



# MDE

Confidential  
Maternal Death Enquiry  
Ireland

## MDE Ireland: Data Brief No 9. September 2026

Maternal Death Enquiry Ireland

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Release of this data brief coincides with publication in September 2026 of the annual report incorporating Irish data in the long-established UK Confidential Enquiry into Maternal Deaths (CEMD) (Felker et al, 2026).<sup>1</sup> It covers the same timeframe as the latter and includes surveillance data on maternal deaths occurring in Ireland for the years 2022 to 2024.

It is recommended that this data brief is read in conjunction with the MBRRACE-UK 2026 report, which discusses the care of women who died, with a specific focus on the care of women who died between 2022 and 2024 in the UK and Ireland from haemorrhage/AFE, infection, neurology and other indirect causes.

Please note that surveillance data on maternal deaths occurring in Ireland is not included in the MBRRACE-UK report.

Prof Richard Greene

Chairman, Maternal Death Enquiry (MDE) Ireland.

### MATERNAL MORTALITY IN IRELAND 2022 - 2024

Definitions of maternal deaths are outlined in Table 1.

For the years 2022–2024, a total of 16 maternal deaths, occurring during or within 42 days of pregnancy end, were identified by MDE Ireland among 159,301 maternities. All 16 deaths were classified as either direct or indirect, giving a maternal mortality rate (MMR) of 10.0 per 100,000 maternities (95% CI 5.7–16.3).

Of the 16 deaths, 9 were attributed to direct causes, and 7 due to indirect causes. Four further deaths were identified due to coincidental causes. Only one of the 16 woman who died from direct and indirect causes was still pregnant at the time of death.

**Table 1: Definitions of Maternal Deaths (World Health Organisation 2012)**

|                       |                                                                                                                                                                                                                          |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Maternal Death</b> | Deaths of women while pregnant or within 42 days of the end of the pregnancy* from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.                  |
| <b>Direct</b>         | Deaths resulting from obstetric complications of the pregnant state (pregnancy, labour and puerperium), from interventions, omissions, incorrect treatment or from a chain of events resulting from any of the above.    |
| <b>Indirect</b>       | Deaths resulting from previous existing disease, or disease that developed during pregnancy and which was not the result of direct obstetric causes, but which was aggravated by the physiological effects of pregnancy. |
| <b>Late</b>           | Deaths occurring between 42 days and 1 year after the pregnancy end* that are the result of Direct or Indirect maternal causes.                                                                                          |
| <b>Coincidental†</b>  | Deaths from unrelated causes which happen to occur in pregnancy or the puerperium.                                                                                                                                       |

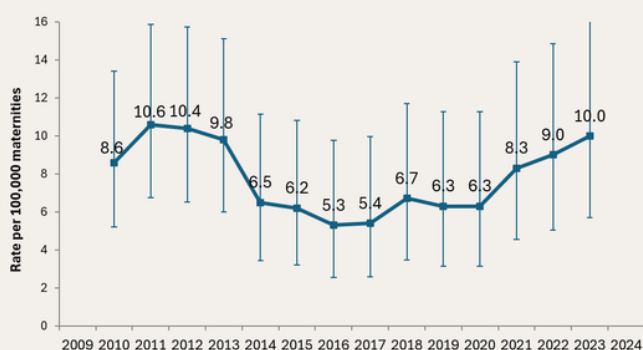
\*Includes giving birth, ectopic pregnancy, miscarriage or termination of pregnancy.

†Termed 'Fortuitous' in the International Classification of Diseases (ICD).

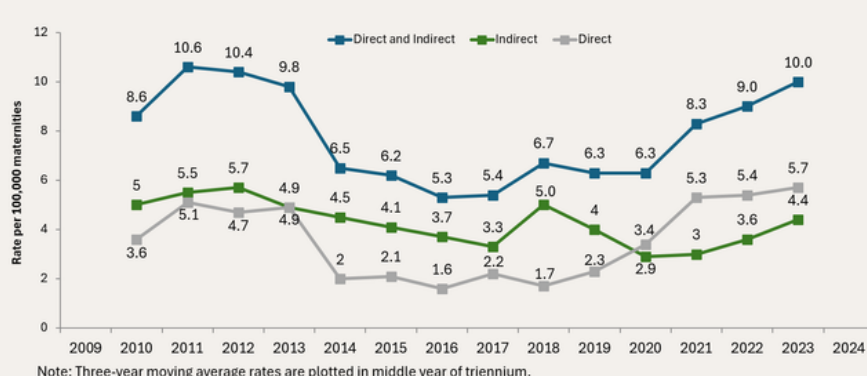
On account of small numbers and to facilitate early identification of trends, all maternal death rates (MMR) are presented as a rolling three-year average. This includes deaths due to direct and indirect causes during pregnancy and up to 42 days postpartum but not deaths due to coincidental causes or late maternal deaths. These rates are plotted in the middle year of the triennium in Figures 1 and 2.

It should be noted that there was no linear trend in the MMR over the 16 reporting years of the maternal death enquiry in Ireland (Rate Ratio = 0.99, 95% CI 0.94 - 1.04, P = 0.700). However, since 2020 the ratio of direct to indirect maternal deaths has reversed with the ratio now being 56% direct and 44% indirect for the triennium 2022–2024.

**Figure 1: MMR per 100,000 maternities (95% CI) Ireland: rolling three year average 2009–2024**



**Figure 2: Direct and Indirect MMR per 100,000 maternities in Ireland 2009–2024 using ICD-MM classification on cause of death: rolling three-year average**



## COMPARISON OF MATERNAL MORTALITY RATE: IRELAND AND UK 2022-2024

For the triennium 2022-2024, the Irish MMR was 10.0 per 100,000 maternities (95% CI 5.7 - 16.3) and the UK MMR was 12.80 per 100,000 maternities (95% CI 11.27 - 14.48). This does not represent a statistically significant difference in MMR between countries (Rate Ratio = 0.72, 95% CI 0.43 - 1.19, P = 0.195).

## CAUSES OF DIRECT AND INDIRECT MATERNAL DEATHS: IRELAND

Direct and Indirect maternal deaths up to 42 days following pregnancy end by cause are categorised and detailed in Table 2 using the conventional UK CEMD categories, and Table 3 using the ICD-MM classification (WHO, 2012). On account of the small number of cases per category in Ireland and the limited power of analysis in a small cohort, rates per category are not appropriate and have not been calculated.

Based on the ICD-MM classification, The proportion of direct and indirect maternal deaths was 56% and 44% respectively for the reporting years 2022-2024 (Table 2), and 47% and 53% respectively for the years 2009-2024 (Table 3).

Haemorrhage, suicide, cardiac disease and indirect neurological conditions each accounted for three of the 16 maternal deaths that occurred during pregnancy and up to 42 days following pregnancy end in the triennium 2022-2024 (Table 2). There were no maternal deaths due to COVID-19.

Table 2: Causes of Maternal Deaths in Ireland 2009-2024 (Maternal deaths by suicide classified as direct)

| Cause of Maternal Death                  | 2022-2024 | 2009-2024 |
|------------------------------------------|-----------|-----------|
| <b>Direct Maternal Deaths</b>            | <b>9</b>  | <b>38</b> |
| Thrombosis and thromboembolism           | 2         | 9         |
| Pre-eclampsia and eclampsia              | 0         | 3         |
| Genital tract sepsis                     | 1         | 3         |
| Amniotic fluid embolism                  | 0         | 4         |
| Early pregnancy deaths                   | 0         | 3         |
| Haemorrhage                              | 3         | 5         |
| Anaesthesia                              | 0         | 0         |
| Deaths due to psychiatric causes*        | 3         | 11        |
| <b>Indirect Maternal Deaths</b>          | <b>7</b>  | <b>43</b> |
| Cardiac disease                          | 3         | 19        |
| Other indirect causes                    | 0         | 10        |
| Indirect neurological conditions         | 3         | 12        |
| Indirect malignancies                    | 0         | 0         |
| Indirect psychiatric and alcohol related | 0         | 1         |
| Unascertained                            | 1         | 1         |
| <b>Coincidental Maternal Deaths</b>      | <b>4</b>  | <b>18</b> |

Note: \*Deaths due to suicide.

## LATE MATERNAL DEATHS: IRELAND 2022-2024

Twenty-one late maternal deaths were reported to MDE Ireland during the triennium 2022-2024.

Nine deaths were attributed to direct causes, thus:

- Suicide (7)
- Pulmonary Embolism (2)

Nine deaths were attributed to indirect causes, thus:

- Drug and alcohol abuse (5)
- Cardiac (2)
- Malignancy (breast) (1)
- Pancreatitis (1)

One further death was coincidental, thus:

- Coincidental malignancy (1)

In two further cases the definitive cause of death was unascertained at autopsy.

The data above confirms the MDE findings since 2023, that suicide remains the leading cause of late maternal deaths in Ireland. In addition, there was a statistically significant increase in deaths due to suicide during pregnancy and up to one year postnatally in 2019-2024 compared with the previous decade 2009-2018 (Rate Ratio 3.83, 95% CI 1.71-8.60, p = < 0.001) (Table 4).

Again, it is worth noting there were no maternal deaths due to COVID-19 in Ireland in this triennium.

Table 3: Maternal Deaths in Ireland by cause using the ICD-MM classification, 2009-2024

| Cause of Maternal Death                          | 2022-2024 | 2009-2024 |
|--------------------------------------------------|-----------|-----------|
| <b>Direct Maternal Deaths</b>                    | <b>9</b>  | <b>38</b> |
| Group 1: Pregnancy with abortive outcome         | 0         | 3         |
| Group 2: Hypertensive disorders                  | 0         | 3         |
| Group 3: Obstetric haemorrhage                   | 3         | 5         |
| Group 4: Pregnancy-related infection             | 1         | 3         |
| Group 5: Other obstetric complication            | 5         | 24        |
| Group 6: Unanticipated complication of pregnancy | 0         | 0         |
| <b>Indirect Maternal Deaths</b>                  | <b>7</b>  | <b>43</b> |
| Group 7: Non obstetric complications             | 6         | 42        |
| Group 8: Unknown/undetermined                    | 1         | 1         |
| <b>Coincidental Maternal Deaths</b>              | <b>4</b>  | <b>18</b> |

Table 4: Maternal deaths due to suicide during pregnancy and up to one year postnatally in 2019-2023 compared to 2009-2018

| Years     | Number | Rate                   | Rate Ratio 3.83<br>(CI 95% 1.71-8.60),<br>P = < 0.001 |
|-----------|--------|------------------------|-------------------------------------------------------|
| 2009-2018 | 9      | 1.3 (95% CI 0.6 - 2.5) |                                                       |
| 2019-2024 | 17     | 5.1 (95% CI 3.0 - 8.2) |                                                       |

## KEY POINTS FROM THE MDE IRELAND DATA BRIEF 2026

- For the triennium 2022-2024, the Irish maternal mortality rate (MMR) was 10.0 per 100,000 maternities.
- There was no statistically significant difference in MMR over the 16 reporting years of the maternal death enquiry in Ireland.
- Haemorrhage and cardiac disease were the leading cause of maternal deaths occurring during pregnancy and up to 42 days following pregnancy end in 2022-2024.
- Suicide was the leading cause of late maternal deaths in Ireland in 2022-2024. Additionally, there was a statistically significant increase in deaths due to suicide during pregnancy and up to one year postnatally in the last 6 years compared with the previous decade.
- Cardiac disease was the most common cause of maternal death, during pregnancy and up to 6 weeks post-partum, for the reporting years 2009-2024

Visit the MDE Ireland website.  
[Click here](#) or scan this QR code



Visit the MBRRACE-UK website.  
[Click here](#) or scan this QR code



### REFERENCES

1. Felker A, Patel R, Kotnis R, Kenyon S, Knight M (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2022-24. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2026.
2. World Health Organisation (2012). The WHO Application of ICD-10 to deaths during pregnancy and the puerperium: ICD-MM. Available at: [www.who.int/reproductivehealth/publications/monitoring/9789241548458/en](http://www.who.int/reproductivehealth/publications/monitoring/9789241548458/en)

### CITATION FOR THIS DATA BRIEF

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