



Enhanced Maternal Care in Northern Ireland

S Henry¹, P Pyper², B Haughey³, R Morrison³

1. Anaesthetic Registrar , 2. Anaesthetic Consultant NHSCT, 3. Anaesthetic Consultant BHSCT.



INTRODUCTION

The number of women who become critically unwell around the time of childbirth has increased due to various factors, including multiple comorbidities, rising maternal age, and obesity. Royal College of Anaesthetists publication ‘Care of the Critically Ill Woman in Childbirth: Enhanced Maternal Care (EMC) (2018)’ defined EMC as a standard of care for woman becoming unwell during, or after, pregnancy not requiring critical care [1]. The COVID-19 pandemic further increased perinatal critical illness risk and highlighted the challenges in providing enhanced and critical care. The Intensive Care Society published ‘Enhanced Maternal Care Units: Guidance on Development and Implementation’ [2]. These documents show the importance of EMC, need for data collection and service improvements. The aim of project was to quantify the scope of Enhanced Maternal Care practice in Northern Ireland.

METHOD

Our working group included Obstetric Anaesthesia fellows and Consultants; all members of Northern Ireland Obstetric Anaesthesia Network together with trainee champions in each trust.

A retrospective review of birth registry and regional ICNARC data was conducted as well as prospective data collection from March to September 2024. Inclusion criteria and outcome measures were based on the EMC documents (1,2). Trainees identified patients, collected and recorded data on Microsoft Teams. To comply with information governance no identifiable data was recorded.

RESULTS

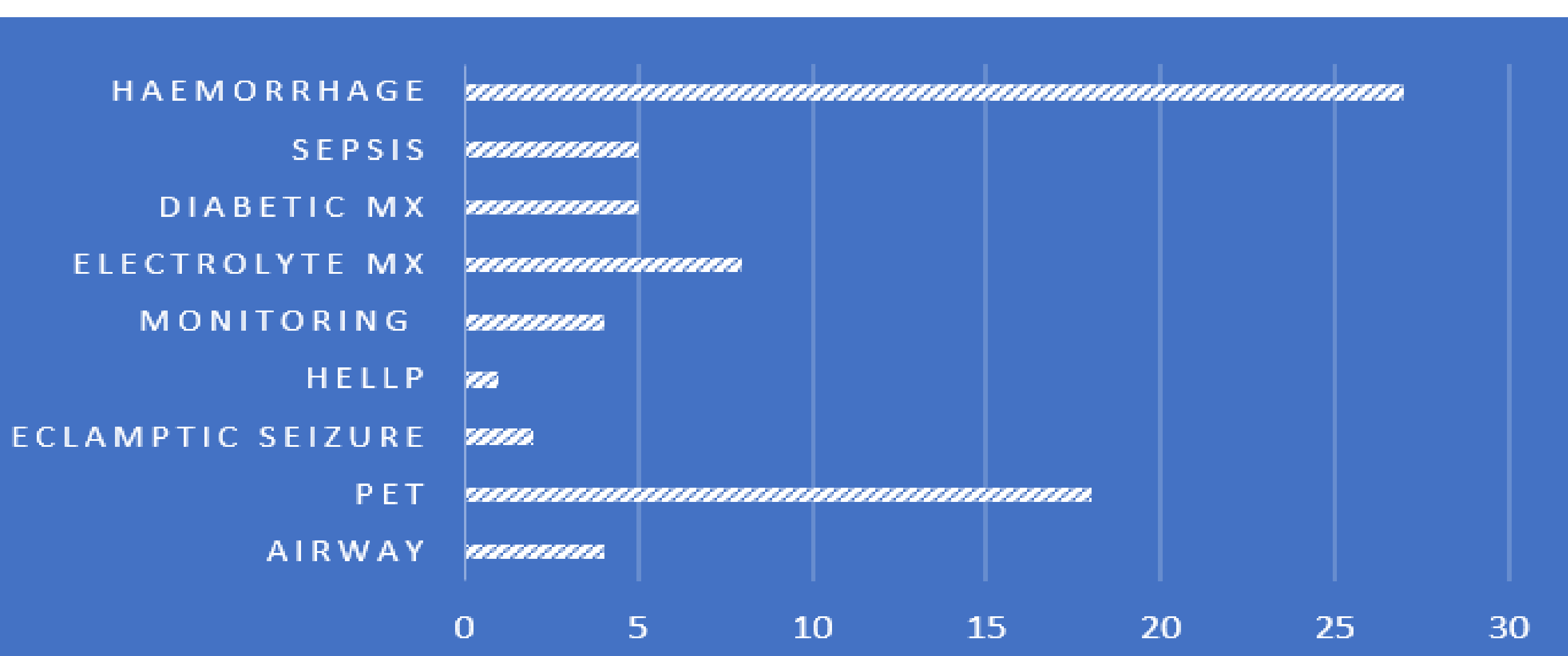
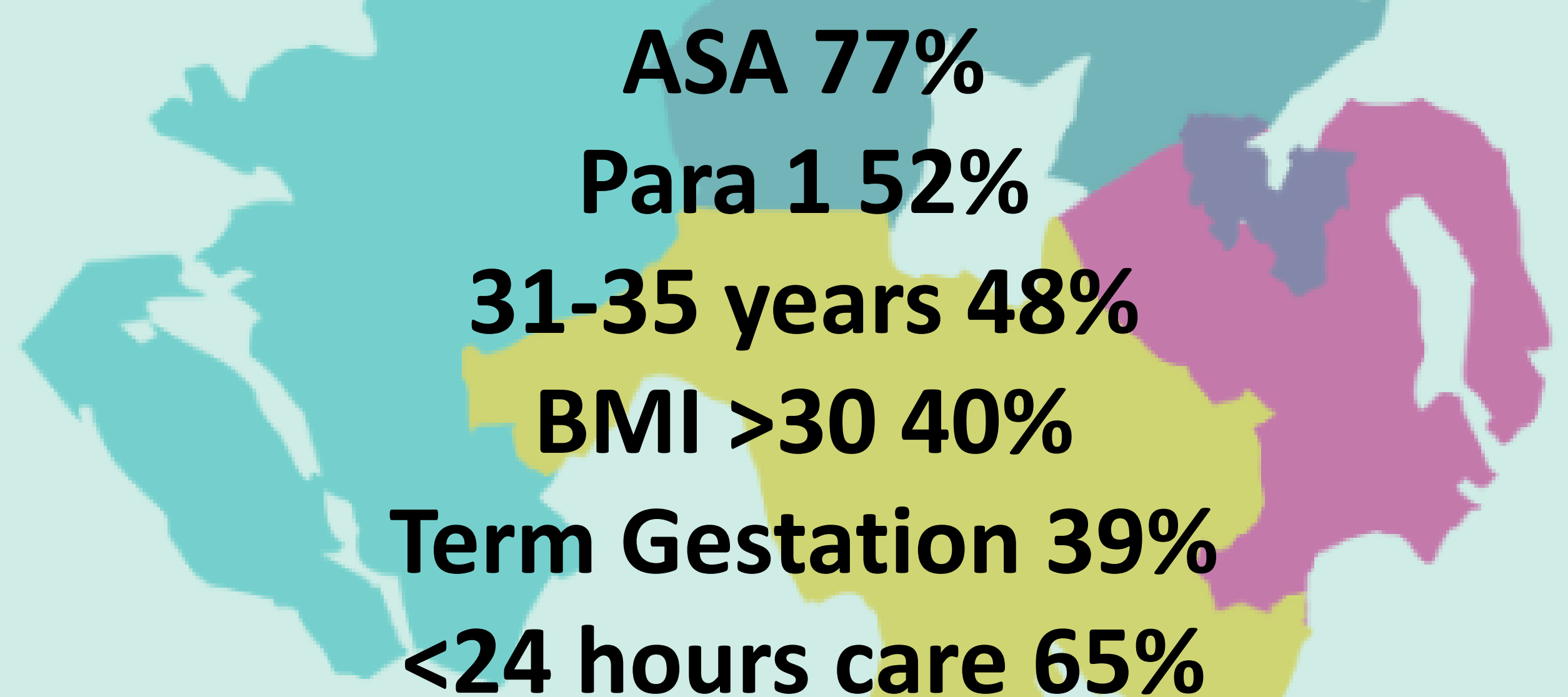
The retrospective review of 5 year birth registry data revealed 3.1% received some form of EMC (0.49% received HDU care on labour ward). A 12 month retrospective review of regional ICNARC data identified aetiologies requiring admission to intensive care; 37% for pneumonia or bronchospasm, 18% for PPH and 11% for sepsis.

During 6 months prospective data collection 66 cases were reported. Most women were managed as level 2 patients on labour ward (72%), 6% required ICU admission. 77% of cases were ASA 2, with 73% classified as overweight or obese. Maternal age was >35 years in 21%. The most common indication for EMC was maternal haemorrhage (43%), while the most common treatments received were blood products (24%) and uterotonic agents (25%). Most cases required <24hours of EMC (65%); 6% required >72hours. An arterial line was inserted in most cases (71%), while two cases had central lines inserted.

DISCUSSION

Most critically unwell perinatal women are managed outside ICU. Maternal haemorrhage requiring EMC accounts for most cases. Results outline need for service development, funding and education to support multidisciplinary delivery of EMC.

The most common characteristics of patients receiving EMC in NI



References

1. Royal College of Anaesthetists. Care of the critically ill woman in childbirth; enhanced maternal care. 2018. Available at <https://www.rcoa.ac.uk/sites/default/files/documents/2020-06/EMC-Guidelines2018.pdf>.
2. Intensive Care Society. Enhanced Maternal Care Units: Guidance on Development and Implementation. 2023. Available at <https://ics.ac.uk/resource/enhanced-maternal-care-units.html>.