



Royal Berkshire
NHS Foundation Trust

Critically ill mother

Information for women and their families

Compassionate

Aspirational

Resourceful

Excellent

This leaflet explains what happens when a mother has been ‘critically unwell’ due to complications during pregnancy or when giving birth. It explains what to expect in the first few days and weeks after delivery. If there is anything you do not understand, or if you have any questions, please speak to your midwife or doctor.

What is meant by ‘critically ill’?

There are a number of conditions or situations where a mother may be described as ‘critically ill’, which is a specific medical term, and as such is probably different to how a family and new mother might interpret her health after the birth of her baby.

The illnesses or complications that demand such a high level of expertise in providing care include:

- Eclampsia (seizures linked to high blood pressure)
- Severe pre-eclampsia (very high blood pressure, heavy proteinuria – protein in the urine)
- HELLP syndrome (a liver disorder)
- Blood loss over 1.5 litres either before, during or after delivery
- Sepsis (severe infections)
- Pulmonary embolus (clot in the lungs)

These women need care from senior medical staff, and midwives or nurses with a postgraduate qualification in High Dependency Nursing (in accordance with Trust practice), and will spend time (usually 12-48 hours either before and / or after the birth of their baby in a ‘higher monitoring’ room on Delivery Suite or in the Intensive Care Unit.

Where will I be cared for?

Typically, about one mother a month (or 1 in 500 births) will need to be admitted to Intensive Care (ICU) and up to 10 a month (1 in 50 births) may need high dependency care on Delivery Suite.

Mothers who are well enough to be cared for on Delivery Suite will be seen at least three times a day by the delivery suite co-ordinator (a senior midwife) and the duty obstetrician (doctor specialising in pregnancy and birth). Consultant obstetricians, consultant anaesthetists and consultant pathologists (blood or infection specialists) will be closely involved in planning care. Mothers who need intensive care will be seen several times a day by the consultant from ICU and at least daily by a consultant obstetrician and a midwife.

Assuming that your baby is both old enough and well enough not to need to be on the Special Care Baby Unit (Buscot Ward), he or she can stay with you in the Maternity Unit, but cannot be with you in ICU, as you will be unable to look after your baby

It may not be possible for you to breastfeed your baby while you are unwell, but the midwives and maternity care assistants will give support to you and your partner with feeding and it may be possible to establish breastfeeding later if you wish.

We will try to explain what is happening to you, and what we expect to happen in the next few hours when we do our ward rounds. We cannot discuss your care with your partner or other members of the family unless you give permission, and ideally, we would do this face to face at your bedside.

Moving from ICU or high dependent care

When you are well enough to no longer need 'one to one' care, we will transfer you to the postnatal ward.

Follow up appointment

An appointment will be arranged with a consultant in 6-8 week's time to talk about your experiences around the time of your baby's birth, when you were critically unwell. We hope this will help you to have a better understanding of what happened. If you have any questions about what happened, please note them down before that appointment and bring them with you to the clinic.

Contact information

Postnatal helpline 0300 330 0773 or contact your midwife or community health visitor.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

J Siddall, Consultant Obstetrician, March 2012

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