

Introduction

Maternal morbidity and mortality are strongly influenced by pre-existing medical conditions, with a proportion of women requiring intensive care during the peripartum period.

Maternal Medicine Networks (MMNs) are designed to improve coordination at the obstetric-critical care interface, enabling timely specialist input and multidisciplinary decision-making.

This study re-audits a previous evaluation (2017–2022) to assess trends in intensive care admissions and the contribution of the MMN.

MBRRACE-UK findings continue to highlight inequalities in maternal outcomes, with women from Black, Asian and more deprived backgrounds experiencing higher morbidity and mortality.

Methods

A retrospective analysis was undertaken of all pregnant or recently pregnant women admitted to intensive care between January 2022 and June 2025.

Re audit from 2017 - 2022

Indication for admission
Length of ICU stay
Demographics
Outcomes
Maternal Medicine involvement

Results



**35 Patients
Admitted**



**Mean Age
33 years**

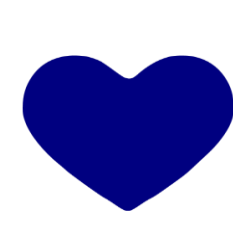


**Mean BMI
27.9**



**Mean ITU
Stay
4.3 days**

**Antenatal 51%
Postnatal 49%**

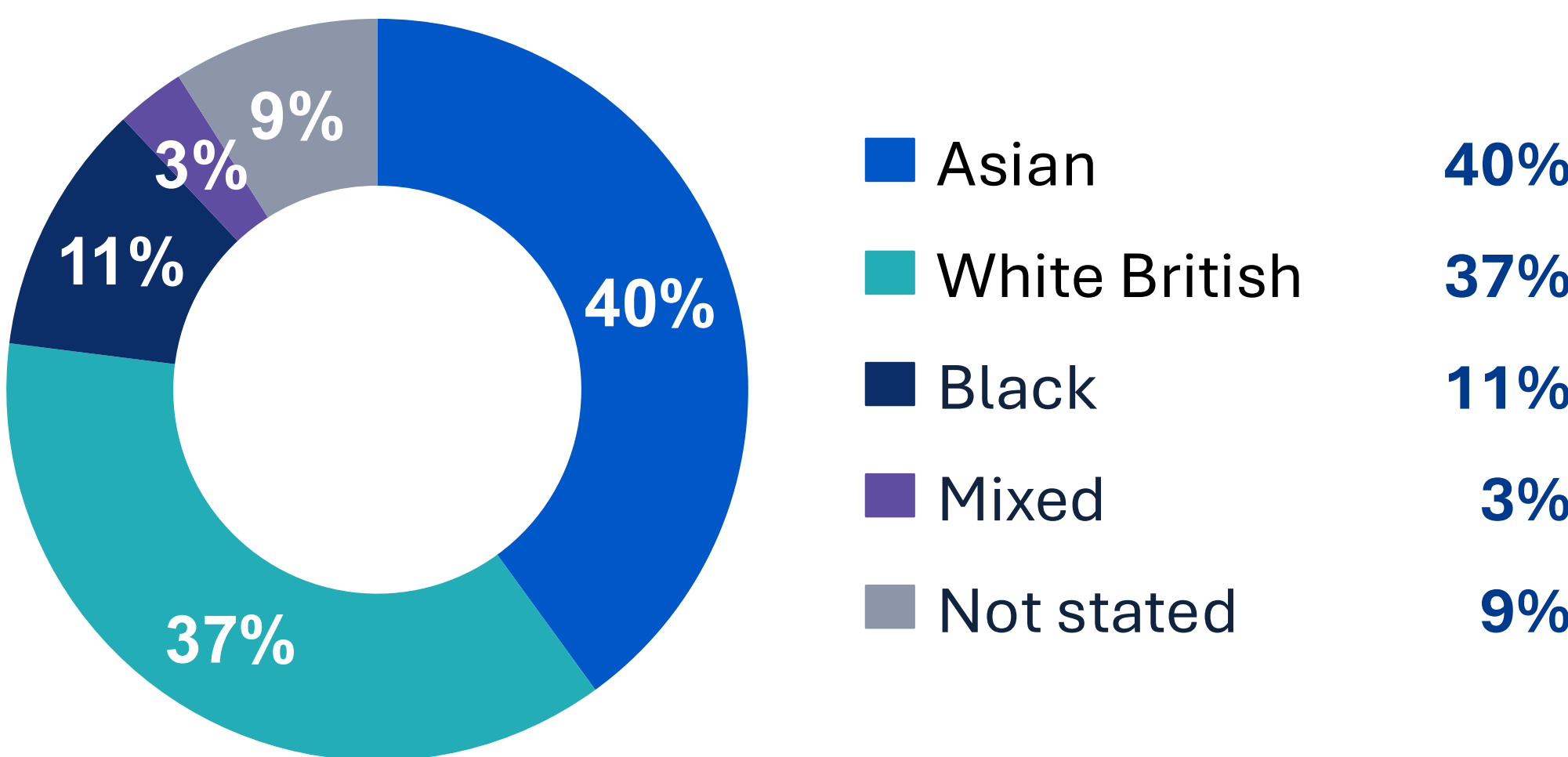


**No maternal
deaths**

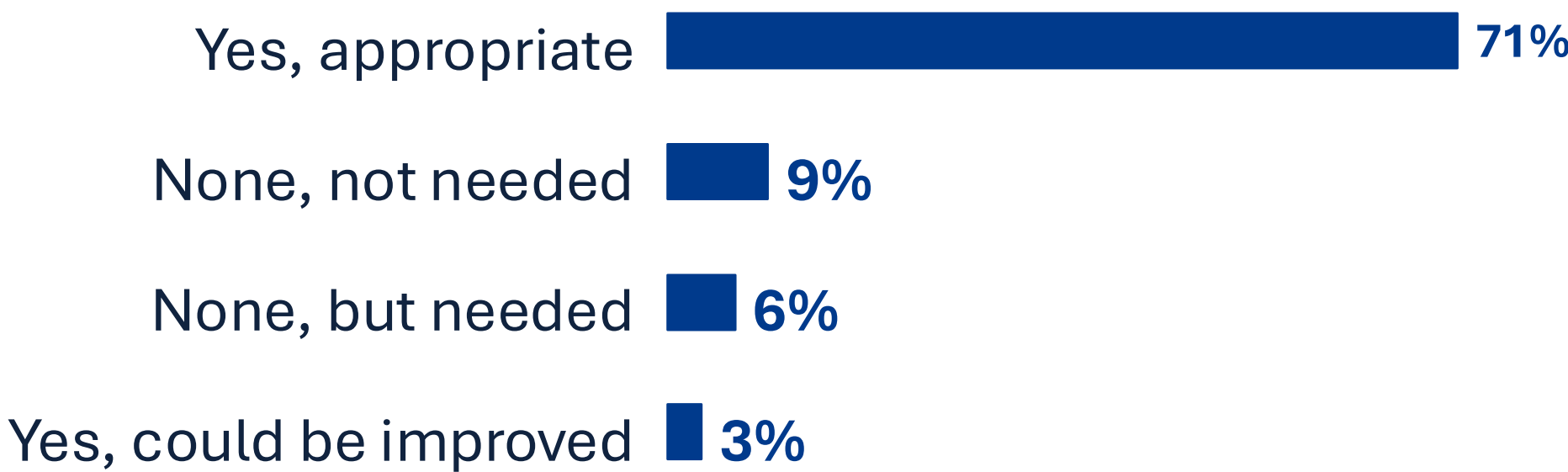


**69%
Resulted in a
Live Birth**

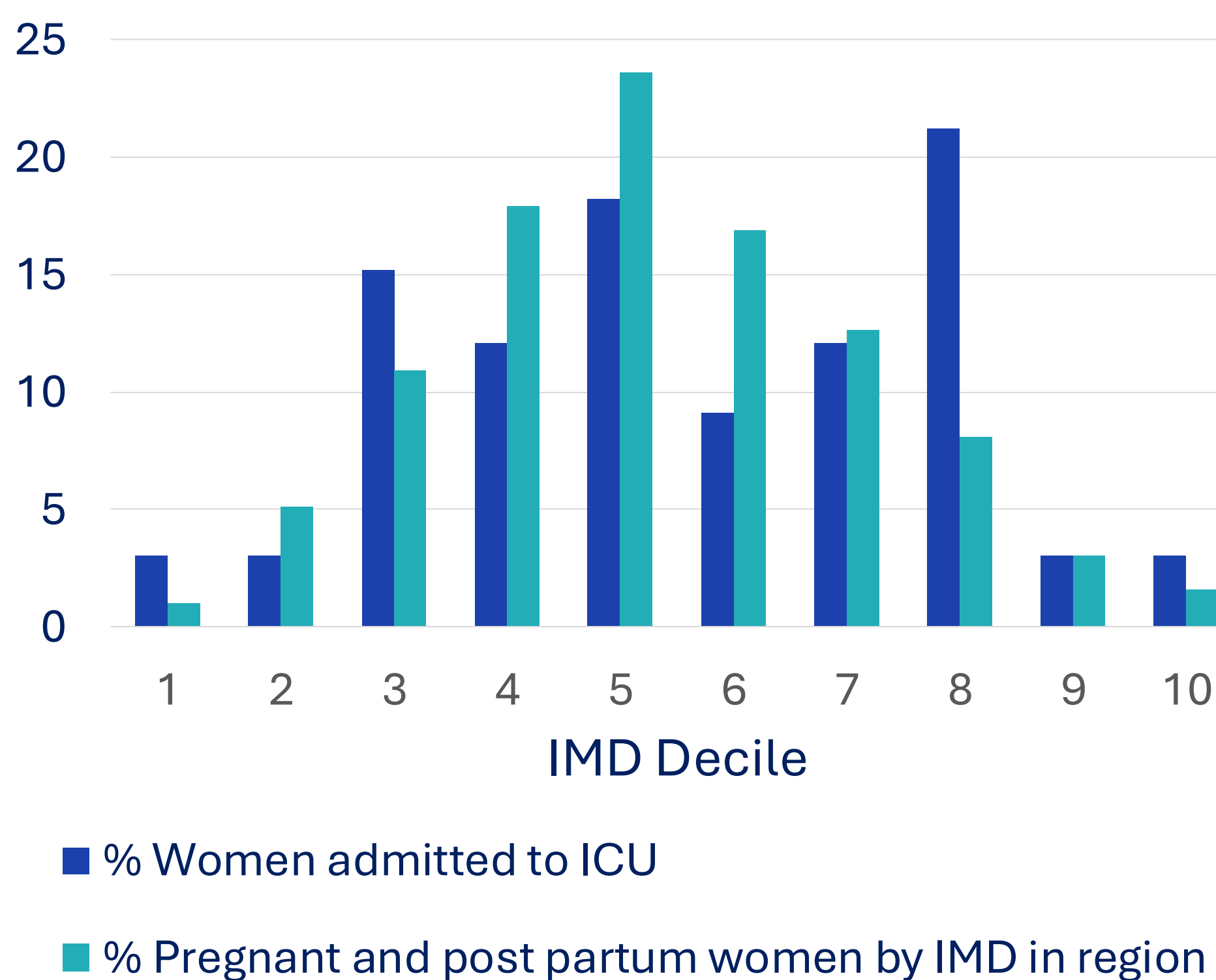
Ethnicity



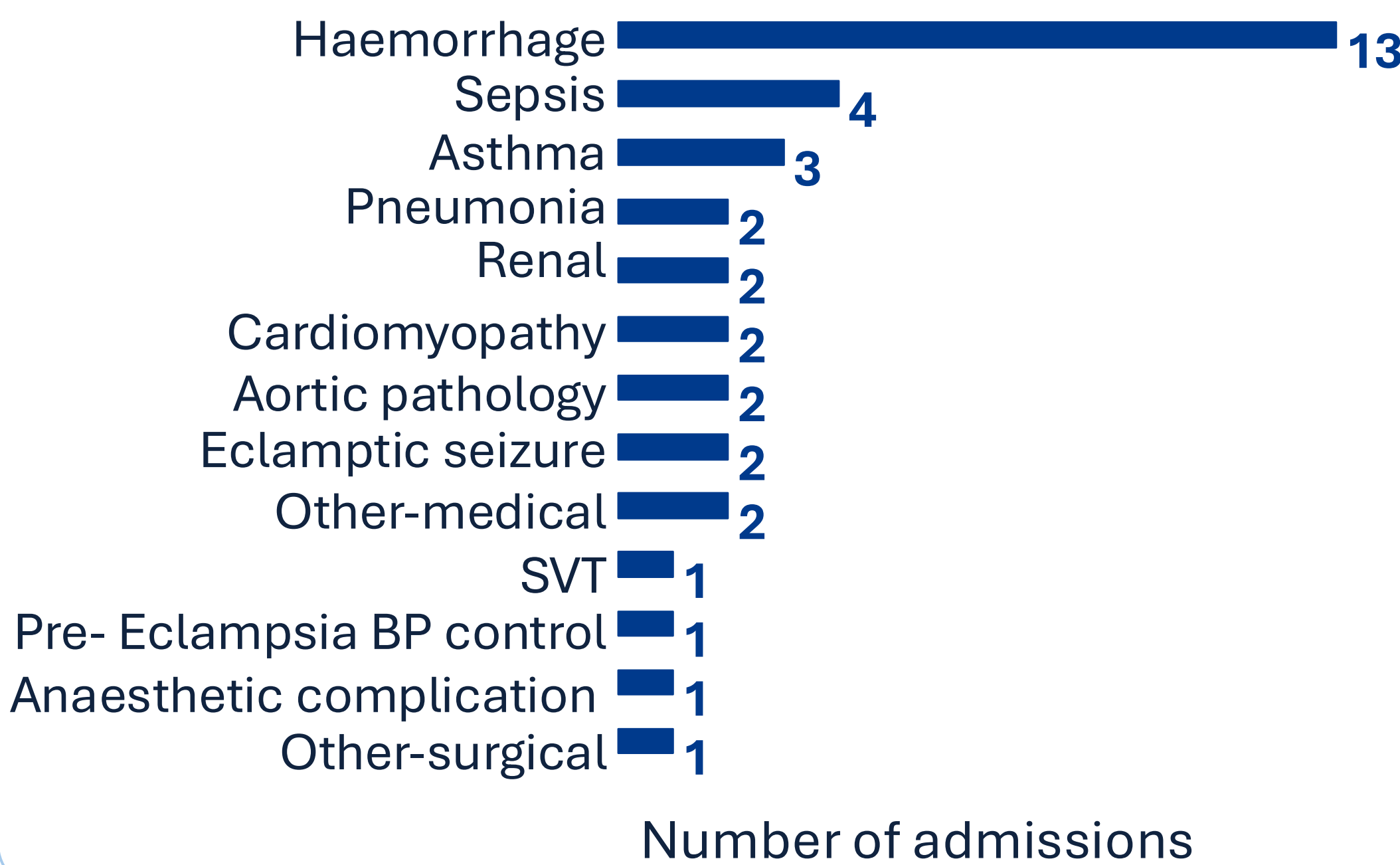
Maternal Medicine Involvement



Index of Multiple Deprivation



Indication for ITU admission



Post admission care

	Percentage (%)
O+G involvement	88%
Midwife visit	24%
Infant feeding support	29%
Neonatal contact	18%
ITU Debrief offered	41%

Discussion

This evaluation supports the MMN as a valuable mechanism for improving coordination between obstetric and intensive care interface and for enabling timely specialist input for medically complex women.

The network provides a structured framework for early recognition of deterioration, use of pregnancy-specific clinical thresholds, standardised approaches to VTE prophylaxis, and multidisciplinary decision-making.

Important opportunities for improvement remain in documentation, consistency of specialist input, and post-ICU follow-up and debriefing. Addressing these areas is essential to improving maternal outcomes and reducing the inequalities highlighted by MBRRACE-UK.

Key Takeaways



**Haemorrhage
was leading
indication for ITU
admission**



**ITU admission
was higher in
older, high BMI
patients**



**Black women had
proportionately higher ICU
admission rates relative to
population representation**



**Maternal medicine
team involvement in
63% of admissions,
but not universal**



**Inconsistent use
of Maternity Early
Warning Score
(MEWS) on ITU**



**Limited midwifery
care, neonatal
contact on ITU**

References

1. Knight M, Bunch K, Tuffnell D, et al. Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2019-21. BJOG. 2023;130(S5):1-98.
2. Cranfield K, Horner D, Vasco M, Victory G, Lucas DN. Current perspectives on maternity critical care. Anaesthesia. 2023 Jun;78(6):758-769. doi: 10.1111/anae.15948. Epub 2023 Jan 12. PMID: 36633911.