

Maternity Services in Staffordshire and Stoke-on-Trent

Staffordshire County Council

Health and Care Overview and Scrutiny Committee

11 July 2022



Maternity services

Each year, there are over 11,000 births in Staffordshire and Stoke-on-Trent. Our midwives and obstetricians do an amazing job supporting parents and families along every step of their journey.

	Current location	Suitable for high-risk pregnancy	Other benefits
Consultant-led Units	<ul style="list-style-type: none"> Royal Stoke University Hospital Queen's Hospital, Burton 	Yes ✓	<ul style="list-style-type: none"> Doctors and specialists will be on-hand for you and baby An epidural (pain relief injection) can be given
Midwife-led Units/ service	<ul style="list-style-type: none"> Royal Stoke University Hospital Queen's Hospital, Burton 	No ✘	<ul style="list-style-type: none"> Non-clinical environment Low-risk births only Less likely to need intervention Close to Consultant-led Unit for ease of transfer
Midwife-led Birth Units (temporarily suspended)	<ul style="list-style-type: none"> County Hospital, Stafford Samuel Johnson Community Hospital, Lichfield 	No ✘	<ul style="list-style-type: none"> Non-clinical environment Low-risk births only Less likely to need intervention
Homebirths	At patients' homes throughout Staffordshire and Stoke-on-Trent.	No ✘	<ul style="list-style-type: none"> Familiar environment, with family around you Less likely to need intervention – especially if have had a baby before

Maternity services and COVID-19 currently

Although initial closures were in response to the pandemic, the continued closures have been further impacted by:

- Looking after high numbers of pregnant women very sick with COVID-19
- Staff sickness and self-isolation are increasing in the NHS; still a requirement to still isolate when staff are COVID-19 positive
- High rates of staff on maternity leave; most choose to take 12 months off post-delivery
- Our pregnant staff needing to finish working in a patient facing capacity at an earlier gestation than pre-COVID-19
- Action required following the Ockenden review in terms of safe staffing – all systems have reviewed staffing
- Inability to fill vacancies despite proactive recruitment

COVID-19 is still impacting maternity services and we need to continue to work differently.

The Ockenden review

The high-profile Ockenden review into maternity services at Shrewsbury and Telford Hospital NHS Trust resulted in an interim report published in December 2020 and the full report on 30 March 2022.

It sets out clear recommendations which maternity services elsewhere must consider and implement, including:

- Enhancing patient safety
- Better listening to women and families
- Developing more effective staff training and ways of working
- Managing complex pregnancies and risk assessments throughout pregnancies
- Monitoring fetal wellbeing
- Ensuring patients have enough information to make informed consent.

To deliver best practice and more personalised care, we will need to support more visits in the community and deliver continuity of carer

Maintaining current services

- Liaising with West Midlands Ambulance Service University NHS Foundation Trust (WMAS) regarding ambulance response times. All women planning a home birth notified of any actual or potential delayed response times for ambulance services
 - All women requesting/planning a home birth were notified of the circumstances in which the home birth can and may be suspended in the future (e.g. escalation, serious staffing shortages, inability to maintain one-to-one care in labour)
 - Since its re-launch, UHNM have supported two home births
 - Home birth service was re-launched at University Hospitals of North Midlands NHS Trust (UHNM) (21 February 2022), following a another temporary closure in July 2021. All women requesting/planning a home birth notified by community midwife
 - Home birth services have been temporarily suspended by University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) since August 2021
 - UHDB are hopeful that by July 2022, home birth service will be reinstated
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Why do we need to work differently long-term ?

- National best practice – Better Births and NHS Long Term Plan
 - There is a national shortage of midwives
 - Higher numbers of stillbirths and infant mortality
 - Most babies are born in the Royal Stoke Hospital or Queen’s Hospital Burton, because they are high-risk births or the person chooses to give birth there
 - Still a vision and desire to provide low-risk model at birthing units
 - We need to work differently to support pregnant women and deliver maternity services safely
 - Not enough midwives to support all midwife-led units, without working differently
 - To provide personal care - we need to build a team of midwives around the woman (continuity of care)
 - Building relationships helps to reduce the loss of babies, identify risks and offer mental health support.
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In 2019/20:

93 women (8 per month) gave birth at County Hospital in Stafford

252 women (21 per month) gave birth at Samuel Johnson Community Hospital in Lichfield

Our vision

We want to:

- Empower women, and their partners, by putting them **at the centre of their care** so they have the best support
 - Provide a **network of places** where **women can choose** to give birth, that are high quality and safe, have the right staff skill-mix and also represent value for money
 - Design a service that supports women to access a 'team of midwives', who have worked with them to develop a birth plan to provide **continuity of carer** during pregnancy, birth and beyond
 - Make **the best use of our staff** who can work more flexibly and really get to know the women and families in their local communities
 - Develop **two-way digital records** which both women and staff can update
 - **Connect services**, including health visitors, social care, mental health support, housing and voluntary services to help families after the birth.
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Maternity clinical model

The maternity clinical model aims to improve outcomes and benefits for women and their babies

- No change to the **provision of consultant-led services** – therefore these would remain in place (Stoke, Burton)
- Midwife-led units would continue to be offered alongside consultant-led units at Stoke and Burton
- **‘On-demand midwife-led units’ at County Hospital and Samuel Johnson** to allow low risk women a choice of the equivalent of a home birth in a different setting
- Over time, as the continuity of carer rota develops – all midwife-led units would become ‘on-demand’
- **Enhance the homebirth model** – potentially a joint Staffordshire / Derby homebirths team
- **Antenatal and postnatal care** continue at the midwife-led units, including County and Samuel Johnson.

Continuity of carer

National ambition for all births to be supported by continuity of carer model – April 2023

Now:

- The community midwife that develops your plan might not be with you when you give birth in hospital
- Different teams of midwives work in units or in the community
- Midwives are in fixed locations, which means they can't support the rota.

In the future:

- Team of midwives (usually 6-8) on a rota, that together manage caseloads
- 2-3 midwives involved throughout pregnancy – allows for leave/sickness
- Midwives follow the pregnant woman – deliver the birth in hospital or at home
- Builds trust
- Safer for the mother and baby – midwife can spot early signs when something may be wrong.

To support this model of care, we will need our midwives to be out in the community rather than waiting in empty wards

What does choice mean?

- Your midwife will work with you to develop a personal birth plan.
- At 36/37 weeks you will be assessed whether you are still low-risk.
- If you are high-risk, you will need to give birth at a consultant-led unit.
- If you are low-risk, you can choose either:
 - Consultant-led unit
 - Midwife-led unit
 - Homebirth.

Who is low-risk?

If you're expecting a baby, you are considered to have a low risk of complications if you are healthy and you have had a straightforward pregnancy, or if you've had a baby before with no complications (such as a Caesarean birth or heavy bleeding after birth).

If this is your first baby, your midwife will discuss if you are able to give birth at a midwife-led unit.

When will we be able to reopen services?

- Providers need to concentrate on providing current services safely following Ockenden and internal reviews before implementing the new model of care
 - The core staff from the southern midwife-led units are still needed in the larger units/community teams – the majority of births are delivered there
 - We're confident our services are safe, but this is because we are working differently. If we reintroduce additional sites, we will need to adapt
 - Our workforce has changed, with staff taking on new roles, retirements, and the usual vacancies/turnover –we will need to train and restructure our midwife-led teams to restore on-demand services
 - We're exploring ways to improve care, including offering low-risk births at County Hospital and Lichfield
 - Both trusts remain committed to re-opening County Hospital and Samuel Johnson Hospital as on-demand units as soon as it is safe to do so
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New ways of working: on-demand service

Current challenges:

- **Not enough births** – most people are not able to, or choose to use the larger units. **Best practice** is to see 350 births a year so midwives maintain skills and value for money
- **Skilled midwives** are in high demand – before COVID, spending time on admin, cleaning and mandatory training, whilst waiting for a birth
- **Different teams** to support wards 24/7 – only limited opportunities to use midwives for other clinics
- **Lack of flexibility** and unable to support **out of hours rota** – staff present in units 24/7, which means midwives can't support births at home or other midwife-led units
- **Lack of relationships** – midwives do not have caseloads, which means they don't have relationships with women and families
- **Low staff morale.**

Future opportunities:

- **Low-risk births** still offered at County and Samuel Johnson 24/7
- As now, you **ring your midwife when in labour** – if no risks, you come into the unit
- **Birthing rooms and pools** will be ready and waiting
- **Midwives travel to the unit** to support birth
- **Midwives from the community team** supporting the continuity of carer rota
- Midwives **maintain their skills** – delivering more births at home and midwife-led units
- **Improved staff morale**
- **Improved relationships** with women and families with personal birth plans for all.

Our future aspiration is for all midwife-led units to work as an on-demand service, to support continuity of carer

What will be different?

- More personalised care, with a team of midwives and birth plans in place
- You recognise and trust your midwives at the birth
- Increased confidence in having a homebirth
- Safer care – helping midwives to spot any early warning signs at the birth
- Highly skilled midwives, delivering better care through job satisfaction.

What can I expect?	Pre COVID-19	Future
I can give birth 24/7 at County or Samuel Johnson	Yes ✓	Yes ✓
I need to ring my midwife as I go into labour, she will check that nothing has changed in my risk level and will agree whether I need a home assessment or if I go straight to the unit	Yes ✓	Yes ✓
If I am able to give birth at the on-demand unit, I will be met by two midwives who are expecting me	Yes ✓	Yes ✓
The birthing rooms will be clean and ready for use	Yes ✓	Yes ✓
I can use the birthing pools/baths (as long as they are not already in use)	Yes ✓	Yes ✓
I will be discharged when it is safe, and usually home after birth	Yes ✓	Yes ✓

Keep informed

- Visit our website:
<https://staffsstoke.icb.nhs.uk/>
- Phone: 0333 150 2155
- Email: ssotics.comms@nhs.net
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- You can view information about maternity services transformation online at:
<https://staffsstoke.icb.nhs.uk/our-work/transformation/maternity-transformation/>

If you have any feedback you would like to share regarding your experiences of Maternity Services you can contact the **Maternity and Neonatal Voices Partnership (MVP)**.

How to get involved

- Email us: sasot.mvp@nhs.net
- Contact the Project Support Officer/MVP Lead – Jen Docherty: 07928 525377
- For more information Visit our website:
<https://staffsstoke.icb.nhs.uk/>
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We will aim to keep you informed and involved
