West Middlesex University Hospital

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Developing A Structured Intensive Care Bundle To Improve Maternal Holistic Support: The MOTHERS Bundle.

Unzillah Khan (Audit Lead) [1] , Monica Popescu [1], Sophia Paramanathan [1]
[1]West Middlesex University Hospital ICU, Chelsea & Westminster NHS Foundation Trust, UK

INTRODUCTION

Maternal mortality remains a national safety concern. [1] **MBRRACE-UK** report shows the highest maternal mortality rate in ~20 years, with widening inequalities (deprivation, ethnicity, access barriers).
Key contributors include thrombosis/thromboembolism, cardiac disease, COVID-19, and rising late maternal deaths linked to mental health and substance use.

Critically ill pregnant or recently pregnant women require structured, multidisciplinary ICU care addressing:

- Maternal stabilization and physiological monitoring
- Fetal wellbeing
- Human bonding and infant support
- Family communication and safeguarding
- Psychological/perinatal mental health support

Problem: ICU documentation and holistic maternal support can be inconsistent.

AIMS

To develop and implement a structured Maternal ICU Care Bundle (MOTHERS) to standardize holistic maternal, fetal and family-centered care during ICU admissions.

OBJECTIVES

- Implement a structured checklist for maternal ICU admissions
- Achieve ≥90% compliance with checklist completion within 6 months
- Improve documentation and escalation pathways for maternity/mental health/safeguarding
- Re-audit after implementation to assess impact

METHODS

Design

Retrospective baseline audit to identify gaps and develop checklist design.

Setting

West Middlesex University Hospital ICU

Population

Obstetric peri and post-partum patients admitted to ICU.

Data period and sample

April 2022 – October 2025 (n = 58)

RESULTS (KEYGAPS)

- MEWS documented only in **6** Patients
- Baby bereavement offered - **13.8%**
- No family updates documentation - **51.7%**
- Psychology referrals - **19.0%**
- Perinatal mental health referrals - **15.5%**

- No Safe-guarding Review - **36.2%**
- Infant Feeding Support offered - **27.6%**

- Step Down Documentation - **89.7 %**
- Appropriate Team Follow Up -**77.6 %**
- VTE And Antibiotic Documentation-**94.7 %**

Key message:

A single ICU checklist can close hidden gaps in maternal safety, mental health support, safeguarding and family-centered care.

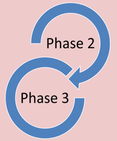
INTERVENTION
MOTHERS ICU CARE BUNDLE

A structured AutoText checklist:
M – Maternal Wellbeing
O – Obstetric/Gynecology Reviews
T – Treatment in ICU
H – Human Bonding with Baby
E – Emotional and Fetal Wellbeing
R – Risk and Safeguarding
S – Step Down and Safe Discharge

IMPLEMENTATION PLAN

Phase 2: Staff Education + Engagement

- ICU-focused Teaching Sessions
- Multidisciplinary Input (ICU Nurses, Doctors, Midwifery, OBGYN)
- Emphasis On Escalation Pathways and Documentation



Phase 3: Re-Audit

- 6-month Re-audit Post-Implementation
- Outcomes: Compliance, Escalation Timeliness, Documentation Quality, User Feedback

CONCLUSIONS

Baseline audit revealed strong clinical management, but critical gaps in maternal observations, communication, mental health, safeguarding, and infant support. The **MOTHERS bundle** offers a structured, scalable solution to standardize care and improve holistic outcomes for critically ill obstetric patients.

References:
[1] Hinton L, Felker A, MBRRACE-UK lay summary writing group. Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2021–23. Oxford: NPEU, University of Oxford; 2025. DOI:10.5287/ora-vybo2k9eg