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Experiences of Maternal Critical Illness

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Abstract:

Childbirth is relatively safe in the United Kingdom (UK) yet women are still dying from preventable causes. Many women who die or become critically ill are more likely to be obese, from minority ethnic backgrounds or have comorbidities. In many cases, better care could have improved outcomes. This study uses qualitative interviews to explore the experiences of women who survive maternal critical illness and their birth partners. They may choose to be interviewed together or separately. Once ethical approval is obtained, participants will be recruited via social media and word of mouth. Thematic analysis will identify factors that impact care and inform

maternity services.



Background

- Mortality rates too low to inform practice; morbidity a more accurate marker 1-2
- Longstanding clinical audit provides quantitative data, but few qualitative studies exist
- New Standards of proficiency for midwives to ensure they are contemporary and meet the needs of women and their families ³
- March 2020 Coronavirus declared a global pandemic 4
- Women with Covid-19 were more likely to be obese, from minority ethnic backgrounds and have a comorbidity. Hospitalised women were more likely to be admitted to intensive care 5

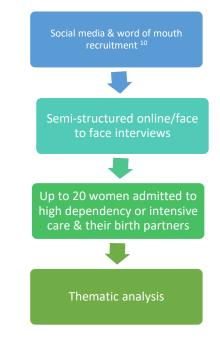


Study Aims:

- Explore women's experiences of critical illness in childbirth.
- Understand the extent to which maternity services meet the needs of women and their families
- Identify challenges to care provision
- Examine the impact of coronavirus on experiences



Methodology



The Vision for maternity care

✓ Safer ✓Kinder



- ✓ More compassionate
- ✓Involve women in decision making
- ✓ Individualised care

References:

- 1
- Knight M. Trends in maternal morbidity relating to time of delivery need further exploration. Evidence-based nursing. 2016 Oct 1;19(4):113-. Isaacs RA, Wee MY, Bick DE, Beake S, Sheppard ZA, Thomas S, Hundley V, Smith GB, van Teijlingen E, Thomas PW, Modified Obstetric Early Warning Systems (MObs) Research Group. A national survey of obstetric early warning systems in the United Kingdom: five years on. Anaesthesia. 2014 Jul;69(7):687-92. Nursing and Midwifery Council (2019) Standards of proficiency for midwives https://www.mc.org.uk/standards/standards/for-midwives/standards-of-proficiency-for-midwives/ World Health Organisation (2020) https://www.who.int/dicetor-general-sopening-remarks-at-the-media-briefing-on.covid-19---11-march 2020er::tet=WH05200arks/20been%20assing%20this/vs20uerk%20lieth/vs20or%20carelessly. 2.
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- general-s-opening-remarks-at-the-media-briefing-on-covid-19--11-march 2020#-:text-VHO'82Oha8/20been%20assesing%20this.to%20use%20lighth%20or%20carelessly. Vousden N, Bunch K, Morris E, Simpson N, Gale C, O'Brien P, Quigley M, Brocklehurst P, Kurinczuk JJ, Knight M. The incidence, characteristics and outcomes of pregnant women hospitalized with symptomatic and asymptomatic SARS-CoV-2 infection in the UK from March to September 2020: a national cohort study using the UK Obstetric Surveillance System (UKOSS). PloS one. 2021 Mays 5;16(5):e0251123. Krkup, B. The Report of the Morecambe Bay Investigation. 2015, Mar Better Births. Improving outcomes of maternity services in England. A Five Year Forward View for Maternity Care. 2016. 5.
- Care. 2016. Knight M, Bunch K, Tuffnell D, Patel R, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19. Oxford: National Perinatal Epidemiology Unit, University of Oxford. 2021 Nov. 11. Department of Health and social care Final report of the Ockenden review https://www.gov.uk/governmet/publications/final-report-of-the-ockenden-review 2022 Mar 30. 8.
- - uk/government/publications/final-report-of-the-ockenden-review 2022 Carter-Harris L, Lillie SE, Nebeker C. Using social media for health resea rations for recruitment and intervention delivery. Digital health. 2018 igo D, Pagoto S, Carter-H 10. Mav:4:2055207618771757