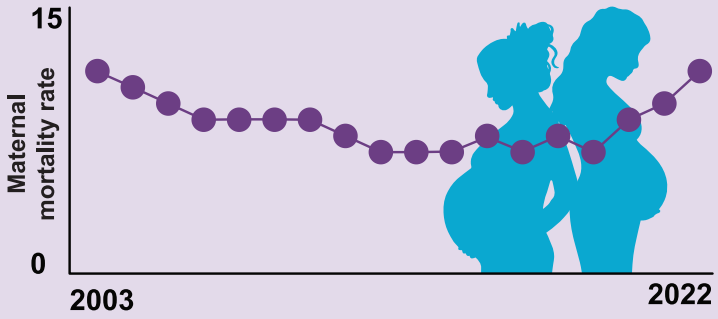
Key messages
from the report 2024

MBRRACE-UK
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

275 women died during pregnancy or up to six weeks after pregnancy in 2020-2022

13.56 women per 100,000 died during pregnancy or up to six weeks after pregnancy



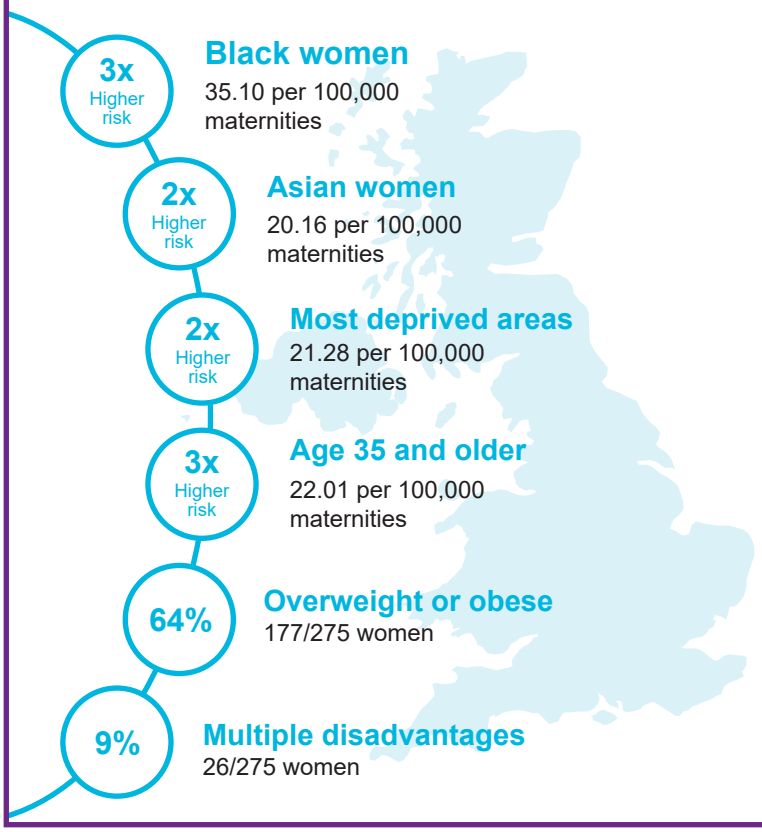
Causes of women's deaths

The **national risk assessment tool** must be evidence-based, clear and accurate

Consider the effects of vomiting, dehydration, immobility and other **symptoms** that can increase risk

Risk happens early - define pathways so women who need medication to prevent blood clots can access it when they need it, including in the first trimester

Inequalities in maternal mortality



Key messages

for the care of women with thrombosis and thromboembolism

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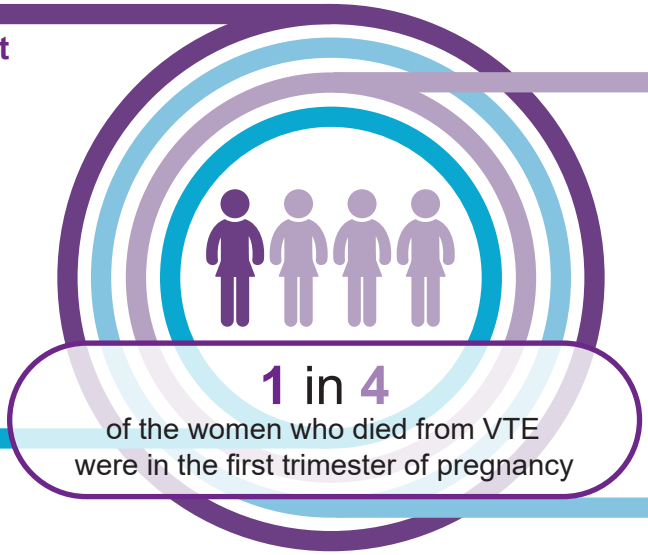
Ensure women at high-risk of venous thromboembolism (VTE) receive pre-pregnancy counselling and are appropriately managed in the first trimester

Early risk assessment
Assess VTE risk at the first opportunity

Pathways for advice
Ensure GPs can obtain timely specialist advice



1 in 4
of the women who died from VTE were in the first trimester of pregnancy

Access to thromboprophylaxis
Clearly define who is responsible for prescribing in early pregnancy

Pathways for referral
Outline how to refer women at high-risk of VTE

Research evidence is needed to restructure the existing national VTE risk assessment tool

The national assessment tool should:

- ☑ Be easy to use, clear and accurate
- ☑ Take into account factors that may arise during pregnancy or in the postnatal period
- ☑ Be based on research evidence

Women should be assessed:

- ☑ At booking or as early in pregnancy as possible
- ☑ After pregnancy, regardless of how the pregnancy ends
- ☑ If they are admitted to the hospital or develop other problems

Evidence-based

Key messages

for the care of women with cancer

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Equity in the treatment of pregnant women with newly diagnosed cancer or a previous cancer diagnosis

21%

of women who died from cancer in 2020-22 entered pregnancy with a history of past or current cancer

Consultant-led, multidisciplinary care should be the standard of care for women with prior cancer diagnoses

Provide pre-pregnancy counselling, including advice on contraception, to women with active or past cancer diagnoses

Investigate any new, persistent or unusual symptoms in pregnant women

Most imaging and treatments for cancer are safe during pregnancy and should not be delayed

Include women in discussions on end-of-life planning and facilitate time spent with their children

Recognise the risk of thrombosis in cancer, undertake risk assessments and provide adequate thromboprophylaxis

27%

of women who died from cancer in 2020-22 experienced a thrombosis or thromboembolism

Key messages

for the care of women with ectopic pregnancies

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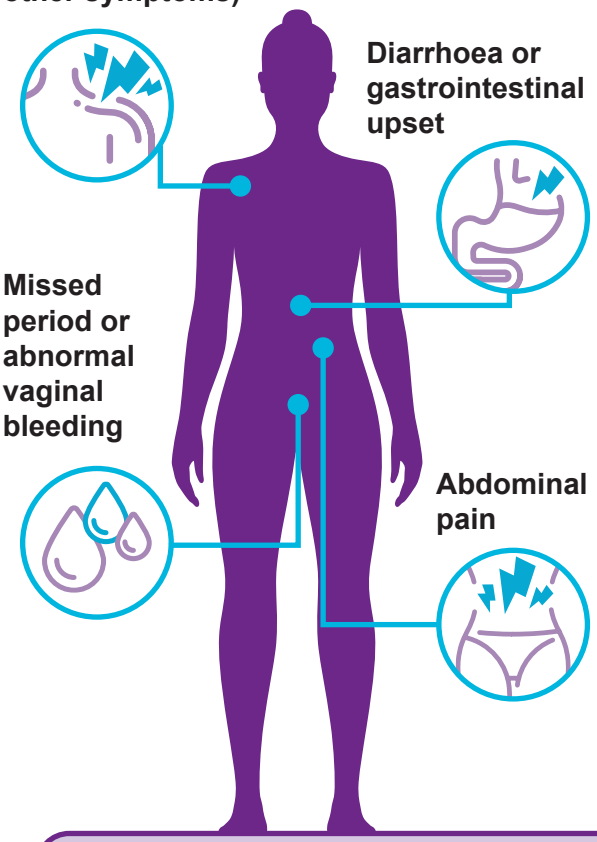
'Think ectopic'

Be aware of the common symptoms of ectopic pregnancy:

Shoulder tip pain (tends to develop with other symptoms)



Diarrhoea or gastrointestinal upset

Missed period or abnormal vaginal bleeding

Abdominal pain

Pre-hospital care

999 calls

Review risk categorisation for women who are pregnant, recently pregnant or who have the potential to be pregnant

Escalate repeat calls or calls made by minors

Ambulance

Urgently transfer reproductive age women in a state of shock or collapse to the emergency department

Resuscitation

Consider pregnancy and the reversible causes of maternal collapse including concealed bleeding

Consider a diagnosis of ectopic pregnancy and do a pregnancy test

Early Pregnancy Assessment Units (EPAUs)

7

EPAUs should be available 7 days a week

24 HOURS

Provide women with an appointment within 24 hours of referral

Key messages

for the care of recent migrant women with language difficulties

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Language needs should be assessed, documented and considered at all stages of maternity care

ASK
Assess women's language needs at booking and every interaction

RECORD
Document women's language needs and interpreter use in the digital maternity record

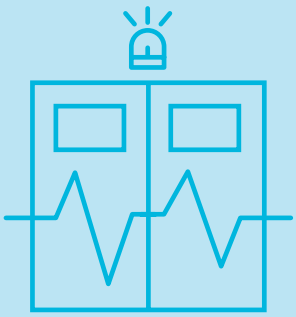
INTERPRET
Use professional interpreter services at every interaction including emergencies

TRANSLATE
Provide written information in the woman's preferred language

Provide women with information about how to access maternity services in a variety of formats, settings and languages

Registration with GP

Make women aware that they have the right to access primary care, including GPs, without needing to pay or show proof of address



Seeking care in emergency units

When women present to urgent care or the emergency department with an unbooked pregnancy, make a referral to and follow-up with maternity services

Late booking for antenatal care

Consider barriers in access to care, facilitate alternative ways of engagement and be proactive in follow-up when appointments are missed