

UK's aim to half maternal mortality by 2030 is challenged by social inequalities, increasing maternal age, obesity

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The UK has is facing an uphill battle if it is to meet its ambitious target of halving maternal mortality by 2030 against a backdrop of increased social inequalities, increasing maternal age and obesity together with a rising number of caesarean sections, all contributory risk factors for maternal morbidity and mortality.

The complex issues around maternal deaths will be presented in a new review by an anaesthesiologist who works on the UK Confidential Enquiry into Maternal Deaths (CEMD), which began in 1952 and investigates the [death](#) of every mother during pregnancy and after childbirth.

During his presentation at Euroanaesthesia (the annual meeting of the European Society of Anaesthesiology and Intensive Care [EASIC]) Dr. James Bamber, of Cambridge University Hospitals NHS Foundation Trust, and based at Addenbrooke's Hospital, Cambridge, UK, will highlight that during the past sixty years of the Enquiry the proportion of maternal deaths directly due to pregnancy and delivery has fallen.

The most recent published statistics (for 2015-17) showed that the UK has a maternal mortality rate of 9.1 deaths per 100,000 women per year which has changed little from a similar rate thirty years ago (1985-87) when it was 9.8 deaths per 100,000. The maternal mortality rate has fluctuated over the intervening years.

"A greater proportion of women now die from underlying [health conditions](#) aggravated by pregnancy such as heart disease which is now the most common cause of maternal death. The most common direct obstetric cause of maternal death is thromboembolism (blood clots)," explains Dr. Bamber.

In 1952/54, 78% of maternal deaths were due to direct (obstetric) causes, in 1985/87 62% of maternal deaths were due to direct causes. In 2015/17 35% of maternal deaths were due to direct causes—the 'cross-over' occurred in 1994/96 when 50% of maternal deaths were due to direct causes.

"The UKEMD ensures every maternal death has a detailed in-depth review by multidisciplinary assessors so that lessons for care can be identified and recommendations made to improve maternity care of all women including those outside the UK," explains Dr. Bamber.

Examples of these recommendations include promoting the use of guidelines to manage women with severe pre-eclampsia in pregnancy. Since the publication and widespread adoption of national guidelines there has been a significant decrease in the number of deaths and [mortality](#) rate for women with this condition. "The Enquiry will have contributed to this reduction in maternity deaths and morbidity due to health professionals implementing the recommendations made in its reports," says Dr. Bamber.

The Enquiry process was reformed in 2011 after a government review which resulted in an academic consortium, with MBRRACE-UK based at Oxford University being awarded the contract to run the Enquiry every year rather than every three years previously. This has made the process more agile to respond to any new health crisis such as SARS-CoV-2 and a rapid report was published in August 2020 examining the deaths of ten [women](#) with COVID-19.

Dr. Bamber concludes: "Despite these improvements in maternity care, the overall rate of [maternal deaths](#) in the UK has remained unchanged over the past 30 years. This is against a backdrop of rising maternal [social inequalities](#), increasing maternal obesity, increasing [maternal age](#) and rising caesarean section rates, all risk factors for maternal death and morbidity. The UK Government has set a challenging ambition to reduce [maternal mortality](#) by 50% by 2030. This challenge means the Enquiry process will be as important now as at any time since 1952."

Provided by The European Society of Anaesthesiology and Intensive Care (ESAIC)

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