The Confidential Enquiry into Maternal and Child Health (CEMACH). Saving Mothers' Lives: reviewing maternal deaths to make motherhood safer 2003–2005. The Seventh Report of the Confidential Enquiries into Maternal Deaths in the UK

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The confidential enquiry into maternal deaths, like much in England, has a long history. It makes gripping reading for anyone working in the field of obstetrics and, more importantly, has set a world standard for Obstetric audit. The case ascertainment by The Confidential Enquiry into Maternal and Child Health is unique, since deaths are proactively investigated not just ascertained from death certificate alone. This has doubled the number of cases investigated.

This latest enquiry had developed a new format. The report now begins with a 'top 10 key recommendations for practice reform' generated by the cases reviewed during the triennia, ensuring some good may come of tragedy. With each key recommendation, there is an audit point relevant to the UK. Many of the recommendations and audit points can be transferred to Obstetric practice in other developed countries. Some of the key recommendations for this report include practical standards of care: e.g. preconception care for women with medical conditions, booking all patients by 12 weeks gestation, taking a thorough history and carefully examining all migrant

women. The recommendations on clinical practice include treating all women with a systolic blood pressure greater than 160 mmHg, and localizing and trying to exclude placenta praevia in all women with a previous caesarean section. Some of the recommendations will prove harder to implement despite the potential to learn from the mistakes of our peers.

Interestingly, this enquiry details an increased number of perimortem caesarean sections with much better survival for these babies when surgery is performed in an Obstetric unit rather than the Emergency Department. It may be that with improved training including the MOET course and use of caesarean delivery as part of maternal resuscitation, obstetricians have become more confident in performing a caesarean section under these gruesome circumstances. New separate chapters of learning points for Midwives, General Practitioners, Pathologists, Emergency Physicians and Critical Care Physicians have been included in this report.

Questions that I would like answered by future enquiries are: what additional risk does obesity pose to pregnant women and what additional risk does caesarean section pose in these women? A reference index would be a helpful addition in future reports.

We all learn best from hearing stories of others' experience or relating our own, and I would recommend this book to anyone involved in the challenges of caring for pregnant women.

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