TOGETHER WE'RE BETTER

Transforming health and care for Staffordshire & Stoke-on-Trent

Temporary Closure of Free-Standing Midwife-led Birthing Services

9th August 2021

Continuing our ongoing conversation

Over the past few years, we have been working to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.

- **Summer 2019:** public conversation to understand what is working well and what could be improved in health and care services.
- **Jan/Feb 2020:** focus groups to talk in more detail about maternity services.
- **March 2020:** involvement work paused to allow partners to respond to COVID-19.
- **Summer 2021:** with COVID-19 cases reducing, now is the right time for this transformation programme to progress.

We want to hear from:

- People who have had a baby in the last three years or are currently expecting
- People who are thinking of starting or expanding their family in the next few years
- Anyone working in maternity services and organisations that support people who access maternity services.

We recognise the world has changed –
and we need to sense-check our work before progressing

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	• Royal Stoke University Hospital • Queen's Hospital, Burton	Yes ✓	• Doctors and specialists will be on-hand for you and baby • An epidural (pain relief injection) can be given
Midwife-led Units/ service	• Royal Stoke University Hospital • Queen's Hospital, Burton	No ✘	• 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)	• County Hospital, Stafford • Samuel Johnson Community Hospital, Lichfield	No ✘	• Non-clinical environment • Low-risk births only • Less likely to need intervention
Homebirths	At patients' homes throughout Staffordshire and Stoke-on-Trent.	No ✘	• Familiar environment, with family around you • Less likely to need intervention – especially if have had a baby before

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Maternity care during COVID-19

How services changed during COVID-19

Our maternity staff worked in small teams across several sites – gave little flexibility to manage self-isolation and sickness.

- In March 2020, low-risk births were temporarily suspended at Samuel Johnson and County Hospital. During the closures, there have been no quality and safety issues.
- Antenatal and postnatal clinics continued at the County and Samuel Johnson hospitals during the pandemic.
- The consultant and midwife-led units at Royal Stoke University Hospital and Queen's Hospital in Burton remained open.
- Homebirth services were also suspended, but we are pleased to say they are available once again.
- Improvements in how we use senior staff to better co-ordinate care – opportunity to take this forward for long-term.

Thank you to our amazing staff who have continued to deliver safe and quality services in the toughest circumstances.

Thank you to the families and women, who have shown their support and understanding through this time.

When will we be able to reopen services?

- COVID-19 is still with us, and we are having to work differently.
- Staff sickness and self-isolation are increasing in the NHS.
- The core staff from the southern midwife-led units are still needed in the larger units/community teams – as 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 services.
- We're exploring ways to improve care, including offering low-risk births at County Hospital and Lichfield, and we want to discuss these with you today.
- Given the workforce challenges, we are hoping to restore services by late autumn/winter 2021.

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Maternity care following COVID-19 and the future

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.

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

Long-term why do we need to work differently?

- 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
- Not enough babies being born at County and Samuel Johnson to support midwives to maintain their skills and to have staff waiting 24/7.
- 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.

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.

Community-led maternity care

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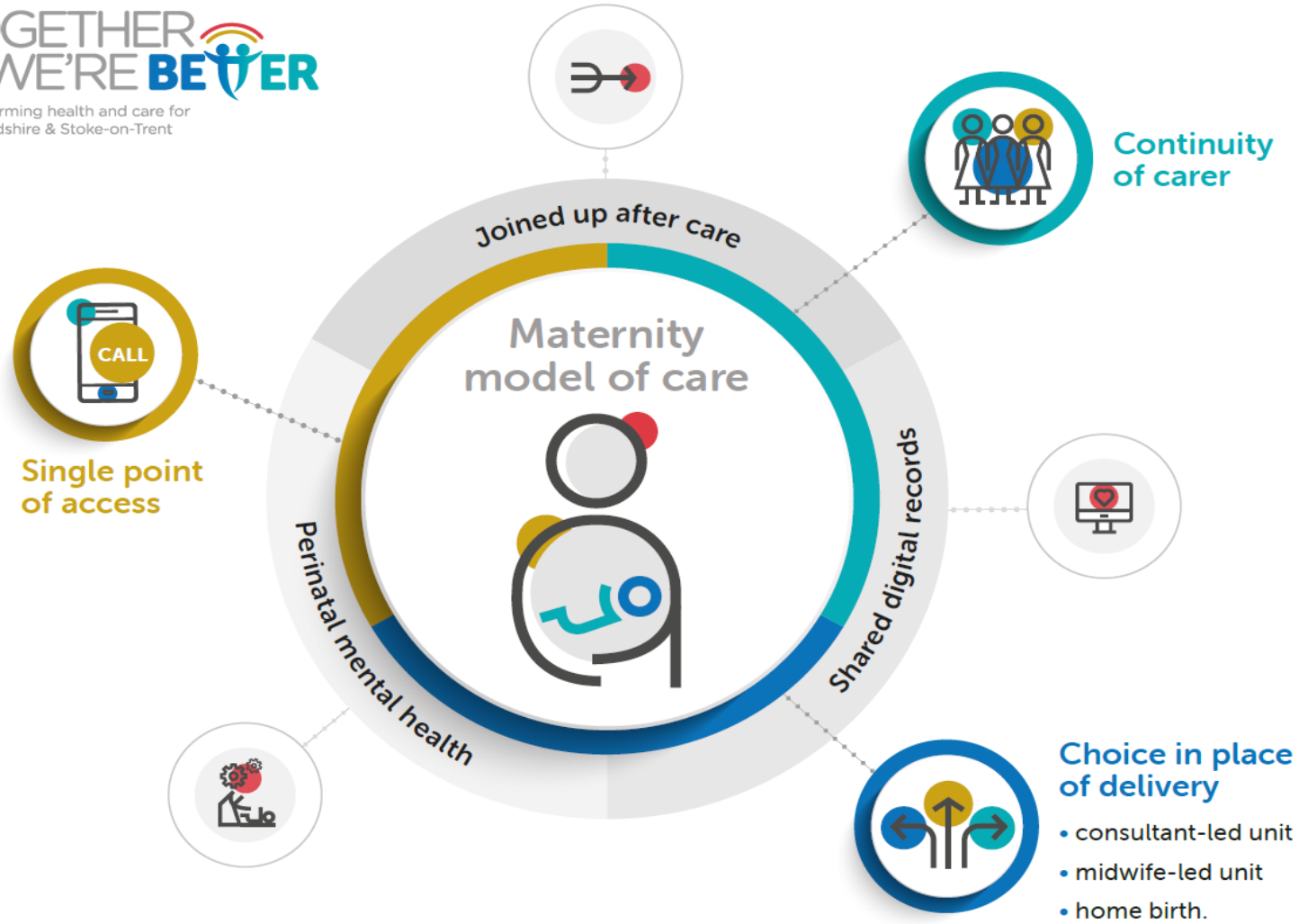


Choice in place of delivery

- consultant-led unit
- midwife-led unit
- home birth.

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

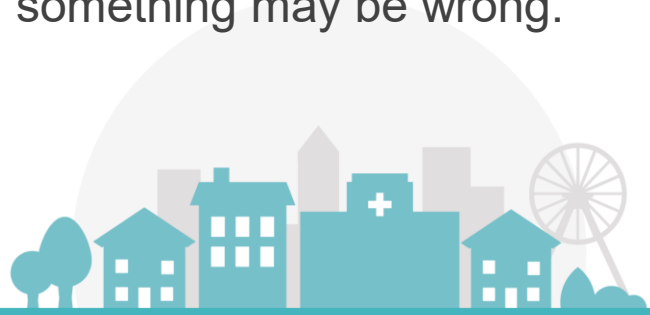
Now:

- 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:

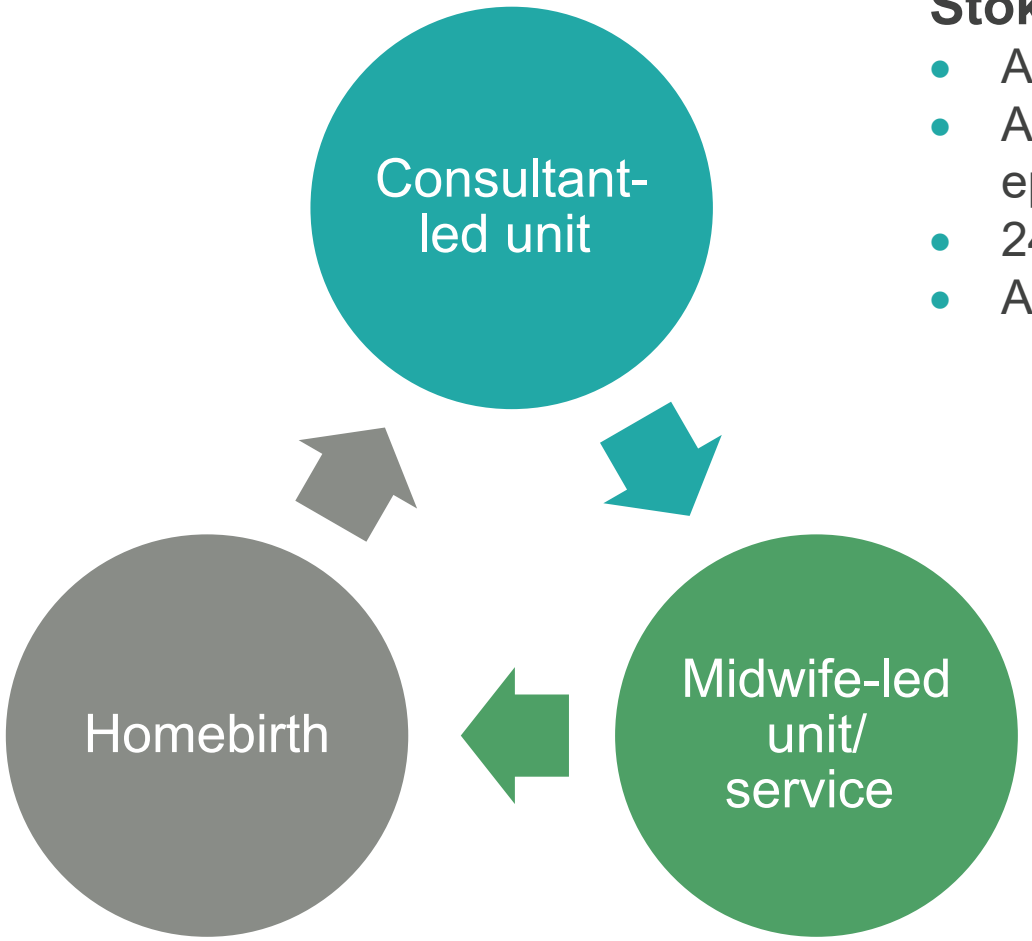
- Team of midwives (usually 6-8) on a rota, that together manage caseloads.
- 2-3 midwives involved throughout pregnancy – allows for leave/sickness.
- Midwifes follow the pregnant woman – deliver the birth in hospital or at home.
- Builds trust.
- Safer for the mother and baby – midwife can spot early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



Choice of birth locations

We want to build a network of locations where you can give birth:



Stoke-on-Trent and Burton

- Access to obstetricians
- Access to neonatal, anaesthetics / epidural / surgery
- 24/7
- After care in hospital

Countywide

- Midwife-led
- No travel
- In your own home
- 24/7

Stoke-on-Trent, Burton Stafford, Lichfield

- Same as a homebirth
- Midwife-led
- Birthing rooms and pools
- Discharge within 3 hours
- 24/7

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.

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 ✓

Why are we having a discussion?

- We want to be open and transparent
- Changes are small, but important
- Birthing rooms available 24/7
- Midwives travel to the units, rather than waiting 24/7
- As now, midwives develop birth plans so people know to ring their midwife at the point of labour.

How do you plan for the unexpected?

- Giving birth is natural and our midwives are highly trained
- Through your birth plan, we prepare you for what will happen
- You ring us when you go into labour, so we can assess your progress and get ready for your arrival
- We help you to plan your journey/transport in advance – as most babies are delivered in our larger units, our midwives can help advise on how much time you should leave
- We only support low-risk births at the midwife-led units.

However, babies arrive when they want to, and we have processes to manage this:

- A small number of babies arrive in car parks/ambulances or on the way. Our midwives are trained for this – by phoning the midwife, we can plan and support you through the labour
- Some women may not know they are pregnant and go to A&E or a walk-in clinic. This would be a high-risk pregnancy so will be transferred to a consultant-led unit (potentially by ambulance)
- A midwife-led unit gives the same level of care as a homebirth. If you develop complications or need to be admitted to hospital after the birth, we have tested pathways to transfer you (this is rarely blue-lighted, because only low-risk births are supported in these units).

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
- 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 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.

You can also share your 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: https://www.twbstaffsandstoke.org.uk/get-involved/maternity-services-transformation

We will aim to keep you informed and involved as we develop our proposals. The feedback from this event and the survey will be considered by the hospital trusts and the CCGs and will be published on our website.

Get involved in our work

- Visit our website: www.twbstaffsandstoke.org.uk
- Phone: 0333 150 2155
- Email: twb.comms@nhs.net
- Follow us on Facebook: TWBStaffsandStoke
- Tweet us: @TWBstaffsstoke
- Share your views through the survey which is closes at midnight on the 8 August 2021. You can view the survey online at: https://www.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.

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 – Helen Carr: 07928 525377
- For more information Visit our website: www.twbstaffsandstoke.org.uk
- Follow us on Twitter: @SaSoTVOICES
- Follow us on Instagram: mvp_staffs_stokeontrent