

## Severe illness in pregnancy preventable in many cases

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(Medical Xpress)—As many as 40% of cases where pregnant women are admitted to intensive care units due to severe illness are potentially preventable, according to University of Otago Wellington researchers.

Collaborating with teams of clinicians from four district health boards to assess 98 severe acute maternal morbidity (illness) cases during a 17-month period, they found 38.8% of cases were potentially preventable. A further 36.7% were not preventable but improvement in care was needed.

Lead researcher Dr Bev Lawton says the most common causes of preventable severe illness in pregnancy were blood loss and septicaemia, and the most frequent preventable factors were clinician related.

Clinician-related factors were most often a failure to recognise a woman's high risk status, and delayed or inappropriate treatment, Dr Lawton says.

"This is a real wake-up call – but using the review process that we've developed through our research, we can look at the performance of our maternity system and explore how severe maternal illness and death can be reduced," she says.

The prevalence of severe acute maternal morbidity in developed countries is reported as between 3.8 and 13.8 per 1000 deliveries.

The research team are now working on the next phase of the study, which will measure severe acute maternal morbidity rates nationally, and explore changes to clinical behaviour and systems to reduce harm.

Looking at these cases and finding solutions to the inadequacies will not only improve the quality of care of similar cases, but also the care of other patients in the maternity system, Dr Lawton says.

"By finding the gaps and problems in the systems and processes, we as clinicians and researchers can create long-term change. While our primary focus is how to reduce these disturbing rates of preventable severe illness for [pregnant women](#), we also want to improve the health outcomes for everyone, and get it right where it's not working."

The study was funded by Te Kete Hauora within the Ministry of Health, and has been published in the latest edition of the *American Journal of Obstetrics and Gynecology*.

Provided by University of Otago

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