



Ingham Institute
Applied Medical Research

The most dangerous day of your
life is the day you are born.

If you're a woman,
the second most dangerous day
is when you have a baby.

Will you help
make childbirth safer
for women and babies?

She died in Emergency, 35 weeks pregnant

It was one of the worst days of my time as a doctor.

Mother of one, Maureen* was 35 weeks pregnant with her second child when she began feeling lightheaded and seeing spots.

When she felt as if her eyes were rolling around in her head, she thought she'd better get to the hospital.

By the time she began having seizures, it was too late for her.

Both she and her baby died in the emergency department.

Maureen had pre-eclampsia, which causes extremely high blood pressure. It can be deadly, causing 500,000 fetal deaths and 70,000 maternal deaths globally each year.

What really broke my heart is that pre-eclampsia is largely treatable. If diagnosed early, through an ultrasound at 12 weeks, it can often be prevented cheaply and effectively with daily low-dose aspirin.

Maureen didn't have to die.

Our aim is to provide this test to all women, so no mother or baby has to lose their life.

Professor Jon Hyett

Head of Obstetrics Research, Ingham Institute



By supporting our research, you can help change lives in our local community, and the lives of people around the world.

What happens to a foetus affects the health outcomes for multiple generations

By 20-weeks, a female foetus has developed all her eggs, which means the mother's health and environment will impact their yet to be conceived grandchild's health and development.

That makes in utero health multigenerational.

In the broader Western Sydney area, 30% of women booking for maternity care have some higher risk and need more intensive/specialist levels of care.

That's why the focus of Obstetrics Research at Ingham Institute is on:

- Predicting and preventing preeclampsia (which can increase future risk of heart disease and stroke and is experienced by 1 in 20 women)
- Predicting and preventing gestational diabetes (15% of women)
- Early identification and risk mitigation in twins
- Predicting and preventing preterm birth, because preterm and growth restricted infants have ongoing risk of:
 - Neurodevelopmental delay
 - Hypertension/cardiovascular disease
 - Type 2 Diabetes
 - Obesity and Metabolic syndrome.



You can help save lives

When you support Obstetrics Research at Ingham Institute, you support improved health outcomes for the foetus, the baby, the mother, and future generations of women and children.

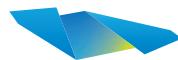
It could be your daughter or granddaughter that our research and care help.

Key initiatives

- Predicting and preventing preeclampsia
- Earlier risk assessment
- Identifying severe heart problems early
- Preventing preterm and still births by:
 - Developing a good test for predicting preterm birth
 - Researching the examination of the vaginal 'microbiome' to predict risk
 - Reducing the rate of late stillbirth (which affects 1 in 300 women) through innovative 'point of care' biochemical testing
 - Better triage of ongoing risk to a pregnancy, which we believe can reduce the stillbirth rate by 50%.

Please join us to inspire health and transform the treatment and care of people living with the most prevalent medical conditions and diseases.

For more information or should you wish to personally discuss your giving priorities or philanthropic partnership opportunities please contact our Philanthropy team at giving@inghaminstitute.org.au or call **+61 2 8738 9000**.



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