

Zachránit život, zlepšit péči



Některé závěry z analýzy mateřské
morbidity a mortality ve VB
2013 – 2015 a 2014 - 2016
S Dolenská

Saving Lives, Improving Mothers' Care

Lessons learned to inform maternity care from the
UK and Ireland Confidential Enquiries into Maternal
Deaths and Morbidity 2013–15



**Maternal, Newborn and
Infant Clinical Outcome
Review Programme**



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Deaths and Morbidity 2014–16



<https://www.npeu.ox.ac.uk/downloads/files/mbrance-uk/reports/MBRRACE-UK%20Maternal%20Report%202018%20-%20Web%20Version.pdf>

Key messages

from the report 2017



In 2013-15 **8.8 women** per 100,000 died during pregnancy or up to six weeks after giving birth or the end of pregnancy.

Two thirds of women who died had pre-existing physical or mental health problems.

Figure 2.1: Direct and indirect maternal mortality rates per 100,000 maternities using ICD-MM and Previous UK classification systems; rolling three year average rates 2003–2016

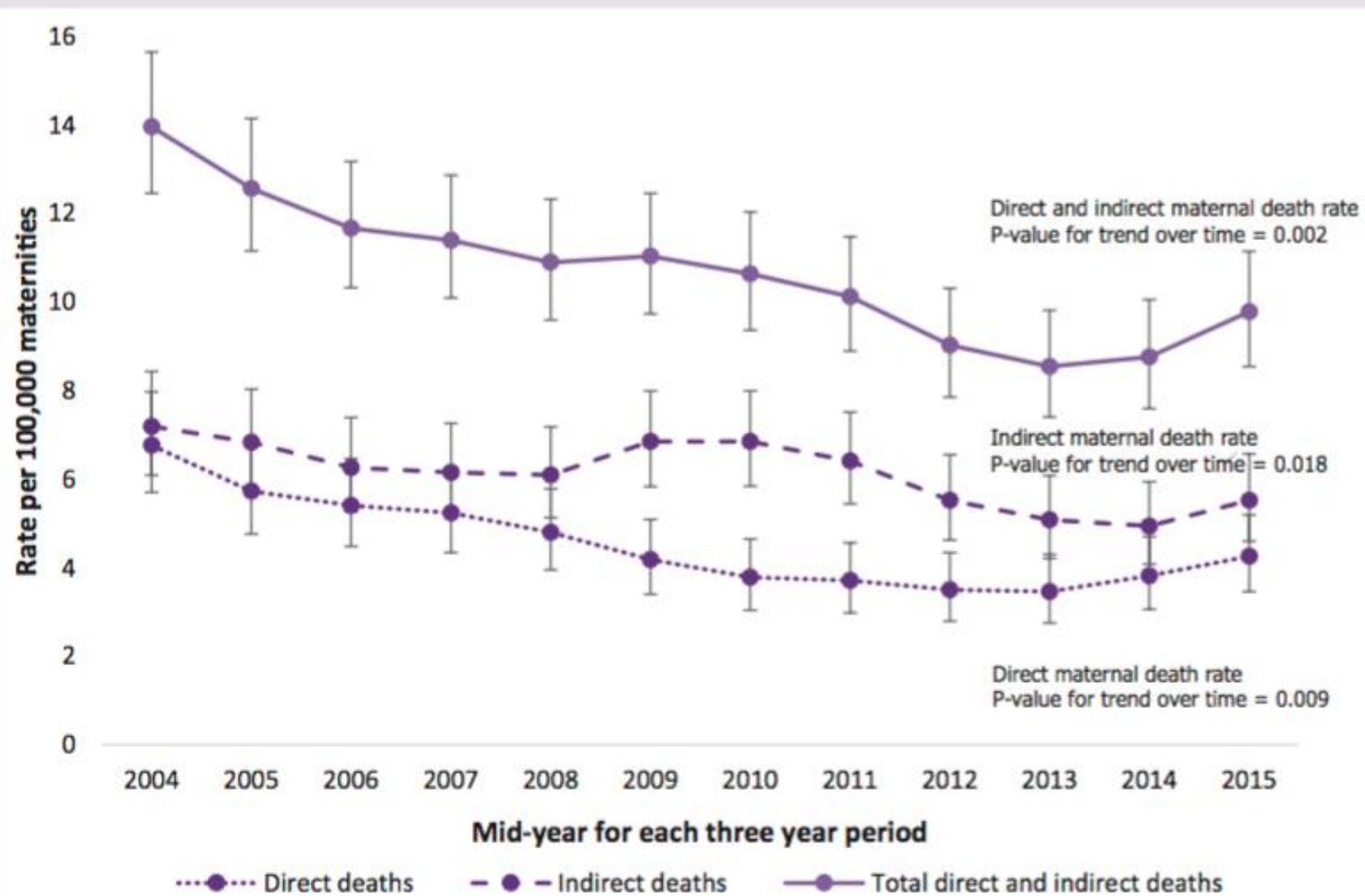


Table 2.6: Maternal mortality ratios* per 100,000 live births, UK: 1985–2014

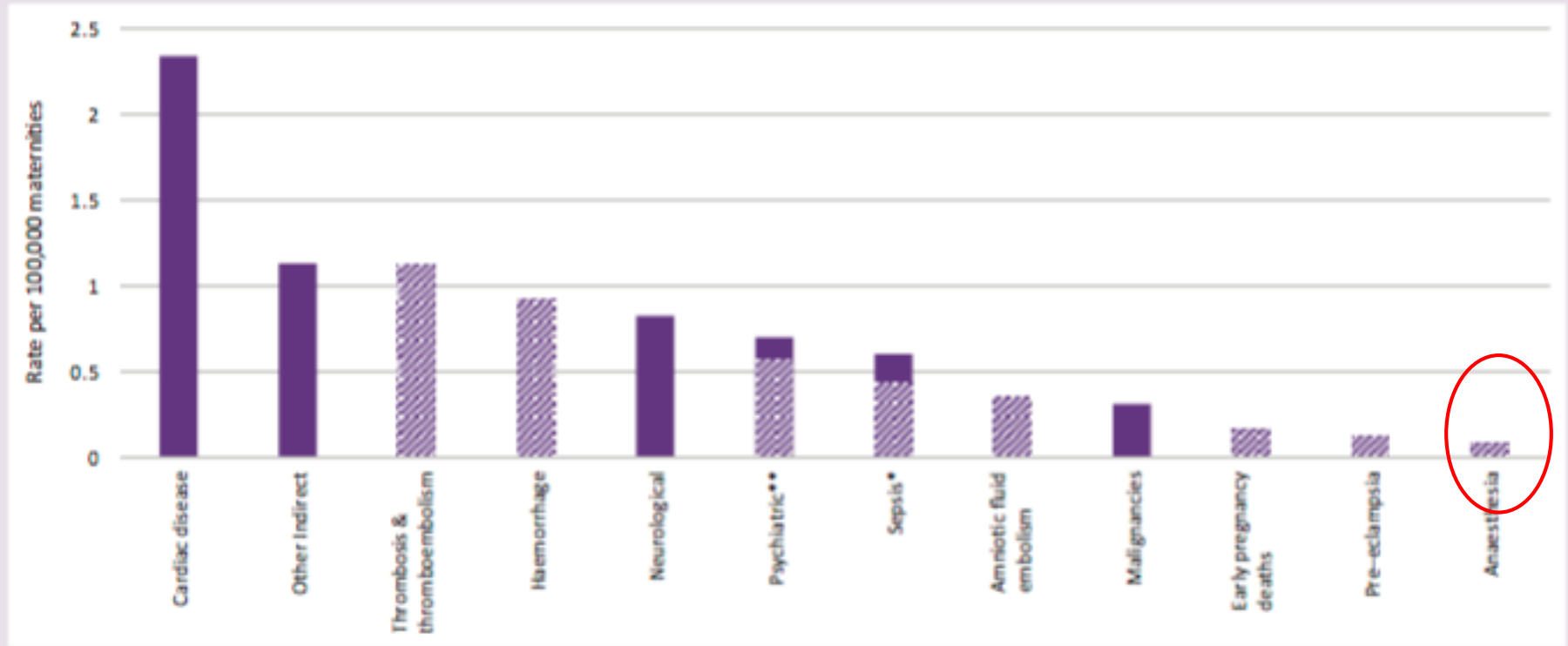
Triennium	No. of deaths identified through death certificates	Maternal mortality ratio	95% CI	Denominator number of live births
1985–87	174	7.67	6.61–8.90	2,268,766
1988–90	171	7.24	6.24–8.42	2,360,309
1991–93	150	6.48	5.52–7.60	2,315,204
1994–96	158	7.19	6.15–8.40	2,197,640
1997–99	128	6.03	5.70–7.17	2,123,614
2000–02	136	6.81	5.76–8.05	1,997,472
2003–05	149	7.05	6.00–8.27	2,114,004
2006–08	155	6.76	5.78–7.92	2,291,493
2009–11	134	5.57	4.67–6.60	2,405,251
2012–14	110	4.65	3.82–5.60	2,368,125

Source: Office for National Statistics, General Register Office for Scotland, Northern Ireland Statistics and Research Agency

Mortalita byla

4.65 na 100 000 živých porodů.

Figure 2.3: Maternal mortality by cause 2013–15



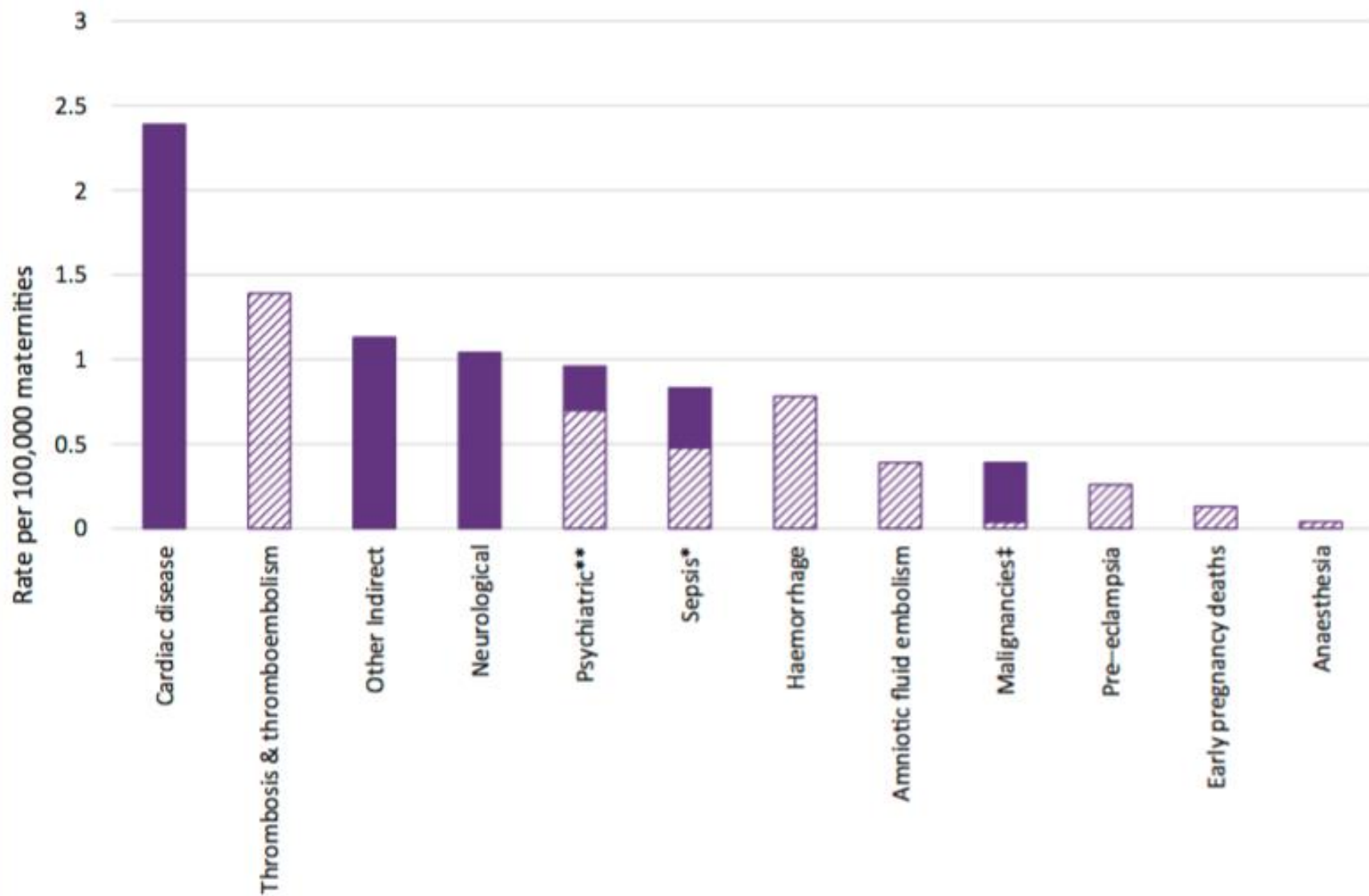
Hatched bars show direct causes of death, solid bars indicate indirect causes of death;

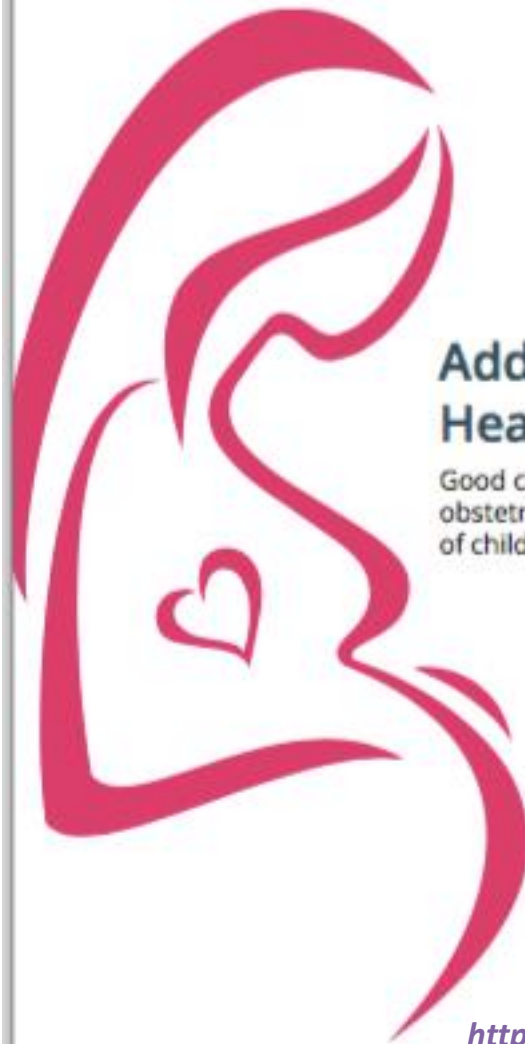
*Rate for direct sepsis (genital tract sepsis and other pregnancy related infections) is shown in hatched and rate for indirect sepsis (influenza, pneumonia, others) in solid bar

**Rate for suicides (direct) is shown in hatched and rate for indirect psychiatric causes (drugs/alcohol) in solid bar

Source: MBRRACE-UK

Figure 2.3: Maternal mortality by cause 2014-16





Addressing the Heart of the Issue

Good clinical practice in the shared obstetric and cardiology care of women of childbearing age

<https://rcpsg.ac.uk/media/news/1808/addressing-the-heart-of-the-issue.pdf>

Setting standards
Developing healthcare leaders
Delivering excellence

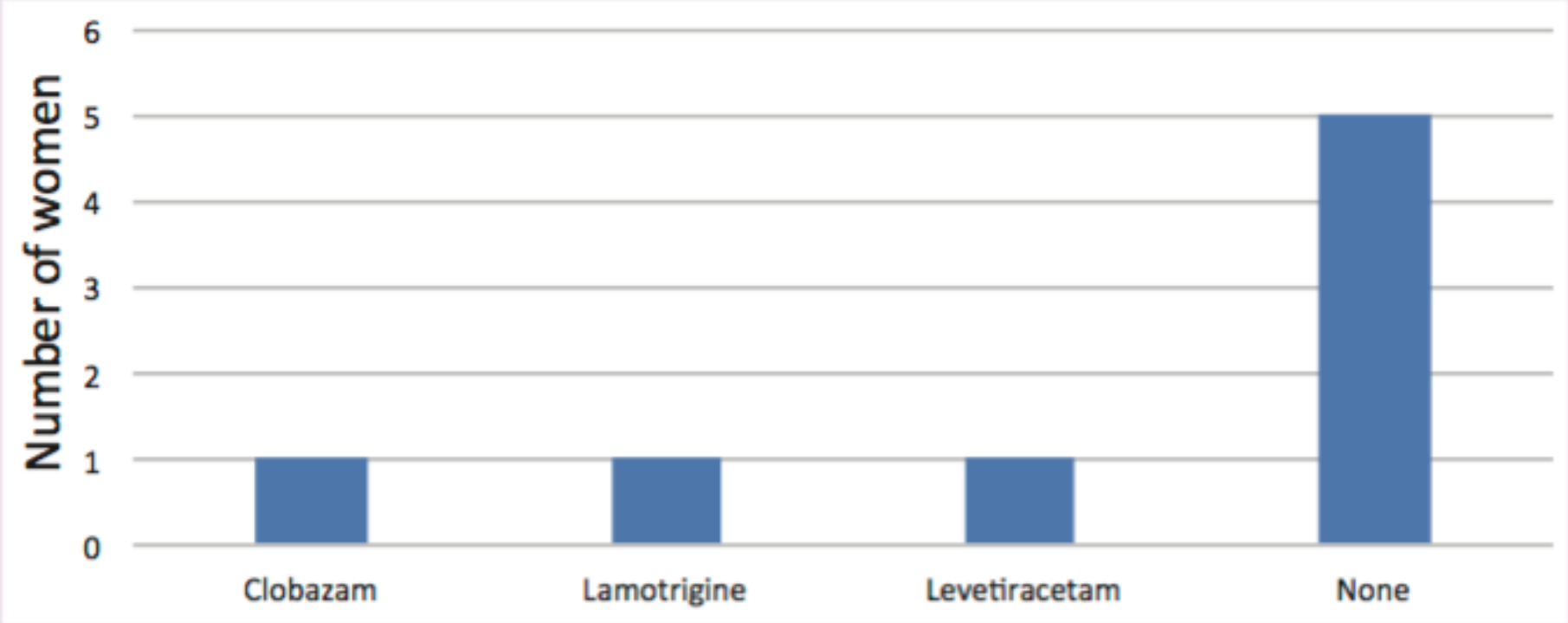


ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

Table 2.4: UK Maternal deaths and mortality rates per 100,000 maternities by cause 1985–2014

Cause of death	Numbers									
	1985–87	1988–90	1991–93	1994–96	1997–99	2000–02	2003–05	2006–08	2009–11	2012–14
All Direct and Indirect deaths	223	238	228	268	242	261	295	261	253	200
Direct deaths										
Sepsis*	9	17	15	16	18	13	18	26	16	7
Pre-eclampsia and eclampsia	27	27	20	20	16	14	18	19	10	2
Thrombosis and thromboembolism	32	33	35	48	35	30	41	18	30	20
Amniotic fluid embolism	9	11	10	17	8	5	17	13	7	16
Early pregnancy deaths	16	24	17	15	17	15	14	11	4	7
Haemorrhage	10	22	15	12	7	17	14	9	14	13
Anaesthesia	6	4	8	1	3	6	6	7	3	2
Other Direct†	27	17	14	7	7	8	4	4	-	-
All direct	139	145	128	134	106	106	132	107	82	67
Indirect deaths										
Cardiac disease	23	18	37	39	35	44	48	53	51	51
Other Indirect causes	43	45	38	39	41	50	50	49	72	38
Indirect neurological conditions	19	30	25	47	34	40	37	36	30	22
Psychiatric causes	†	†	†	9	15	16	18	13	13	18
Indirect malignancies	†	†	†	†	11	5	10	3	4	4
All Indirect	84	93	100	134	136	155	163	154	170	133
Coincidental	26	39	46	36	29	36	55	50	22	41

Figure 3.1: Antiepileptic drugs (AEDs) used by women who died, 2013–2015



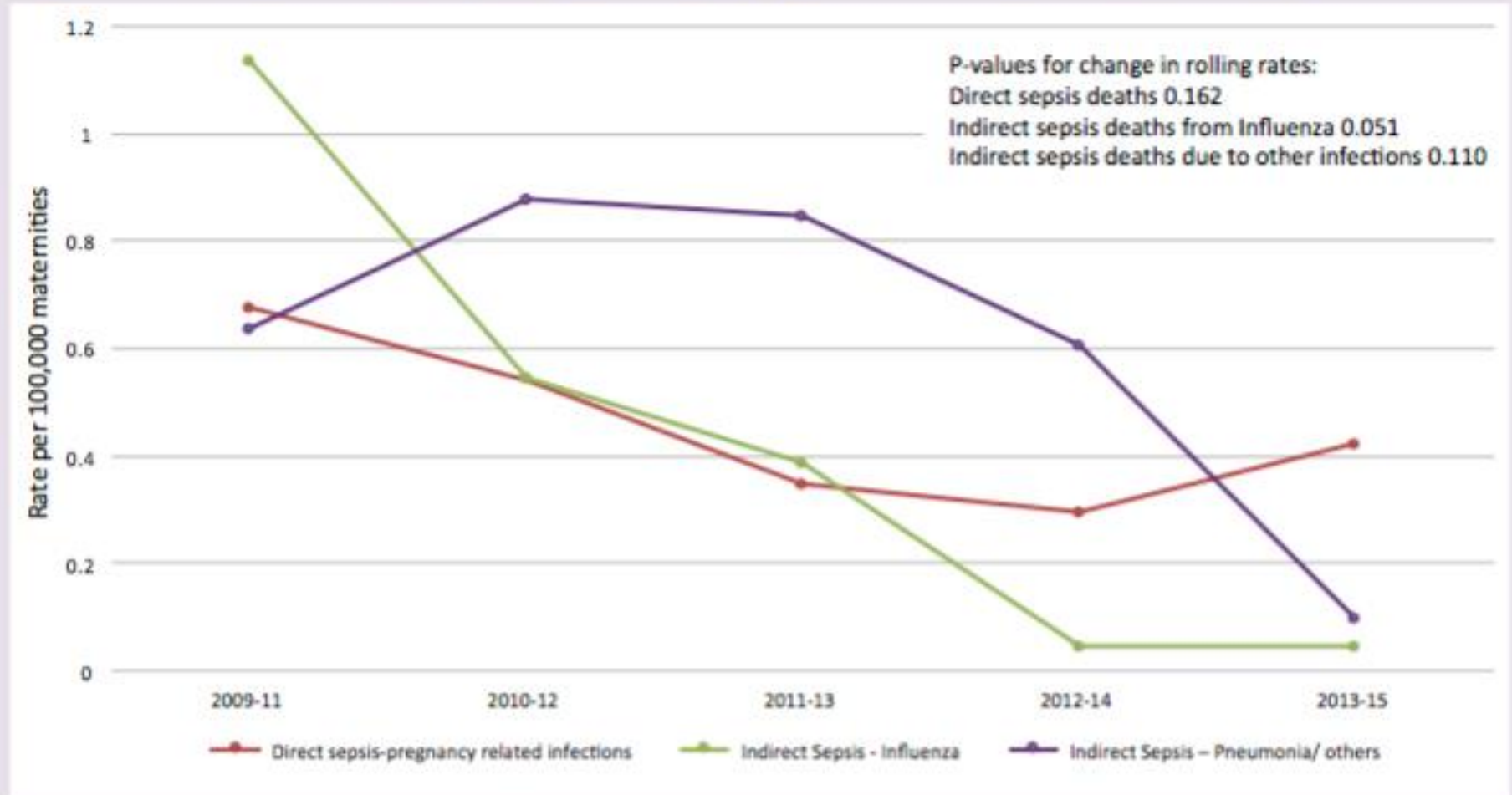
Note one woman was prescribed both lamotrigine and levetiracetam

3.1 Key messages

All women with epilepsy should be provided with the information they need prior to conception. This includes verbal and written information on prenatal screening and its implications, the risks of self-discontinuation of anti-epileptic drugs and the effects of seizures and anti-epileptics on the fetus and on the pregnancy, breastfeeding and contraception. **ACTION: Policy makers, service planners/commissioners, service managers, health professionals**

Sepsis

Figure 6.1: Maternal mortality rate due to sepsis per 100,000 maternities, UK 2009–15



Anestézie 2013 - 2015

- 7 úmrtí za tři roky
- **Anafylaxe**, abnormalita dých. cest
- 2x hypovolémie (atonie, ruptura uteru)
- 2x MO (supinní hypotenze, post op. komplikace)
- svědek Jehovův

Anafylaxe (UKOSS)



- V těhotenství vzácná – incidence 1,6:100K
- Těžká morbidita (20%)
- Mortalita 5%
- Novorozenecká morbidita (NICU) 40%
- 33% po antibioticích

Kazuistika – anafylaxe

A woman presented with immediate acute bronchospasm followed by severe hypotension and a skin rash after induction of general anaesthesia. Her anaphylaxis was suspected immediately, senior help arrived very quickly and adrenaline was administered promptly. Ventilation through the tracheal tube was impossible and in accordance with good practice the tube was replaced to exclude equipment obstruction as a cause. Although a pulse was felt the woman's blood pressure was not recordable and several doses of adrenaline were given. Resuscitation was successful but she sustained a hypoxic brain injury from which she died.

Hlavní sdělení

7.1 Key messages

In sudden onset severe maternal shock e.g. anaphylaxis, the presence of a pulse may be an unreliable indicator of adequate cardiac output. In the absence of a recordable blood pressure or other indicator of cardiac output, the early initiation of external cardiac compressions may be life saving. **ACTION: Health professionals**

The Intensive Care Foundation



Handbook of Mechanical Ventilation

A User's Guide

- 4 If inadequate ventilation, disconnect from the ventilator, and bag manually on 100% O₂. Then ascertain which of the possible causes seems most likely, and treat:
 - a Blocked or displaced tracheostomy or endotracheal tube will make bagging hard. Can a suction catheter be passed? If no time, or in doubt, extubate and revert to bag-and-mask ventilation (covering the trachi hole if necessary).

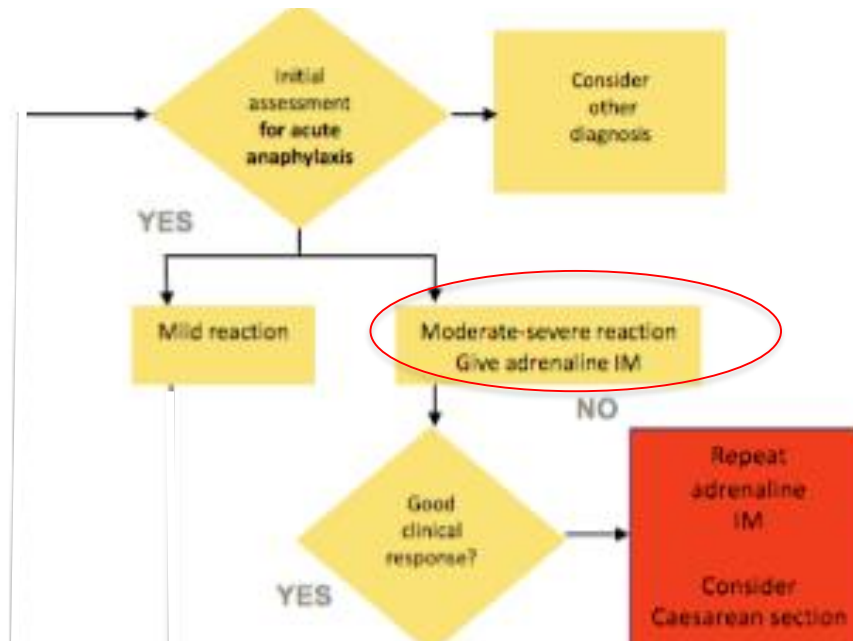
Anaesthesia, Surgery and Life-Threatening Allergic Reactions

Report and findings of the
Royal College of Anaesthetists'
6th National Audit Project:
Perioperative Anaphylaxis

MAY 2018



EDITORS
Professor Tim Cook
Professor Nigel Harper



https://www.sahealth.sa.gov.au/wps/wcm/connect/b68bff0042abe7819c26bfad100c470d/Maternal+anaphylaxis+PPG_June2014.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-b68bff0042abe7819c26bfad100c470d-IBI4M4a

Léčba anafylaxe v těhotenství



- 100% kyslík, zajištění dýchacích cest
- Adrenalin 0,5 mg i.v. nebo i.m., opakovat dle potřeby
- Při neměřitelném TK zahájit KPR (masáž srdce)
- SC v antenatálním období



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