

Low-risk births

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). You are unlikely to be low-risk if you have a history of diabetes or other long-term conditions.

If you are low-risk, then you could be offered the choice of giving birth at the Midwife-led Units. Your midwife will discuss options with you when developing your personal birth plan, this is usually assessed at week 36/37.

Did you know...

Not everyone is able to give birth at the Midwife-led Units at County Hospital or Samuel Johnson Community Hospital?

This is because only low-risk births will be able to happen at home or at the County Hospital or Samuel Johnson Community Hospital sites. Your risk level will be assessed at week 36/37.

Similar to other units across the country, these units provide the same level of care as a homebirth. You have access to birthing rooms, pools and trained midwives - however this doesn't give access to epidurals (pain relief injections) and other specialist treatment.

80-89% of people in these areas give birth at the Royal Stoke Hospital or Queen's Hospital, Burton*. This may be through choice or because they are high-risk. *This does not include people who give birth at hospitals out of area.



CASE STUDY: How it was before COVID-19



Nina works as a midwife in the maternity unit in Stafford. But not a lot of women were able to or were choosing to give birth there, and Nina felt that she wasn't using her skills and knowledge as well as she could be. Her morale was low and she was thinking of applying to work somewhere else. On the days that there were no births, Nina would keep busy with admin or other tasks, not suitable for her senior experience.



CASE STUDY: How it was before COVID-19



Abby from Lichfield is expecting her second baby. She has been assessed as low-risk, but wasn't keen on a homebirth or the local unit as she was worried about what would happen in case of complications. She hasn't seen the same midwife twice during all her pre-natal appointments, so doesn't feel like she can discuss her concerns with anyone.

So, Abby chooses to have her baby in the Burton Midwife-led Unit – as she could easily move to the Consultant-led Unit in case anything went wrong.

What's new?

How services changed during COVID-19

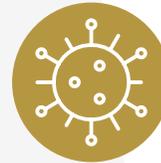
The COVID-19 pandemic meant a lot of services had to work differently to keep staff and patients safe. Our maternity staff were working in small teams across several sites, so we had very little flexibility if anyone needed to self-isolate.

In March 2020, low-risk births were temporarily suspended at Samuel Johnson Community Hospital in Lichfield and County Hospital in Stafford with the closure of the Midwife-led Units at these hospitals. **There have been no quality and safety issues during the closures.**

The **staff from these units were able to support the larger units** at Royal Stoke University Hospital and Queen's Hospital in Burton. Homebirth services were also suspended, but are available once again - supported by our community midwifery teams.

Whilst COVID-19 restrictions are easing for the public, this is not the same for hospitals and we are still facing high numbers of staff that are self-isolating. **Our priority remains the safe care of women and babies** – and this can only be done with good staffing levels. As a result, we will need to continue to keep the units in Stafford and Lichfield temporarily closed, whilst we deal with these COVID-19 pressures and enhance our community midwifery services.

The various health and care services that had to pause or work differently during the pandemic are now restarting, **this is also an opportunity to do things differently** – rather than just going back to how things used to be. We want to make sure that the services we provide today will also be able to meet future needs.



CASE STUDY: How it was during COVID-19



The Maternity-led Units at Stafford and Lichfield closed during the pandemic, as midwives like Nina were needed in the larger hospital units. She felt her skills were being better used to deliver more babies, but under more pressure when some of her colleagues had to self-isolate.



CASE STUDY: How it was during COVID-19



Abby gave birth at Burton. She stayed in hospital for one night after the birth, but only her husband was able to visit her and their new baby. The family are all now together at home.



Preetpal lives in Burntwood, and her second baby is due soon. She is 37 weeks pregnant, and she is still low-risk. As the unit in Lichfield is closed, Preetpal could have gone to Burton, but she has chosen a homebirth.



Her friend Leticia lives in Stone and is expecting her first baby. Leticia wanted to give birth at Stafford, but it is closed. Her midwife discussed options and travel plans with her, and as it is her first baby she is going to the unit in Stoke as she is not suitable for a homebirth.

Both Preetpal and Leticia are able to go to their local units for their antenatal appointments and follow-up appointments.

The Ockenden review

The high profile Ockenden review into maternity services at Shrewsbury and Telford Hospital NHS Trust published interim findings in December 2020.

It sets out clear recommendations which all maternity services should 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.

Thanks to our staff, we are confident that our local services are safe.

The learning from Ockenden is being considered and implemented by our hospitals to see if we can deliver better care.

Both COVID-19 and Ockenden have reinforced our view that we need to work differently and use our community midwifery teams to offer more personalised care.

Our vision



A key priority for us is to help everyone to have the best start in life. Before the COVID-19 pandemic, we were already working to improve the quality of maternity and newborn services in the county.

We want to:

- **Empower women**, and their partners, by putting them at the centre of their care so they have the best support possible. This means helping them to make informed choices, leading to a positive pregnancy and birth experience and a healthy baby.
- 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.
- Give every woman a **personal birthing plan**, which includes care after the birth. The midwives will agree a schedule of clinics and home visits for those that need them.
- 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.

We think we can do this by:

- Establishing **'on-demand midwife-led units'** to allow women a choice of the equivalent of a homebirth in a different setting. Small teams of midwives would be community-based and have the flexibility to meet you when you go into labour. They would have everything ready for when you get there.
- Enhancing our **homebirth model** – potentially through a joint joint Staffordshire and Stoke-on-Trent homebirths team
- Providing diagnostics (tests), antenatal and postnatal care at the community maternity hub level.

There would be **no change to Consultant-led services**, so these would remain at Stoke and Burton. **Homebirths would continue** to be an option for low-risk pregnancies – but we want to do more to support families to have a homebirth if they want to.

Why do we need to work differently?

Doctors, midwives, women and their families have told us what challenges they face locally, that we need to plan for now:

- There is a national **shortage of midwives**.
- Before COVID-19, **our midwives at County and Samuel Johnson Community hospitals were being underutilised**. Not enough babies were being born to support the midwives to be there 24/7 and to maintain their skills. Following COVID-19, these staff are needed to support the larger units in Stoke-on-Trent and Burton to provide quality care for all parts of the county.



- We also have a shortage of midwives to support the **Stoke-on-Trent unit, which sees the vast number of babies born**. This is because they are higher risk or the woman has chosen to give birth there.
- To deliver the national best practice, for every woman to have continuity of carer, with a team of midwives around her birth plan, we need to have **more of our midwives available to work in the community**. This will allow them to do more home visits and antenatal appointments, as well as supporting births either at home or at our community 'on-demand' centres.



What is continuity of carer?



At every birth there are two midwives, whether at home, through an on-demand service or in the larger sites. Ideally, our midwives should work as a team, who regularly meet with every woman and help develop her birthing plan.



This means that if your midwife is off sick, or on leave that you still know and trust your midwife when you give birth. We can also spot early signs, if your birth is high-risk and can get you the specialist support and after care.

We can only deliver this, if we help our midwives to work flexibly so they can see more people in the community.

So what will be different?

We are working hard to be able to offer a network of birthing units across the county, including at County Hospital and Samuel Johnson Community Hospital. To do this we will need to use our workforce differently to be able to cover all these sites, support homebirths and meet the national requirements to deliver personalised care.

You should not notice a difference to your maternity care, as many of these changes will happen behind the scenes and are more about the way we use our midwives to best support your needs.

As happens now, at 36/37 weeks you will be assessed by your midwife, if you still meet the criteria for low-risk births you will be given a choice of where to give birth – at the Consultant-led Unit, Midwife-led Units in Stoke or Burton and a homebirth.

We are also exploring ways to restore low-risk births at County Hospital and Samuel Johnson Community Hospital and are hopeful we will be able to offer a service by late autumn/winter 2021.

What can I expect?	Before 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



CASE STUDY: How it could be – in the future



With the new on-demand units, Nina doesn't spend her whole shift on site, waiting for someone to go into labour. Instead, she can be out in the

community supporting local women and families on her caseload. More of her time will be spent on clinical work, which is what she became a midwife to do.



CASE STUDY: How it could be – in the future



As Leticia's named midwife, Nina really got to know her well throughout the pregnancy, and her family. When her waters broke, she called Nina.

Nina called her team to make sure everything is ready for when Leticia and her partner get there. Leticia had also met her second midwife throughout the pregnancy, so felt she was in safe hands.

What will the on-demand units offer?

The on-demand units will be led by our community midwife teams and have access to the birthing rooms and birthing pools. Similar to the current Midwife-led Units before COVID-19, they offer the **same level of care** as a homebirth.

So why are we talking about this?

We want to be open and transparent with local people. We are currently reviewing all possible ways that we can restore services to offer low-risk births in the Stafford, Lichfield and surrounding areas.

Listening to our midwives, and taking into consideration the workforce challenges we are facing, **our emerging proposals include re-opening the units as an on-demand service.**

This means that our midwives will not be there waiting 24/7, but are out **in the community supporting their women.** They will act as a team, within a local area, to support you to give birth at home or at your chosen unit. We will also use support staff at the centres, to ensure that **everything is ready** in the birthing rooms for when you arrive.

As happens now, you will ring your midwife when you go into labour, so we will know when to expect you. Importantly, by freeing-up our midwives to do more appointments in the community, it will mean you have **developed a relationship** with the midwives who understand your personalised birth plan and are there at your birth.

What happens if I develop complications?

The on-demand units will provide the same level of service as the Maternity-led Units do now – **there is no change for people who develop complications.** It is the equivalent of a homebirth, which is why at 36/37 weeks we assess all women and only low-risk women can be offered a homebirth or on-demand birth.

Sometimes, women who have been assessed as low risk need to be transferred from a homebirth or Midwife-led Unit to the Royal Stoke University Hospital or Queen's Hospital in Burton. Some of these women may have needed a short stay in hospital after the birth, which can only be done in Stoke-on-Trent or Burton.

This will not change, and **we work closely with the ambulance service to safely transfer people** who need to go to the Consultant-led Units.



We know babies arrive in their own time, which is why we work with you to develop a birth plan – so you are ready and have a travel plan in place.



A birthing room and your trusted midwives will be ready and waiting for you.



Because we know your history and your personal needs, we can better advise you when it comes to the birth.

Listening to you

Over the last few years, we have been listening to service users, staff and local community groups about their experiences of using our services and their ideas for how things could be improved. We have considered this feedback as we have thought about how services could look in the future.

As part of our 12-week listening exercise in 2019, we spoke to over 2,000 people, about lots of different health and care services in Staffordshire and Stoke-on-Trent. Focus groups were also held to get more in-depth feedback about particular services.

In January and February 2020, we held six focus groups with a total of 25 new and expectant mothers, and staff who work in maternity services. 40 surveys were also completed. We shared our emerging models of care and asked attendees for their views on the desirable criteria. No decisions were made.



What's working well:

- In 2019, people said that waiting times were generally good, and we had fantastic staff. 76% rated maternity services as 'excellent' or 'good'. At the 2020 focus groups, they said maternity staff were supportive and compassionate.
- The facilities and care received at County Hospital and Royal Stoke University Hospital were particularly praised.

What could be improved:

- In 2019, people said that health visitor clinics, after care and shared records needed improvement. The distance / access to hospital was also an issue. New mothers at a breastfeeding support group told us that there was a lack of continuity of care and a need for better access to support services after birth.
- At the 2020 focus groups, continuity of care and access to support services were again raised as issues, along with communication, medical records and access to services close to home.

Deciding where to give birth:

- At the 2020 focus groups, we asked what was important to women when deciding where to give birth. Most said that safety was the main factor, and some preferred to give birth at hospital in case something went wrong.
- Many said they wouldn't consider a homebirth because they would be worried about complications, or simply because they didn't know much about it. Most said they would consider a community birth, as they liked that they could be closer to home, in a non-clinical environment, with familiar staff.



Next steps

Our clinicians and staff are working to develop proposals to support an on-demand model – this includes exploring how we can restore births at County and Samuel Johnson Hospitals. There is more work for us to do, behind the scenes before we can confirm this model will happen:

- We will need to listen to our staff as we look to develop a continuity of carer rota.
- We will need to train and recruit new midwives to support this community model.

We are listening to the views of people who use, work in or support maternity services to inform our proposals. Thank you to everyone who attended our virtual event on 16 July 2021. People can also share their views through a survey which is available on our website and closes at midnight on the 8 August 2021. You can view the survey online at: twbstaffsandstoke.org.uk/get-involved/maternity-services-transformation

If you need printed copies of the documents, need documents in different formats or languages or need help to complete the survey, please call us on **0333 150 2155**.

Through this involvement activity, we aim to:

- Seek views on what may have changed as a result of the pandemic.
- Find out what people's experiences have been of maternity services during COVID-19.
- Understand if there is anything else we need to consider when designing the continuity of carer service and to safely reinstate low-risk births.
- We will aim to keep you informed and involved as we develop our proposals. The feedback from our survey and event will be considered by the hospital trusts and the CCGs and will be published on our website.

We hope that by autumn/winter 2021 we will be able to offer this model – subject to the COVID-19 situation. We will continue to work with people using maternity services, to develop birth plans and offer advice on their options.



Want to get involved in shaping local maternity services?

Join our Maternity Voices Partnership. Visit our website, or contact us on the details below to find out more.

Contact us

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