



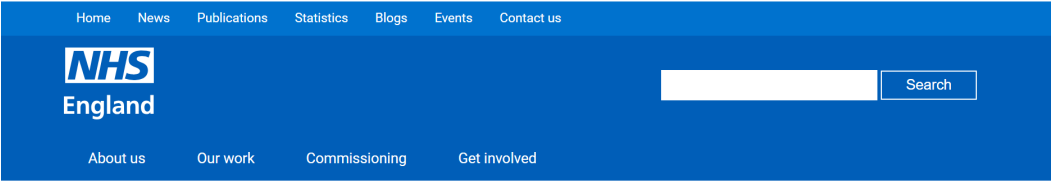
By Claire Carson, PRiSMM Programme Co-Lead

PRiSMM: PReventing Severe Maternal Morbidity and mortality through a national programme of interventions

INOSS-ItOSS Meeting 2nd October 2026



NHSE Maternal Care Bundle - January 2026



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[Children and young people, Maternity, Nursing, midwifery and care](#)

The Maternal Care Bundle

A care bundle for reducing maternal mortality and morbidity.

Publication

Content

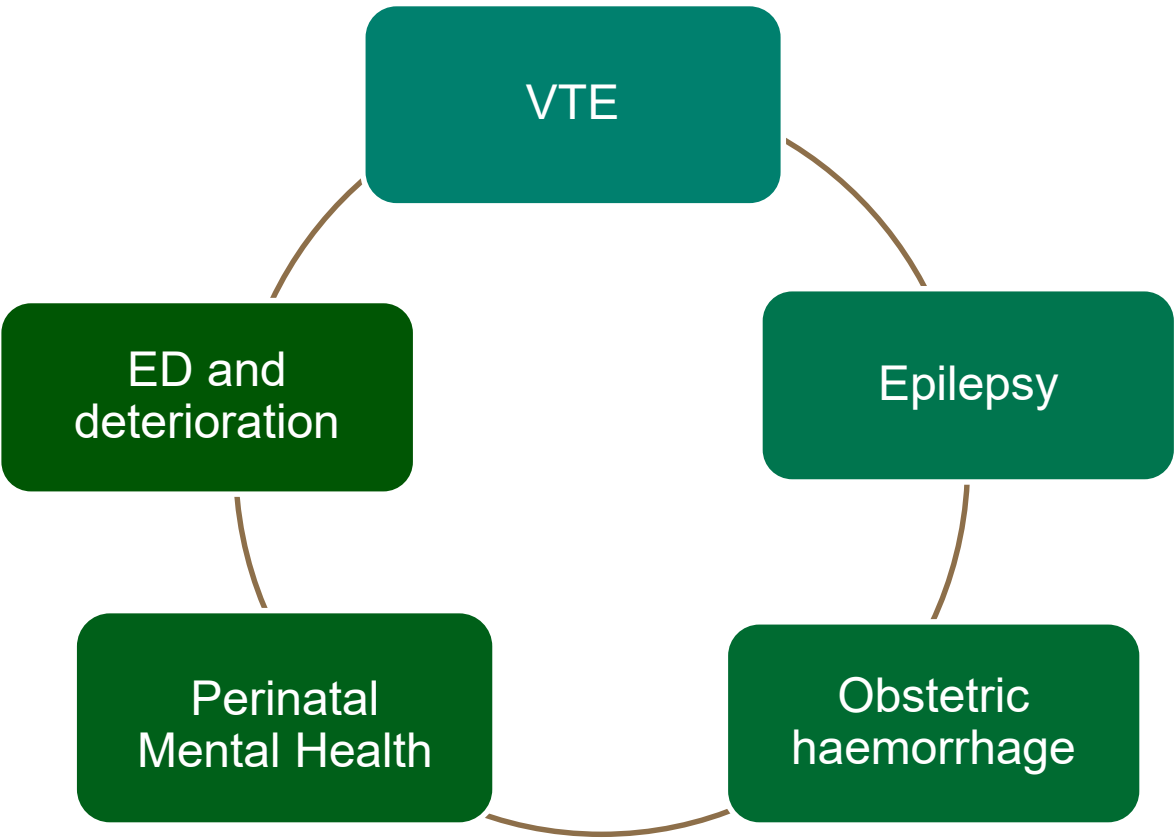
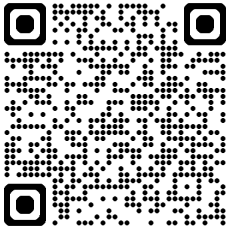
- [Summary](#)
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Summary

The Maternal Care Bundle (MCB) sets best practice standards across 5 areas of clinical care, for implementation by NHS providers and commissioners across England. The aim is to reduce maternal mortality and morbidity and reduce inequalities in these adverse outcomes.

The latest [MBRRACE-UK data \(2021 to 2023\)](#) suggests that maternal mortality has increased by 21% since 2009 to 2011, or 7% excluding deaths relating to COVID-19 infection. In addition to coronavirus, demographic trends such as rising maternal age, obesity and prevalence of pre-existing medical conditions are making maternal care more complex. Stark disparities in outcomes persist. In 2021 to 2023, Black women died at more than twice the rate of white women, and women living in the most deprived areas died at almost twice the rate of those in the least deprived areas. Disparities are also evident in maternal morbidity; among women giving birth in England between 2016 and 2021, 1.6% experienced a severe morbidity with odds up to 89% higher for Black women and 20% higher for women living in the most deprived areas ([Geddes-Barton et al 2024](#)). MBRRACE-UK assessors felt that improvements in care could have made a difference for 45% of the women who died between 2021 and 2023. While significant action has been taken in recent years at trust, regional and national level, this data illustrates the urgent need for more consistent, high-quality and equitable care across England.

The MCB has been developed with frontline clinicians, service users and national stakeholder organisations including Royal Colleges, regulatory bodies, professional societies and charities (see Appendix A: Acknowledgments). In this first version, it establishes a



Five Elements





The PRiSMM programme aims to:

- Improve national data for maternal morbidity in England
- Evaluate and iterate the Maternal Care Bundle



Programme Overview

Evidence and theory

Building a data
platform

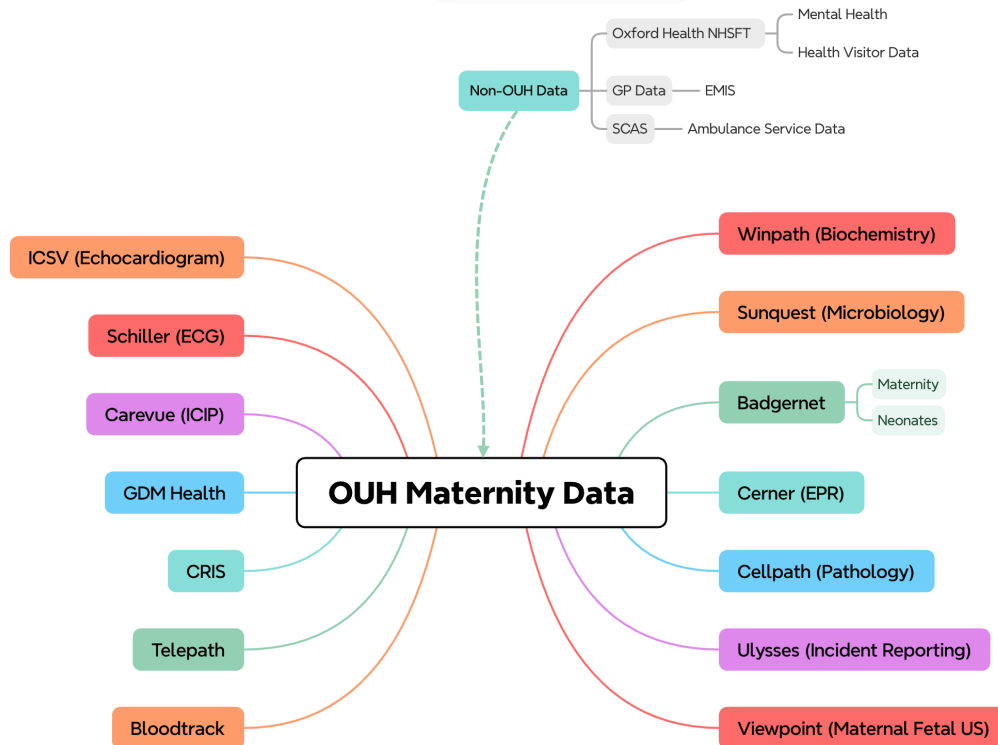
Pilot – setting up the
main study and
providing early
evidence

National Evaluation
of the
Maternal Care
Bundle

How does this affect inequalities in maternal health?



Maternity Data is.... Complicated.



Also...

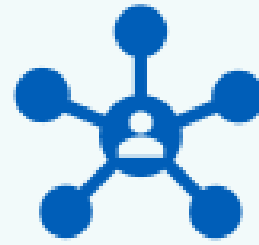
- Coded Data
- Freetext Notes
- Clinic Letters
- Referral Letters
- Scanned Notes and Attachments
- Handwritten Notes and Physical Notes (non-digital)
- Etc.....



What is a secure data environment?



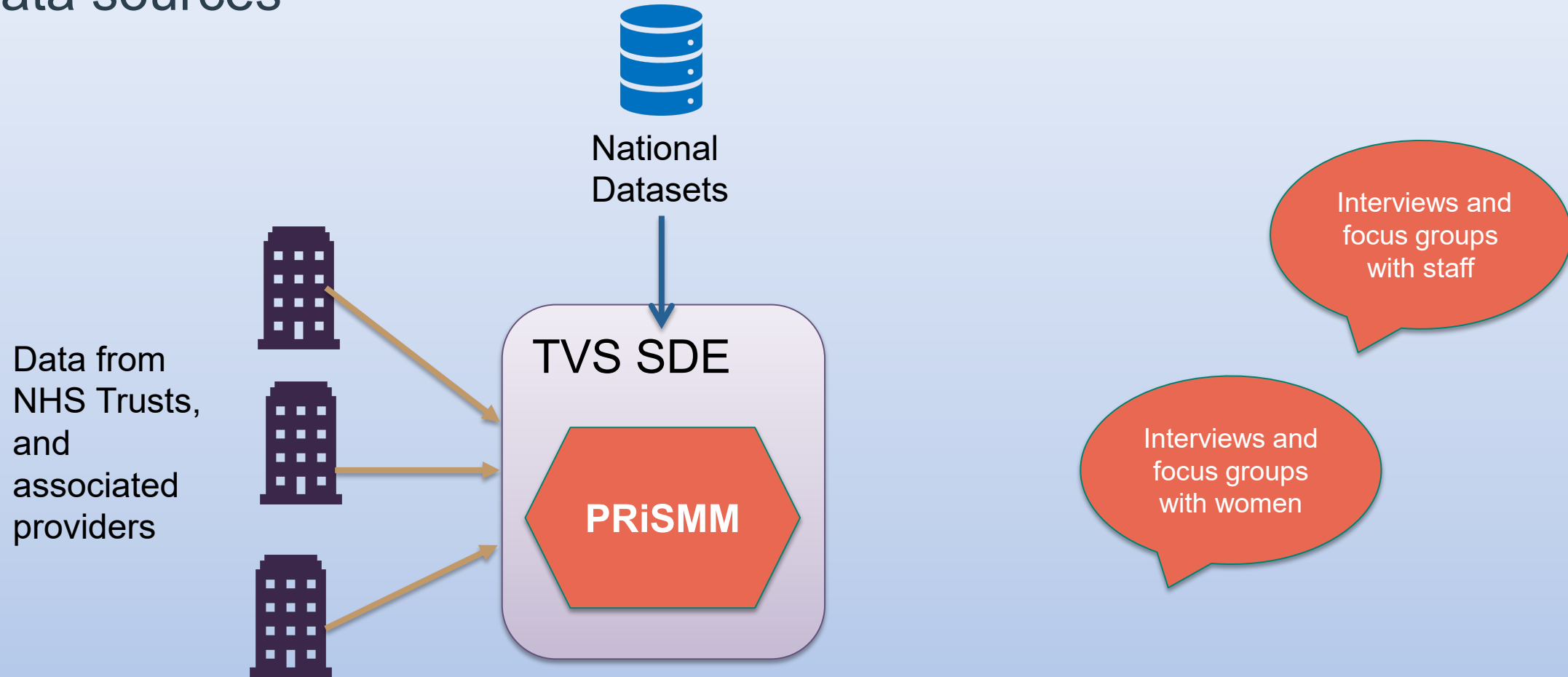
secure platform for secure data storage and access



allows organisations to control:

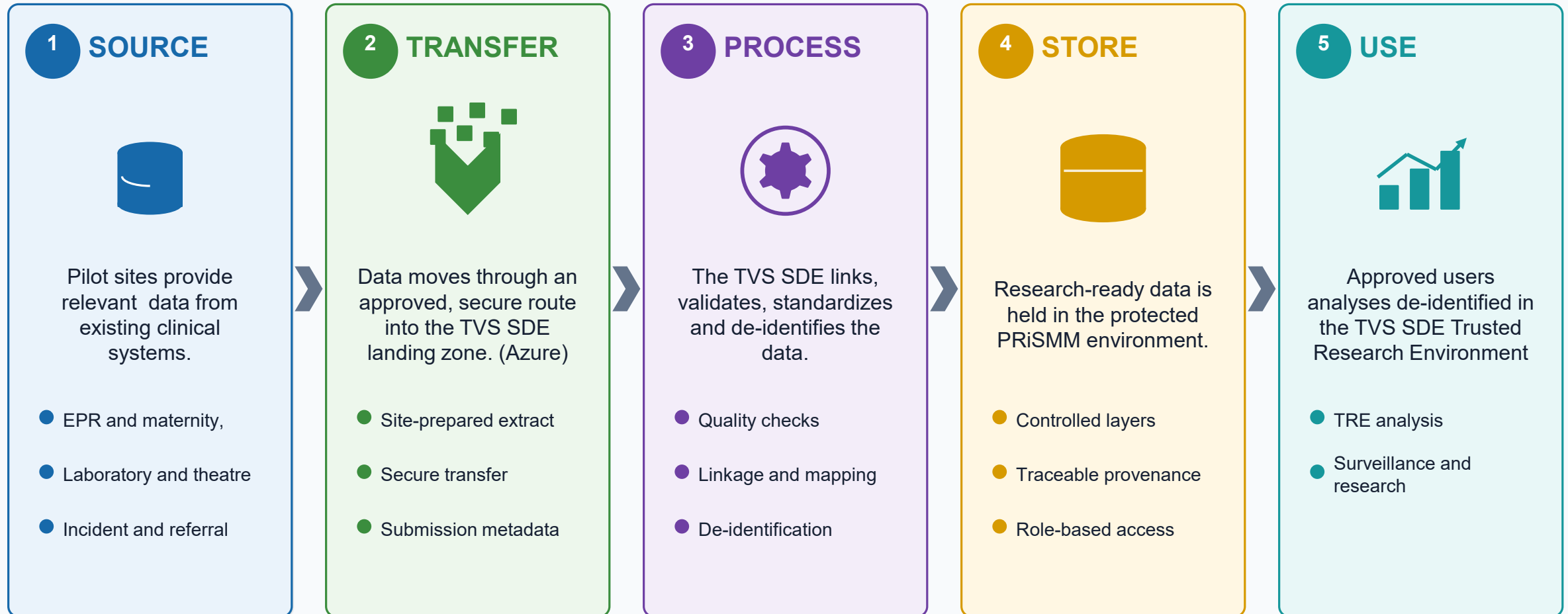
- who can access the data**
- what data users can access**
- what users can do with the data**
- the *information* users can remove**

Data sources



PRiSMM Clinical Data Flow

A simple, end-to-end view from pilot-site records to approved research outputs



GOVERNANCE THROUGHOUT

Approvals • data minimisation • access control • audit trail • quality assurance • output review

Implementation Science:

What has been delivered in the Maternal Care Bundle, and **how**?

Who is getting the interventions?

Is the MCB **acceptable** women? And to Staff?

Why does implementation of the MCB vary?

What are the **barriers and facilitators** to implementation?

What are the **consequences** of the MCB?



MCB Year 1 – PRiSMM ‘Pilot’

PRiSMM Data Platform

We will work with our **8 Champion Sites**
(3 are digital only champions)

Data flows → establish the data needed for full evaluation

Focus groups & interviews with staff and women

Better understanding of what staff and women think, the consequences of changes to care, and the costs

National **severe morbidity reporting**



MCB Yr 2 - 4 → PRiSMM National Evaluation

- On-boarding more Trusts to the **data platform** over time
- Second stage of qualitative **interviews and focus groups** with additional sites
- Analysis of **clinical effectiveness**, using PRiSMM data platform
- Analysis of **costs-benefit**, using PRiSMM data platform

Does MCB improve outcomes for women and babies?

Does the money spent lead to meaningful change?



National Severe Maternal Morbidity data for England

- Using PRiSMM linked data we will provide detailed SMM data
- While developing the system we are using routine data sources – Hospital Episode Statistics Admitted Patient Care data for all women with a pregnancy
 - Data for >7million maternities, between 2014 and 2026
 - English Maternal Morbidity Outcome Indicator – 37 diagnoses and procedures in pregnancy or early postpartum (ICD and OPCS codes)
 - Described temporal trends and disparities by ethnicity, deprivation and geography



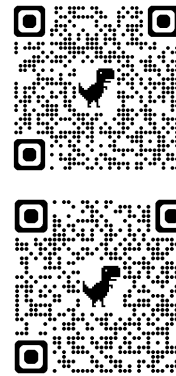
EMMOI (modified)

EMMOI morbid events - diagnoses

Acute abdomen
Acute cardiac event (cardiac infarction, cardiac failure, cardiomyopathy, cardiac arrest)
Acute pancreatitis
Acute psychosis
Acute renal failure
Acute respiratory compromise
Cerebral oedema or coma
Cerebral venous thrombosis
Cerebrovascular accident
Diabetic ketoacidosis
Disseminated intravascular coagulopathy
Eclampsia
Embolic event (pulmonary, amniotic fluid, septic and air)
Major complications of anaesthesia
Rupture of aortic aneurysm or dissection of aorta
Sepsis
Shock
Sickle cell anaemia with crisis
Status asthmaticus
Status epilepticus
Uterine rupture

EMMOI morbid events - procedures

Dialysis
Hysterectomy
Interventional and surgical procedures to arrest major haemorrhage following birth
Interventional and surgical procedures to manage major hemorrhage originating from the spleen
Interventional and surgical procedures to manage thromboembolism
Interventional procedures to treat haemorrhagic or ischaemic stroke
Management of acute coronary syndrome
Management of caesarean wound dehiscence
Management of intra-abdominal or pelvic collection
Management of vulval or vaginal haematoma
Repair of aortic aneurysm rupture or aortic dissection
Repair of damage to bladder or urinary tract
Repair of damage to the intestine and management of intestinal obstruction
Respiratory support
Surgical evacuation of the uterus following birth
Surgical management of acute pancreatitis



Nair M, et al (2016) Establishing a National Maternal Morbidity Outcome Indicator in England: A Population-Based Study Using Routine Hospital Data. PLoS ONE 11(4): e0153370.

Geddes-Barton D, et al, Associations between neighbourhood deprivation, ethnicity and maternal health outcomes in England: a nationwide cohort study using routinely collected healthcare data J Epidemiol Community Health 2024;78:500-507



National Severe Maternal Morbidity data for England

Overall SMM rates have more than tripled between 2014 and 2025:

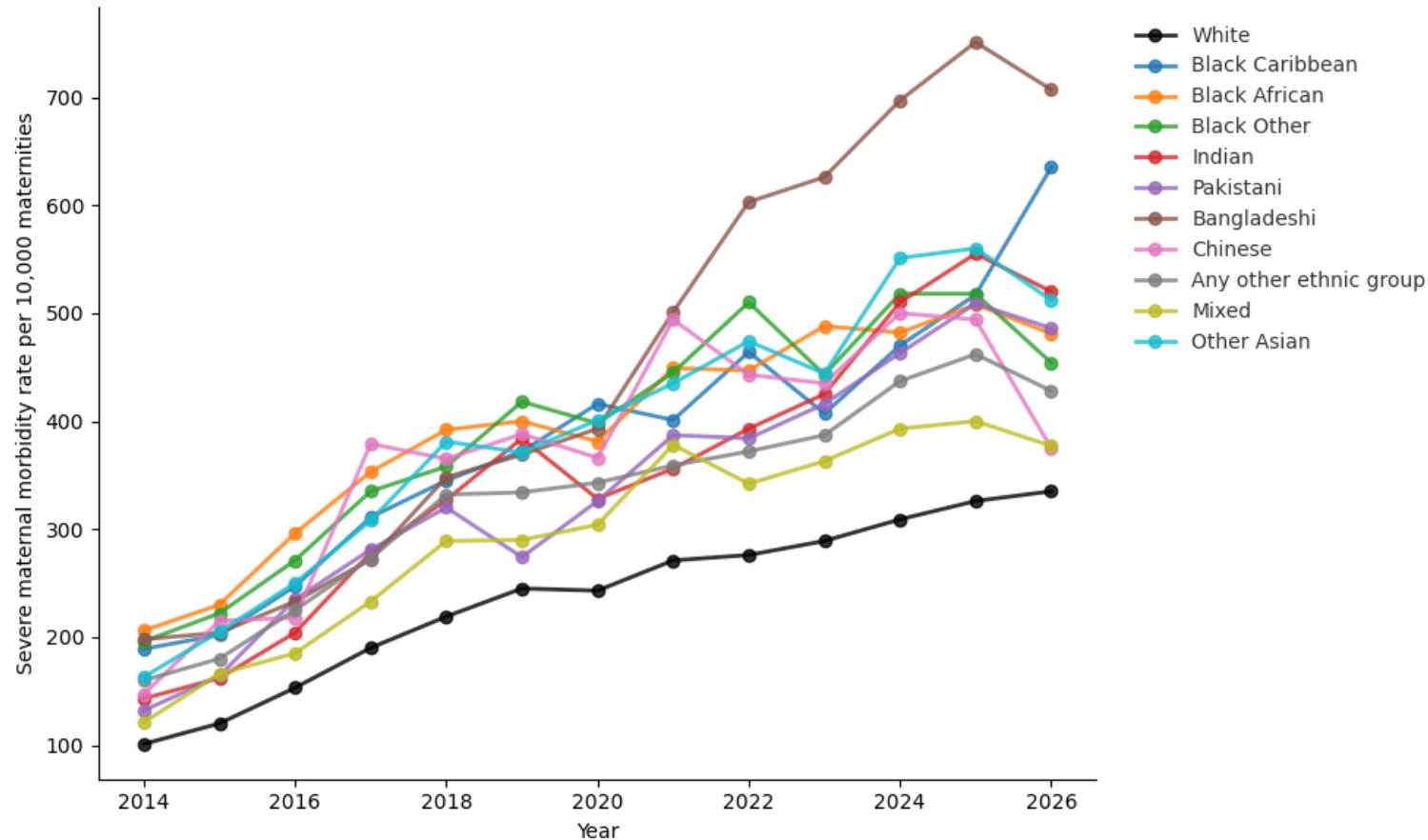
rising from 115 per 10,000 maternities in 2014 to 398 per 10,000 maternities in 2025



National Severe Maternal Morbidity data for England

Overall SMM rates have more than tripled between 2014 and 2025:

rising from 115 per 10,000 maternities in 2014 to 398 per 10,000 maternities in 2025



- however, these figures do not show the disparities in SMM across different groups
- SMM has risen markedly in White women, but the rates remain higher in ethnic minority groups
- Some groups are seeing much greater increases



- **Improved surveillance and monitoring**

- First data brief in January 2027, and data dashboard to follow
- More detailed and granular measurement of severe morbidity nationally
- Track trends and disparities
- Provide local level data to help inform local decision making

- **Evaluation of the implementation and effectiveness of care bundle**

- Use these data, alongside interviews, focus group and costs data, to evaluate the implementation and impact of the new interventions
- Pilot data in 2027/28, national evaluation in 2030

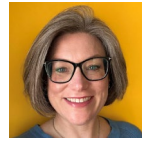
Impact



Reliable, timely, national maternal morbidity data available for the first time, allowing **meaningful evaluation** of care and further actions to **reduce maternal morbidity** in England



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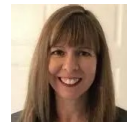
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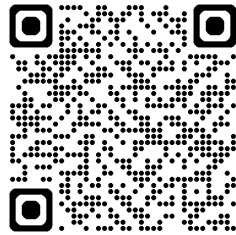


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