Lives:

Changing policy & practice

Dr M R Oates



Enquiry Maternal deaths

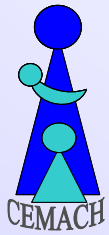
Started 19th century – current form 50 yrs old

Mortality surveillance UK

Descriptive investigation and audit

“open” methodology sensitive change

Confidential and anonymous



Triennial reports

Recommendations

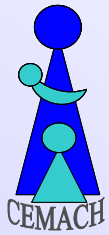
Major influence on practice

Impact delayed

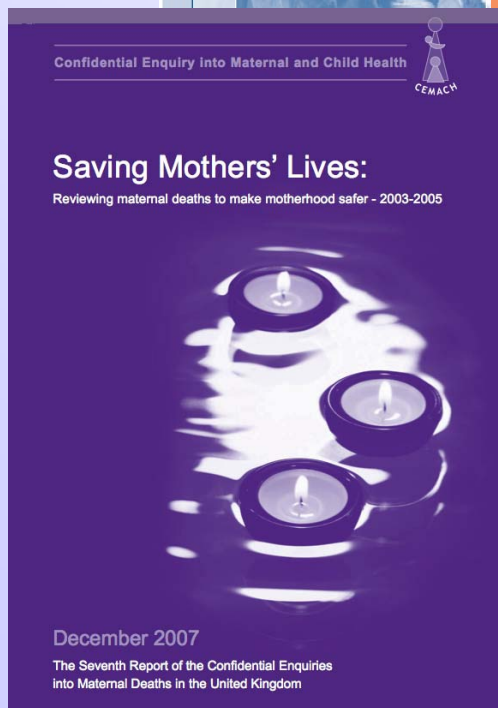
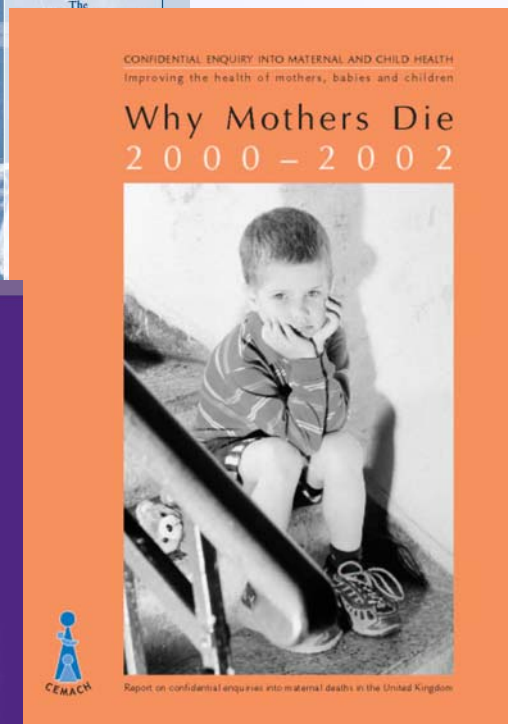
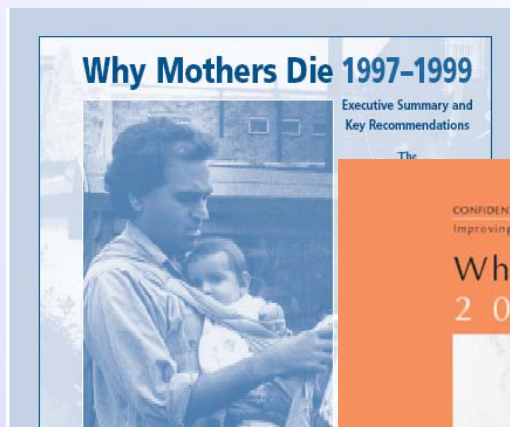
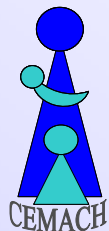
94 / 96 Published 98

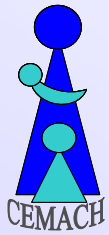
97 / 99 in 2001 2000 / 02 in 2004

2003 / 05 in 2007



Separate psychiatric analysis 1994
Psychiatrist member CEMD 1994
Additional ONS case finding 1997
Increased case detail (CEMACH) 2003





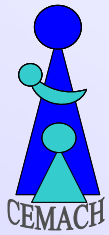
Maternal death

Death during pregnancy
year following birth

Classification

Time pregnancy, within 42 days, late

Cause direct, indirect, coincidental

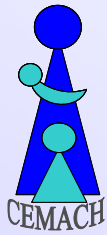


Psychiatric death

4 Categories

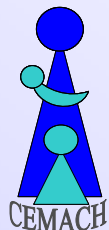
- Suicide
- Overdose of drugs of abuse
- Medical conditions caused by or mistaken for psychiatric disorder *
- Violence and accidents related to psychiatric disorder *

* described in Chapter 12 but counted elsewhere



The Process

- Deaths reported by Maternity Services, GPs, Primary Care, Pathologists, Coroners, Public Health, etc. To CEMACH Regional Offices (previously DPH)
- MDR I + records searched
- Local key professionals comment
- Anomysed
- Regional Assessors – Midwifery, Obstetrics, Pathology, Anaesthesia, Psychiatry



The Process



For Office Use Only: CODE FOR CASE ☐ ☐ 0 9 ☐ ☐

SURNAME _____

PLACE OF DEATH _____

Confidential Enquiry into Maternal and Child Health

MATERNAL DEATH NOTIFICATION AND SURVEILLANCE FORM 2009

1. Please complete the first two pages of this form at first notification, then if the case is to become a surveillance case please complete the rest of the form over the phone at a time convenient to the informant.
2. Fill in the form using the information available in the maternity case notes, general case notes & discharge summary available in the woman's hospital notes.
3. Tick the boxes as appropriate. If you require any additional space to answer a question please use the space provided in section 10.
4. Please complete all dates in the format DD/MM/YY & all times using the 24hr clock, e.g. 1745.
5. There are no "not known" responses as all the information should be contained in the notes. *if you do not know the answers to some questions please indicate this in section 10.*

Date of Notification: _____

CEMACH

Person taking call: _____

Name: _____

Position: _____

Work Address: _____

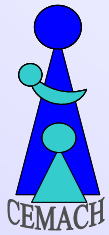
Telephone Number: _____

Email address: _____

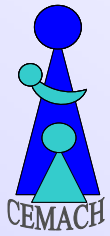
Surname: _____ First name: _____

Usual residential address at time of death: _____

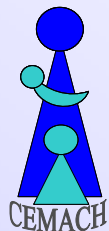
Postcode: _____



- Director Enquiry further stats
- Central Assessors descriptive analysis
- Consensus meetings / writing panel
- ONS search additional deaths
- Peer Review, publication & recommendations
- Dissemination



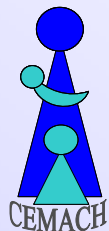
The Findings



Maternal Mortality

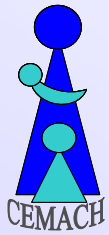
2003/2005

	<u>Nos</u>	<u>Rate</u>
Maternities	2114004	
Direct deaths	132	6.24/00,000
Indirect deaths	163	7.71/00,000
Total	295	13.95/00.000
Coincidental	55	
Late direct	11	
Late indirect	71	
Late coincidental	125	
Total “Pregnancy related deaths”	623	
ICD 10		
Psychiatric indirect	18 / 163	
Late indirect	25 / 71	
Total Psychiatric deaths	104 / 623	



Timing of Reported Maternal Deaths due to or Associated with psychiatric causes; United Kingdom: 2003-05

Timing of death	Suicide	Substance misuse	Physical illness	Violence	All
In pregnancy or up to six months after delivery					
Before 28 weeks	5	2	5	2	14
28-33 weeks	0	0	1	0	1
34-41 weeks	3	1	1	0	5
Up to 42 days after delivery	4	3	11	2	20
All <i>Indirect</i>	12	6	18	4	40
Over six weeks after delivery					
7-12 weeks	2	1	4	0	7
13-18 weeks	4	2	2	0	8
19-24 weeks	1	3	1	3	8
Over 24 weeks	14	10	8	3	35
All <i>Late</i> deaths	21	16	15	6	58
All assessed	33	22	33	10	98
Not assessed	4	2	0	0	6
All	37	24	33	10	104

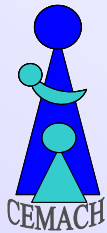


Change

Suicides before 6 wks 2000/02 54%, 2003/05 38%

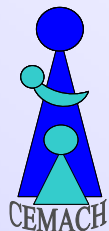
Suicides before 6 mths 2000/02 79%, 2003/05 46%

Numbers suicides	2000/02 60	2003/05 37
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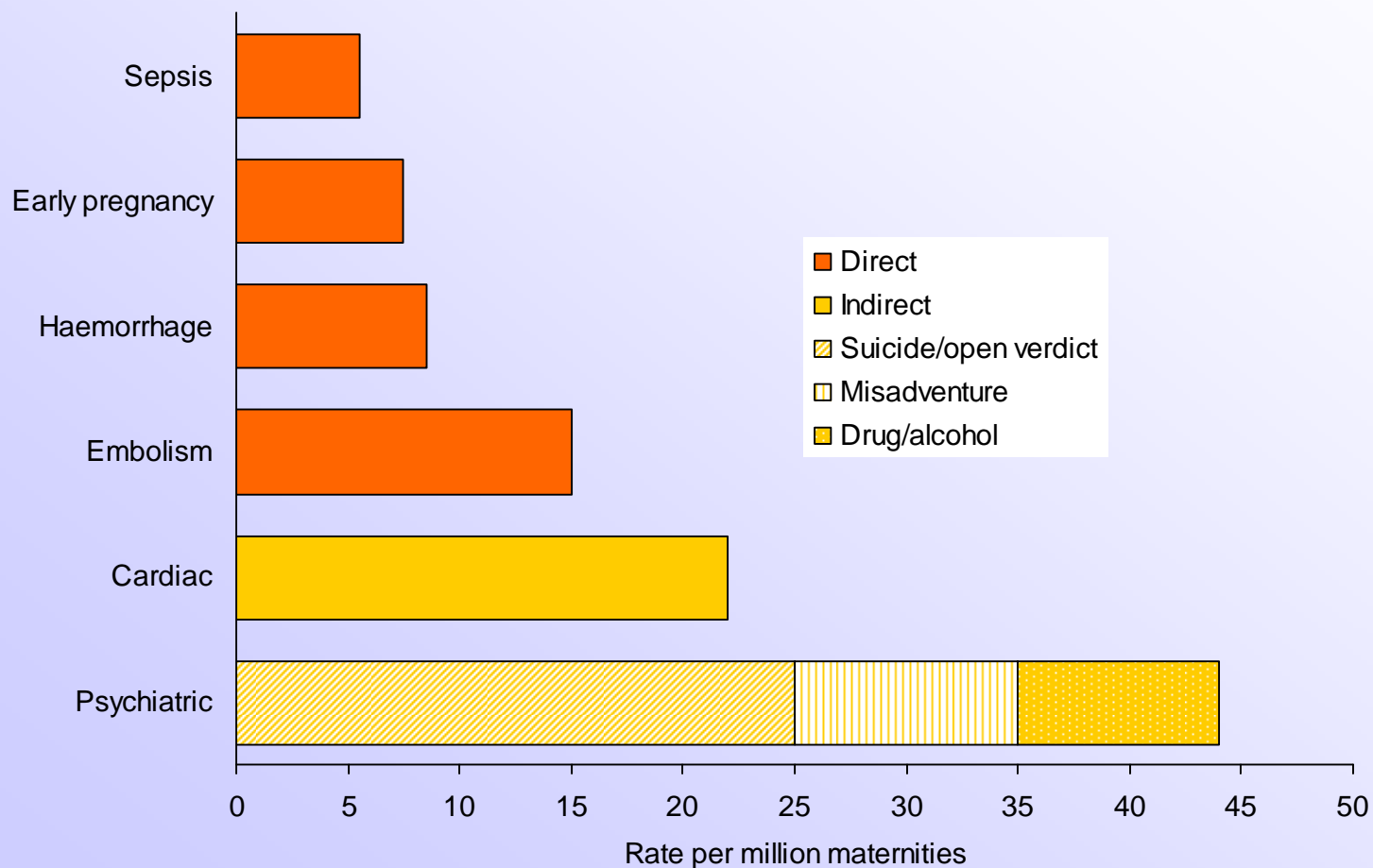
Method of Maternal Suicide: United Kingdom 1997-2005

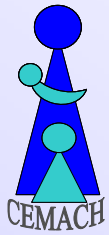
Method of suicide	1997-99	2000-02	2003-05	All
	n	n	n	n (%)
Hanging	10	8	14	32 (38)
Jumping from a height	5	4	4	13 (15)
Cut throat	4	1	0	5 (6)
Intentional road accident	1	2	0	3 (4)
Self-immolation	1	1	2	4 (5)
Drowning	1	1	2	4 (5)
Gunshot	1	0	0	1 (1)
Railway track	0	0	1	1 (1)
Overdose of prescribed drugs	3	9	9	21 (25)
Total stated	26	26	32	85 (100)
Not stated	0	0	1	1



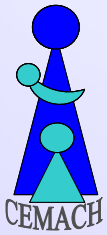
Leading causes of maternal mortality

CEMD 2000/02





- Suicide 3rd leading cause of maternal death
2nd leading cause ICD10 (1997/02 leading cause)
- Wide range of disorders
- Serious illness suicides ↓ 2000/02 50%, 2003/05 34%
- Substance abuse ↑ 2000/02 37%, 2003/05 55%
- All S.M.I. died within 12 weeks of birth

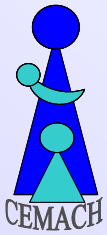


Lesson (Recommendations)

Patient information and counselling
preconception

Identify risk at booking

Manage risk



Lesson 1997/2002

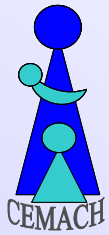
Need revise view of who is at risk

Risk factors for maternal suicide

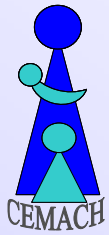
- are
- different
 - high for serious postnatal mental illness
 - high for early onset

2003/2005

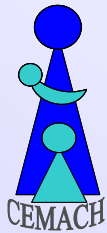
are reducible
change



Suicides in psychiatric care	2000/02	54%,
	2003/05	19%
SMI in psychiatric care	2000/02	98%,
	2003/05	50%
Substance abuse DAT	2000/02	50%,
	2003/05	33%



- As 1997/2002 majority suicides (64%) and of all psychiatric deaths (81%) had a previous history
- 50% SMI PH severe illness
- Continuing trend reduction PH puerperal psychosis
- Identification and management of risk not improved



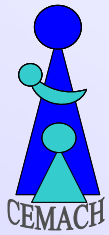
However

Constant theme Enquiries 1997 – 2005

54% Suicides 1997 – 2002

37% Suicides 2003 – 2005

- Significant past history (bipolar & serious affective disorder)
- Risk of recurrence/relapse – identification & management
- Onset & death within 3 months birth
- Distinctive abrupt onset & rapid deterioration
- Poor communication & liaison
- Lack adaptation psychiatric services to maternity context
- Lack specialised services
- Violent death



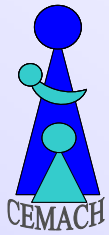
Impact recommendations 1997/2002?

- Maternal suicide reduced
- Reduction deaths early onset psychoses and past history SMI

BUT

2003/2005 full details ONS cases

Previous lessons still relevant



Limitations

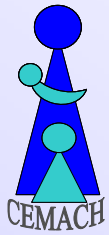
confidentiality

lack denominator data

outcome known

no controls

comparison with previous
enquiries



Rare events

1997 – 2005

6.5 million maternities

6 million births

1800 deaths

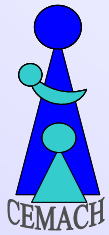
12,000 Puerperal Psychoses

600,00 PND

180,000 severe DI

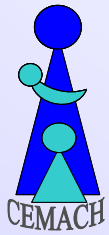
170 suicides

? 60 avoidable deaths



Caution

Without improvement in services
screening is unethical



Caution

Without education & training

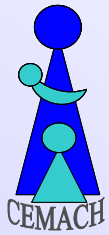
Inappropriate view risk

Inappropriate medicalisation

Overwhelm non-psychiatrists (MW) & services

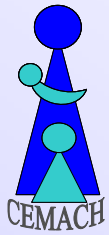
Perverse outcomes

women will avoid



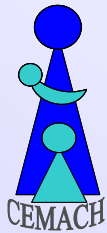
Impact on Policy

- SIGN Guidelines
- NICE Antenatal Care Guidelines
- NICE Antenatal & Postnatal Mental health Guidelines
- NSF – Women's Mental Health Strategy
- NSF – Maternity Standard 11
- Health Commission
- Clinical Negligence Standards
- National Specialised Commissioning Group
- RCPsych
- RCOG



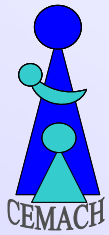
Impact on Practice

- ↑ Specialised services
- ↑ Consultant Perinatal Psychiatrist
- Commissioning “must have”
- ↑ awareness in Maternity Child Health Services
- “Screening” at booking clinic
- ↑ +++ educational events



BUT

- Changing practice in adult psychiatry
- Resistance to specialisation within psychiatry
- Enquiry Fatigue in Psychiatry
- Competing priorities /policies
- Emphasis on “PND” & non-specialised “low cost” interventions “one size fits all”
- Same words different meanings
- ☒ v quality specifications
- Lack “joined up” thinking & policy



Impact on mortality

↑ Psychiatric cases reported CEMACH

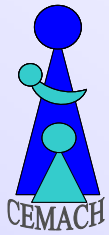
↓ Cases detected by ONS

↓ Suicide

↓ Suicide with PH PN illness

↓ Suicide current psychiatric contact

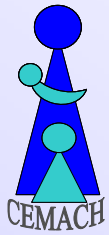
↓ Suicide within 6/12 & 6/52



BUT

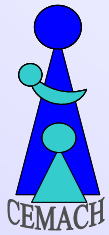
? Effect of increased case ascertainment & clinical detail

too soon to be excited



Learning Points

- Peripartum period
 - Increased incidence of serious affective disorder
 - Increased risk of recurrence of serious disorder
 - Modifies presentation, course and consequences of mental illness
- Risk factors maternal suicide different
- Physical illness can present as, coexist with or result from psychiatric disorder
- Psychiatrists, midwives, obstetricians & GPs must work together & communicate with each other
- Requires special knowledge skills and skills
- Requires different resources and service provision



JFK International terminal men ' s restrooms

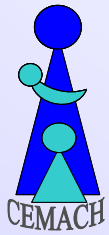
what would you do?

- a) periodically plot spillage area on an X-bar chart, look for special causes (audit)
- b) double the size of the fixtures (prevent)
- c) hire an attendant to monitor and reprimand "less hygienic" users (supervise)



Source:

Wall Street Journal, used by John Grout,
NPSA Seminar, 17 January 2003



JFK International terminal men ' s restrooms



d) etch the image of a fly
on the porcelain -
(Guideline)

Focus

Aim

Source:

Wall Street Journal, used by John Grout,
NPSA Seminar, 17 January 2003