

Deaths in England in the first trimester of pregnancy: Themes relating to non-maternity care provision to mothers

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Background

The 2015 national maternity ambition in England aims to halve maternal deaths by 2025.

Pregnant women in the first trimester pose a unique challenge to healthcare providers due to the unclear accountability of health services in the time between conception and booking for maternity care.

It is imperative to understand factors contributing to deaths in the first trimester so that services, maternal and neonatal outcomes can be improved.

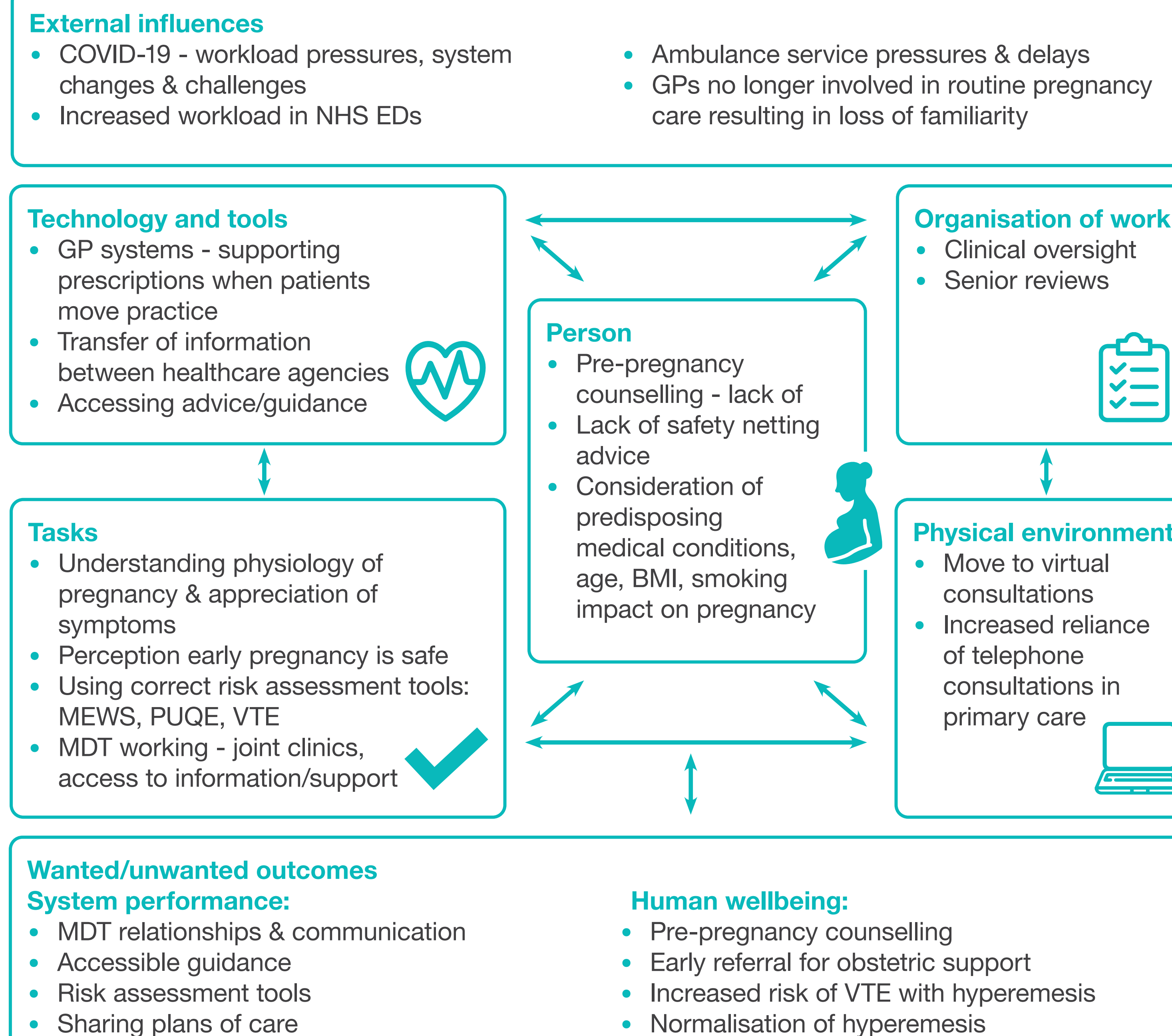
The Maternity and Newborn Safety Investigations (MNSI) programme investigates patient safety events, working closely with staff, trusts and families, aiming to improve maternity safety in England.

Methods

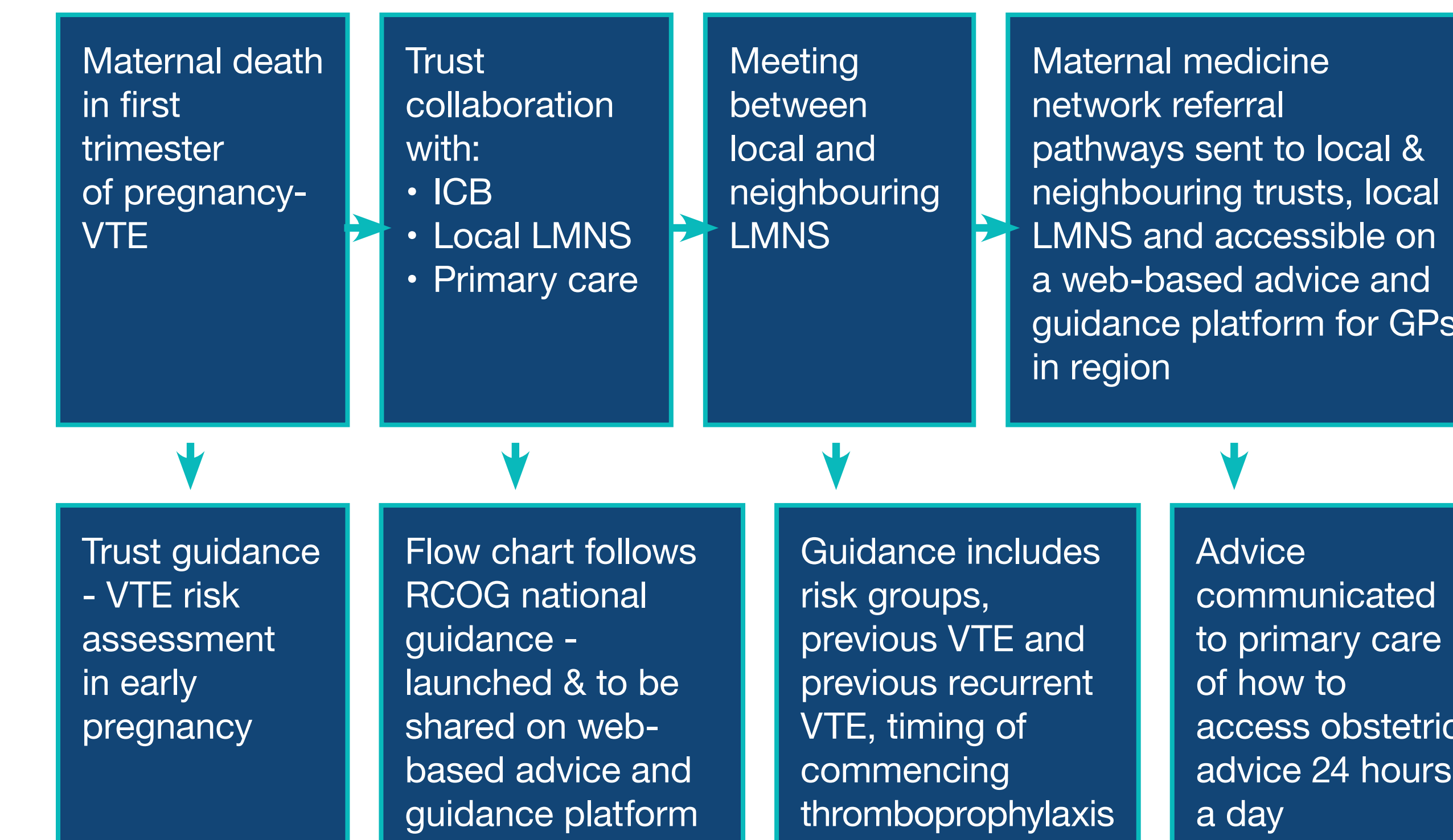
15 first trimester maternal deaths were identified as receiving non-maternity care from completed MNSI investigations between 2019 and 2023; these underwent detailed thematic review.

MNSI promotes the use of the Systems Engineering Initiative for Patient Safety (SEIPS) model (Carayon, 2006; Holden et al, 2013) as one way to help understand why patient safety events occur.

We consider the relationships and interactions between people, tasks, technology and tools, the environment, organisational factors, and national policies and professional guidance, that contribute to how patient safety events occur.



A collaborative approach to safety improvements



Conclusion / key messages for ICBs and trusts

Across these investigations, we made 28 safety recommendations to non-maternity services within secondary care, pre-hospital & primary care services and integrated care boards (ICBs), and these were the key messages:

- ✓ Primary care providers to take the opportunity to discuss pregnancy plans and/or long-acting contraception with women of childbearing age with existing medical conditions when accessing routine care (e.g. repeat prescriptions, wellbeing checks etc)
- ✓ Specialist obstetric teams and MDTs to communicate future plans clearly with primary care when a woman or birthing person will need early referral or treatment in subsequent pregnancies
- ✓ Healthcare providers (GP, ED) to have access to pregnancy specific risk assessment tools and to ensure that these are completed at every healthcare contact
- ✓ Healthcare providers to understand that these tools need to be used from early pregnancy, as physiological changes take place from the outset
- ✓ Healthcare providers to understand that hyperemesis gravidarum (HG) increases the chance of venous thromboembolism (VTE) in the first trimester
- ✓ Healthcare providers to understand that presumed HG may mask other causes of vomiting in early pregnancy (e.g. neurological)

To find out more about MNSI and our investigations or to attend a webinar discussing this topic further please scan the QR code

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