

Successful implementation of maternal acute illness management (M-AIM) course: experience in Mid Yorkshire Hospitals Trust

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Introduction

The 2022 'Saving Mother’s Lives, Improving Mothers’ Care' reports an increased overall maternal death rate since the last triennia¹. The maternal population is not only ageing but comorbid conditions are increasingly prevalent. We discuss our implementation of the M-AIM course within our trust, aiming to equip midwives with skills to identify those at risk of acute illness, providing a structured approach to their assessment.

Methods

Maternity care at Mid Yorkshire is spread across birth centres at three sites and an acute labour ward: responsible for over 6000 deliveries per year. We have run three M-AIM courses for midwives, starting in 2022. Detailed feedback collected from candidates with a written survey is used to identify key areas to improve teaching and delivery of the course. Caldicott approval obtained.

Results

Of 31 midwives surveyed: 100% worked in acute settings; 100% scored 4 (agree)/5 (strongly agree) for the course providing appropriate knowledge and 96.7% for confidence to manage maternal women with acute illness; 100% said they would refer to the manual in the future and preferred face to face learning versus online.

Table 1: number (%) of good/excellent ratings for individual lectures/workshops.

Lecture/Workshop	Frequency (%) of good(4) /excellent (5)
Human factors and communication	31 (100)
Recognition, assessment and management of acutely ill woman	31 (100)
Workshop: airway assessment and management	30 (96.7)
Workshop: assessment and management of shortness of breath	31 (100)
Workshop: assessment and management hypotension	30 (96.7)
Workshop: assessment and management of sepsis	31 (100)
Workshop: Acute kidney injury and oliguria	30 (96.7)
Workshop: Assessment and management of loss of consciousness	31 (100)
Practise scenarios	31 (100)

Responses to ‘most useful aspect of the course...;

‘Practice scenarios’

‘all very useful...ABCDE approach especially...’

‘scenarios..but enjoyed the whole course’

‘experience of clinical staff’

‘great course...useful to involve other members of MDT to improve team working & communication

The structured ABCDE approach and opportunity to practice scenarios were highlighted as the most positive aspects of the learning.

Discussion

Overall, direct and indirect maternal mortality rates have risen¹. Cardiac disease remains the largest single cause of indirect maternal deaths¹. It is recommended that we investigate/treat pregnant/postpartum women, as we would non-pregnant, and staff involved in maternity care are aware of concerning 'red-flag symptoms' associated with acute medical conditions². We are encouraged by the enthusiasm of our midwives for the M-AIM course and will continue to deliver this education to improve prompt assessment, recognition and management of acutely ill obstetric patients.

References

1.Bunch K and Knight M. Chapter 2. Maternal Mortality in the UK 2018-20: Surveillance and Epidemiology. In: Knight M, Brunch K, Patel R, et al, on behalf of MBRRACE-UK. Saving Lives, Improving Mothers’ Care Core Report – Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2022: p2-20.

2.Frise C, Russell S, Kelly T, et al, on behalf of MBRRACE-UK diabetes and multimorbidity chapter-writing group. Messages on caring for women with multiple morbidities. In: Knight M, Brunch K, Patel R, et al, on behalf of MBRRACE-UK. Saving Lives, Improving Mothers’ Care Core Report – Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2022: p34-44.