



Reference Manual: Severe Maternal Morbidity

Inclusion criteria for the audit of Severe Maternal Morbidity:

The audit applies to all pregnant women and recently pregnant women up to 6 weeks following the pregnancy end (includes miscarriage, ectopic and delivery).

Severe maternal morbidities: reportable categories

There are 17 reportable events: major obstetric haemorrhage, uterine rupture, peripartum hysterectomy, eclampsia, renal or liver dysfunction, pulmonary oedema, acute respiratory dysfunction, pulmonary embolism, cardiac arrest, coma, cerebrovascular event, status epilepticus, septicaemic shock, anaesthetic complications, admission to an intensive care or coronary care unit, interventional radiology and 'other' severe morbidity.

In the event of a Pulmonary Embolism (PE) the NPEC kindly requests that you complete the Audit on PE in Ireland 2017 form.

Definitions:

Each category of severe maternal morbidity is clearly defined in the definition column in section 5. Please ensure reported events meet the defined criteria e.g.

Category 4. Eclampsia is defined as: "Seizure associated with antepartum, intrapartum or postpartum symptoms and signs of pre-eclampsia". This definition does NOT include cases of severe PET without seizures or epileptic seizures.

Category 7. Acute respiratory Dysfunction is defined as "Requiring intubation or ventilation for >60 minutes (not including duration of general anaesthetic)". This definition does NOT include cases of respiratory dysfunction which does not require mechanical ventilation in the management of the woman e.g. Pneumonia treated with oxygen therapy via facial mask. Such cases can be reported under the category of 'other severe morbidity'.

Category 13. Septicaemic shock is defined as:

Sepsis induced tissue hypoperfusion or hypotension persisting after resuscitation with 30mls/kg intravenous isotonic crystalloid fluid as evidenced by:

- Systolic blood pressure < 90 mmHg or MAP < 65 mmHg
- Decrease in systolic blood pressure by 40mmHg from baseline and/or
- Lactate > 4 mmol/l.

Major Obstetric Haemorrhage

Category 1. Major obstetric haemorrhage (MOH) is defined as: Estimated blood loss \geq 2500ml, or transfused 5 or more units of blood or received treatment for coagulopathy (Fresh Frozen Plasma; Fibrinogen Concentrate Substitution Therapy; Platelets). MOH also includes ectopic pregnancy meeting these criteria.

Please ensure that the criteria met for major obstetric haemorrhage is indicated in the relevant tick box in section 5.

‘Other’ severe morbidity category:

The ‘other’ severe morbidity category is included to explore whether further specific morbidities warrant inclusion in the NPEC severe maternal morbidity audit. Examples of relevant conditions (not an exhaustive list) are detailed in the list below.

‘Other’ Morbidities due to other ‘direct’ obstetric complications, e.g.: amniotic fluid embolism, ovarian hyper stimulation syndrome, other complications.

‘Other’ Morbidities due to unanticipated complications of management, e.g.: bladder injury, renal failure, other complication

‘Other’ Morbidities due non-obstetric complications (indirect causes), e.g.: Sickle cell crisis, Diabetic Ketoacidosis, Respiratory dysfunction NOT requiring ventilation (e.g. Exacerbation of Asthma, Pneumonia), surgical procedure in pregnancy (e.g. bowel surgery), other complication.