



Birthing services at midwife-led units in County Hospital, Stafford, and Samuel Johnson Community Hospital, Lichfield

Contents

What is this about?.....	3
About us	4
Our approach to improving maternity care.....	4
What birthing services are available locally?	5
What is the proposal?.....	8
Why is the proposal needed?	9
Advantages and disadvantages of the proposal.....	11
How we have come to this proposal.....	13
Impacts of the proposal.....	17
Meeting the tests of service change	19
What is happening in this consultation?	21
Abbreviations and glossary	24
Appendix	25



What is this about?

The local NHS has been looking at **maternity services in Staffordshire and Stoke-on-Trent**. Our biggest priority is giving **safe, high-quality care to women and babies throughout the maternity journey – making sure you are well looked after during pregnancy, during the birth, and in the first few weeks after your baby is born.**

This document explains a proposal about the future of **birthing services** at two **freestanding midwife-led birthing units (FMBUs)**. These are at County Hospital in Stafford and Samuel Johnson Community Hospital in Lichfield.

Both FMBUs currently provide antenatal and postnatal appointments. These are not affected by the proposal, which is only about the services that support you when giving birth.

We are running a public consultation about the proposal, which will run for 12 weeks, from 12 May 2025 until midnight on 3 August 2025. This is your chance to find out what change is being proposed and to tell us what you think.

See [page 21](#) for details of how you can get involved – such as through our survey and by attending one of our events. This page also has more information about how NHS consultations work and our legal duties.

More information and accessible formats

As well as listening to your views, we want to keep you well informed – starting here.

- ✔ If anything in this document is hard to understand, an easy read version is also available
- ✔ You can find this online, or call us on 0330 236 9061 for a copy
- ✔ More information is available on our website – we include links throughout the document. See also 'Find out more' on [page 22](#)
- ✔ If you can't access the online information we mention, we can send you paper copies. Just call us on 0330 236 9061 and tell us what you need
- ✔ We can provide translated materials. See [page 23](#) for information, and you can call us on 0330 236 9061.

About us

We are NHS Staffordshire and Stoke-on-Trent Integrated Care Board. We are responsible for the health and care of 1.1 million people across the local area. We have been working with the two NHS trusts that provide the services that we are reviewing:

- University Hospitals of North Midlands NHS Trust (UHNM)
- University Hospitals of Derby and Burton NHS Foundation Trust (UHDB).

Our approach to improving maternity care

We know you may have worries about safety and quality in maternity care following recent national reviews.

Across the country, the NHS wants to make sure that maternity care is safe, that women are treated with care and respect, and that staff have all the skills and knowledge they need to give the best care.

The NHS [Three-year delivery plan for maternity and neonatal services](https://www.england.nhs.uk/publication/three-year-delivery-plan-for-maternity-and-neonatal-services) (www.england.nhs.uk/publication/three-year-delivery-plan-for-maternity-and-neonatal-services) was published in March 2023, and our plans in Staffordshire and Stoke-on-Trent support its four main themes:

- Listening to women and families with compassion, which promotes safer care
- Supporting our workforce to develop their skills and capacity to deliver high-quality care
- Developing and sustaining a culture of safety to benefit everyone
- Meeting and improving standards and structures that underpin our national ambition.

These aims are at the heart of our approach to providing safe, high-quality care for you and your new baby. Read more about our local vision on [page 13](#).



What birthing services are available locally?

Local and out-of-area maternity services are shown on the map below.

Main hospital with consultant and midwife-led services

1. Royal Stoke University Hospital
2. Queen's Hospital, Burton

Freestanding midwife-led unit

3. County Hospital, Stafford
4. Samuel Johnson Community Hospital, Lichfield

Out of area services

5. New Cross Hospital, Wolverhampton
6. Good Hope Hospital, Sutton Coldfield
7. Walsall Manor Hospital
8. Heartlands Hospital, Birmingham
9. Birmingham Women's Hospital
10. City Hospital, Birmingham
11. Russells Hall Hospital, Dudley
12. Princess Royal Hospital, Telford
13. George Eliot Hospital, Nuneaton
14. Royal Derby Hospital
15. Solihull Hospital
16. Leighton Hospital, Crewe
17. Macclesfield District General Hospital



Hospitals in Staffordshire and Stoke-on-Trent

The two local hospitals where you can give birth are Royal Stoke University Hospital and Queen's Hospital, Burton. Each hospital offers two different types of maternity care:

Consultant-led care can be provided in a dedicated unit, or within the maternity department, by senior doctors with full medical support on hand. For example, epidurals (a pain-relief injection) can be given, and there are maternity theatres if additional support or surgery is required. Both hospitals have antenatal and postnatal wards.

Midwife-led care is recommended only if you have a low-risk pregnancy. At Royal Stoke University Hospital, this is provided in a dedicated midwife-led unit. At Queen's Hospital, Burton, it is provided in dedicated side rooms on the labour ward. If you do need medical help during birth, you can be moved quickly to the consultant area in the same hospital for specialist support.

While women can make their own choice about where to give birth, locally most babies are born in the consultant-led areas of these hospitals.

Hospitals outside Staffordshire and Stoke-on-Trent

Women also choose providers outside of the county. In 2019/20, around 1 in 4 births for the Staffordshire and Stoke-on-Trent population were in hospitals outside of our local area.

Home births

During the COVID-19 pandemic in 2020, the local trusts had to temporarily pause the home birth service. In the following years, staff shortages meant that it wasn't possible to get the service up and running again on a consistent basis.

The home birth service is now fully available again, wherever you live in Staffordshire and Stoke-on-Trent.

What makes a pregnancy low-risk?

- ✔ You are having one baby (not twins or triplets)
- ✔ Your general health, before getting pregnant, is good and there are no underlying complications due to long-term or chronic conditions
- ✔ You have been healthy and well all the way through pregnancy
- ✔ The birth takes place between 37 and 42 weeks, known as 'term'
- ✔ You go into labour naturally.

Freestanding midwife-led birthing units

Freestanding midwife-led birthing units (FMBUs) are suitable for women assessed as having **low-risk pregnancies**. Freestanding means they are not in a bigger hospital with a consultant-led unit and access to additional medical support, such as anaesthetics. This makes them different from the midwife-led units at Royal Stoke University Hospital and Queen's Hospital.

Our local FMBUs are at County Hospital, Stafford (run by University Hospitals of North Midlands NHS Foundation Trust) and Samuel Johnson Community Hospital, Lichfield (run by University Hospitals of Derby and Burton NHS Foundation Trust).

When the COVID-19 pandemic struck in March 2020, we had to stop providing the birthing services at County Hospital and Samuel Johnson Community Hospital. This was to make sure we had enough midwives to safely run the maternity units at Royal Stoke University Hospital and Queen's Hospital, Burton.

The closure was intended to be short-term. But the trusts have not been able to safely re-open the FMBUs for births because of a shortage of midwives – which has been a problem affecting the whole of England.

County Hospital

Base for community midwives

Antenatal clinics throughout pregnancy

Routine ultrasound scanning

Postnatal care, including some specialist support services

No birthing service at present

Samuel Johnson Community Hospital

Base for community midwives

Antenatal clinics throughout pregnancy

Postnatal care

No birthing service at present



What is the proposal?

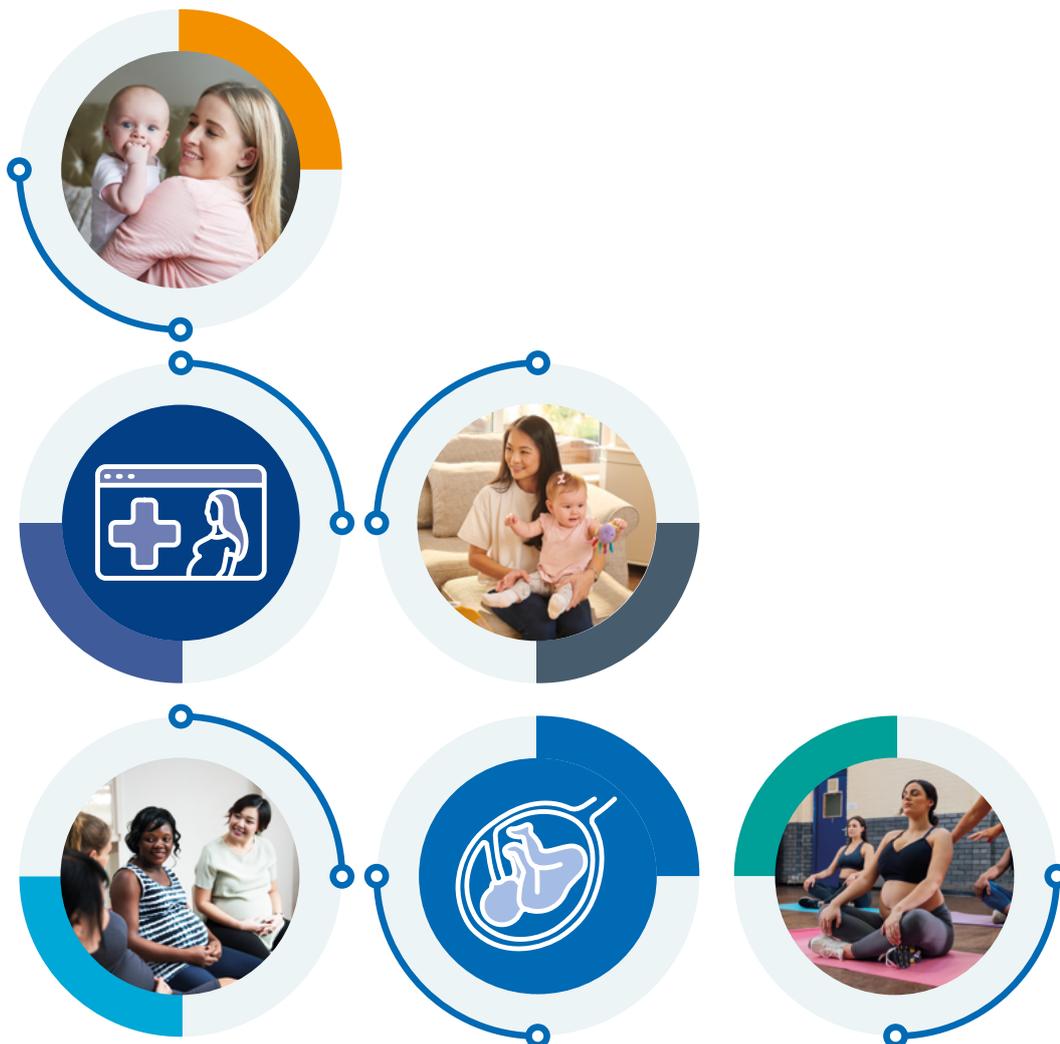
The proposal is to make permanent the temporary closure of the birthing services at County Hospital and Samuel Johnson Community Hospital.

This does not mean we would stop providing all maternity services there. You would still be able to have your antenatal and postnatal appointments in these hospitals.

The proposal would not affect any services at Royal Stoke University Hospital or at Queen's Hospital in Burton.

Alongside the proposal, we would also:

- Maintain the home birth service throughout our local area, so that women have this choice available to them
- Work to put continuity of carer in place for women identified as most needing consistent support from the same team of midwives. This is already offered at Queen's Hospital, Burton.



Why is the proposal needed?

The number of babies born in the FMBUs was low

In the year 2019/20, before the temporary closure of the FMBUs, these were the total number of births in the units:

Location	Births (2019/20)
County Hospital FMBU	94 (about 8 each month)
Samuel Johnson FMBU	220 (about 18 each month)

Many more babies were born at Royal Stoke University Hospital, Royal Derby Hospital and Queen's Hospital, Burton:

Location	Consultant-led care (2019/20)	Consultant-led care (2023/24)	Midwife-led care (2019/20)	Midwife-led care (2023/24)
Royal Stoke University Hospital	5,264	5,299	970	595
Royal Derby Hospital	4,770	4,938	802	737
Queen's Hospital, Burton	2,329	2,528	584	0*

* During 2022, midwife-led births were included within the consultant-led data at Queen's Hospital, Burton due to a change in the way the overall data was electronically collated. This meant midwife-led and consultant-led births could only be separated out manually. The introduction of Badgernet, a new electronic maternity record, in June 2024 is expected to support the service to electronically capture the different pathways of births going forward.

FMBUs are not recommended as a birthing choice for all women, as they are suitable for low-risk pregnancies only.

Although the trusts promoted the birthing services at the FMBUs, the number of births there continued to fall.

It is likely that the number would fall further

Birthrate Plus® assessments at both trusts showed a growing number of high-risk pregnancies in the areas they serve. The reasons for this include women giving birth later in life, and lifestyle factors that can lead to conditions like diabetes and high blood pressure.

- An assessment carried out by **University Hospitals of North Midlands (UHNM)** in 2022 showed that just over 83% of women in their care had moderate or high-risk pregnancies
- An assessment carried out by **University Hospitals of Derby and Burton (UHDB)** in 2021 showed that just over 82% of all their births fell into the moderate or high-risk categories.

Birthrate Plus® assessments can only be completed for a particular Trust's area, not for an ICB population as a whole. However, applying the trends being seen at UHNM and UHDB, we can reach an estimate of the levels of low, and moderate or high-risk pregnancies for the local population. Staffordshire and Stoke-on-Trent would therefore expect 8,715 pregnancies each year to be moderate or high-risk, and 1,785 pregnancies to be low-risk.

More high-risk pregnancies means fewer women would be suitable to give birth in one of the FMBUs.

Birthrate Plus®

Birthrate Plus is the national tool for calculating midwifery staffing levels. It helps maternity units work out how many midwives they need to deliver one-to-one care in labour, taking account of both the local birth rate and the complexity of the caseload.

What makes a pregnancy high-risk?

Factors include:

- ✓ You already have high blood pressure or diabetes
- ✓ You are going to have twins or triplets
- ✓ You are under 17 or over 35 years old
- ✓ A pregnancy-related health condition starts while you are pregnant, like high blood pressure (pre-eclampsia) or diabetes (gestational diabetes)
- ✓ You had problems in previous pregnancies, including going into labour or giving birth before 37 weeks.

Why would a low number of births at FMBUs be a problem?

Midwives' skills and experience – these units are recommended to manage at least 350 births per year, but the numbers locally were much lower and expected to fall further. Midwives working there may not experience enough births to keep their skills and competency at the right level.

Not making the best use of staff time – to provide a round-the-clock birth service as before, the units must be staffed 24/7, with two midwives for every birth. A low number of births would mean that midwives' time and skills would be under-used. This is especially important when England as a whole has suffered a shortage of midwives.

Advantages and disadvantages of the proposal

Advantages

Safe, sustainable staffing levels for the maternity departments at Royal Stoke University Hospital and Queen's Hospital, Burton. Focusing our staff where the demand is highest would help us to provide the ongoing high-quality, safe and compassionate care that we all want.

Providing choice of home births and midwife-led care – you would still be able to choose to give birth in a more relaxed, less clinical setting. This could be in midwife-led care at Royal Stoke University Hospital or Queen's Hospital, Burton or a home birth (if assessment shows it's safe for you).

Reducing need for urgent transfer – if you had complications during labour at an FMBU, you would need an ambulance transfer to one of the acute hospitals. In 2019/20, just over 1 in 3 women (32.3%) giving birth at Samuel Johnson Community Hospital needed to be transferred to Queen's Hospital, Burton. 1 in 10 women (10.3%) at County Hospital had to be transferred to Royal Stoke University Hospital.

Specialist support can be given much more quickly if you are already in midwife-led care at one of those hospitals, and it would avoid putting additional pressure on ambulance services.

Maintaining midwives' expertise – because of the high number of births, midwives at the bigger hospitals would experience a wide range of cases, ensuring their skills and expertise stay at the right level.

Being based in the bigger hospitals also means new midwives have support from a wider team – which is important in giving staff the right backing, help and encouragement as they develop their professional experience.

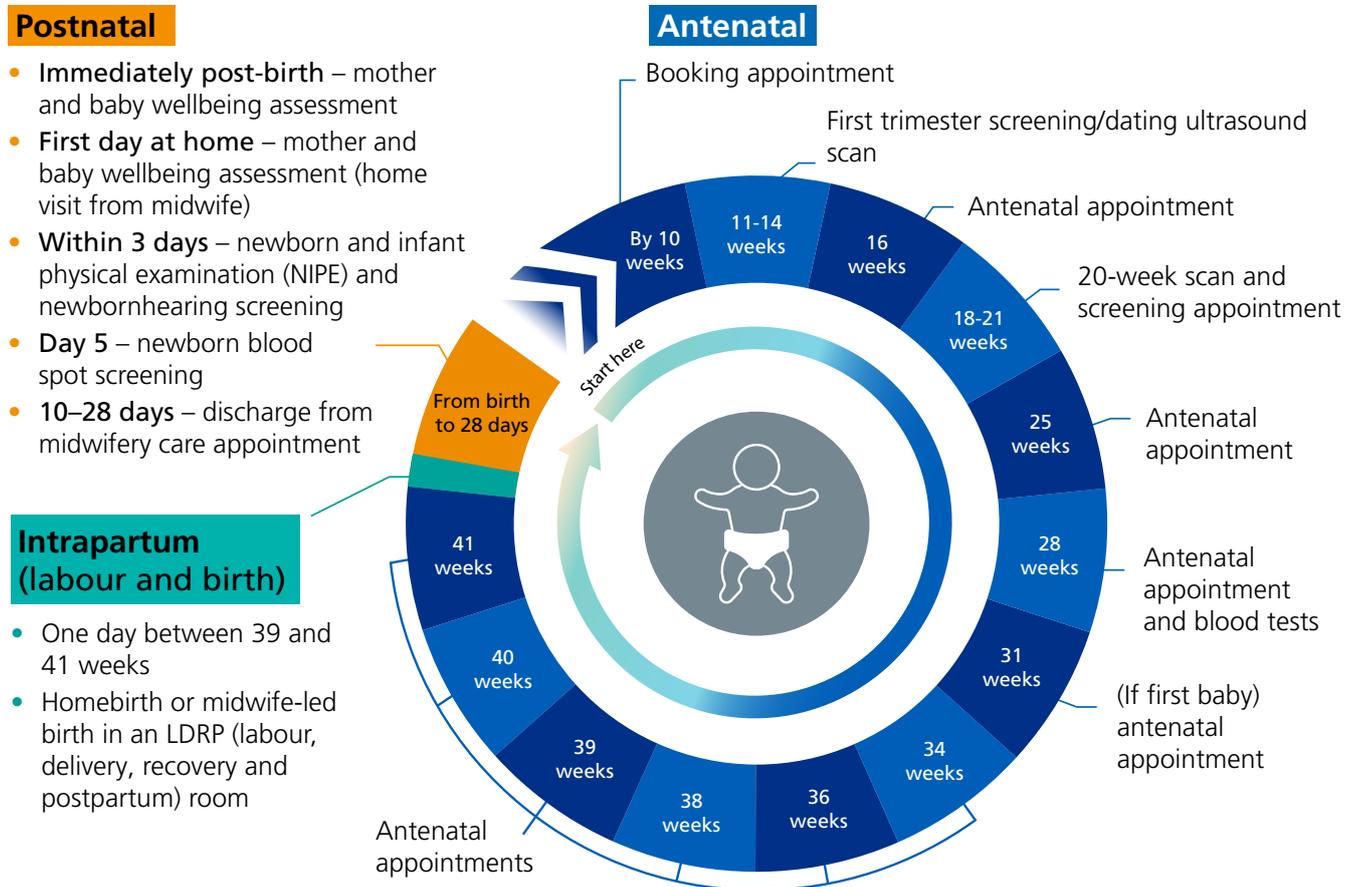
Locally, both trusts have successfully recruited more midwives. While this is great news, it's still vital that we deploy our staff in the way that makes the best use of their time, and gives them the varied experience they need to grow their skills – so they can provide the best care, and have the kind of fulfilling career that will encourage them to stay with the NHS.

Equity of care across the whole area – a lower number of births at the FMBUs meant on average, more midwife time per patient was given than at Royal Stoke University Hospital and Queen's Hospital, Burton. The proposal would make the ratios the same across all care offered.

Continuity of carer – by consolidating our workforce, we can work to provide continuity of carer – having support from the same team of midwives throughout pregnancy and after your baby is born – for the women who would benefit most from this kind of support. This would be women identified as particularly vulnerable, for example those with mental health support needs, or those experiencing deprivation.

Antenatal and postnatal care would continue at the FMBUs, as well as in the community and in hospitals. The diagram below shows how most of the care received during and after pregnancy is either antenatal (blue – from booking appointment to labour) or postnatal (orange – from birth to 28 days).

Routine care pathway for low-risk pregnancies



Disadvantages

There may be **travel implications** for those women eligible to give birth at County Hospital or Samuel Johnson Community Hospital, if they live close by and would have chosen to give birth there.

We carried out a detailed analysis of how the proposal could impact travel time to birthing services, covering several scenarios.

We did additional analysis of total travel time including urgent ambulance transfers from an FMBU to one of the main hospitals – which can happen if complications occur during labour or birth.

The analysis shows an impact on women who would be suitable to give birth at one of the FMBUs, and who would have chosen this option. Women living in Stafford would be impacted the most. For more detail, go to [page 17](#).

How we have come to this proposal

Over several years, we have been having conversations about our maternity services with our patients and staff.

Developing our local vision

Our **local maternity and neonatal system (LMNS) partnership** (for details see the glossary) has been leading conversations with our health and care partners – such as the trusts – to make sure we meet the needs of local people as well as the national aims for improving services.

Our **local vision** is to:

- Empower women, and their partners, by putting them at the centre of their care so they have the best support
- Design a service that supports women to access a team of midwives, who have worked with them to develop their own personal birth plan
- Provide a network of places where women can choose to have their care, that are high quality and safe, have the right staff skill-mix and also represent value for money
- Provide continuity of carer to the most vulnerable in our community during pregnancy, birth and beyond
- Make the best use of our staff, allowing them to maintain their skills, work more flexibly and really get to know the women and families they care for
- Develop and sustain a culture of safety which reduces inequalities in outcomes.

Working to tackle unequal outcomes

The **MBRRACE-UK Report (October 2023)** (npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/maternal-report-2023/MBRRACE-UK_Maternal_Compiled_Report_2023.pdf) looked at deaths of women during and up to six weeks after pregnancy, between 2019 and 2021.

It showed higher rates of deaths for women from black, Asian and mixed ethnic groups and those living in deprived areas.

We want to tackle the challenges that are leading to worse outcomes for mothers and babies from these groups. Every LMNS is working on an Equity and Equality Plan for how they will do this locally.

We are funding an Equality, Diversity and Inclusion Midwife (as a pilot project) to support our work in this area.

Listening to the experiences of women and families

The Staffordshire and Stoke-on-Trent **Maternity and Neonatal Voices Partnership (MNVP)** is a working group which plays an integral role in shaping maternity and neonatal care across Staffordshire and Stoke-on-Trent. The MNVP is made up of a team of women, birthing people and their families working with clinicians (like midwives, doctors and neonatal nurses), commissioners (like council staff) and community organisations to review and contribute to the development of local maternity and neonatal care.

The MNVP is passionate about improving the experiences of women and their families. Their role is to both listen to, and amplify, the voices of the local community and elevate the voices of diverse maternity service users in Stoke-on-Trent and Staffordshire.

Options appraisal and public involvement

We have been having conversations with the public around maternity services, and options for change over several years – before the temporary closure of the birthing service at the FMBUs.



Timeline of options appraisal and public involvement

2019

Changes to maternity services were part of a wider 'Case for Change' in 2019. A 12-week listening exercise reached more than 2,000 people.. Their views were fed into an **options appraisal process** – where clinicians and other stakeholders review possible proposals by testing them against essential criteria.

2020

- **January and February:** Focus groups were held with expectant mothers and staff.
- **March:** The options appraisal process and involvement paused due to COVID-19.

2021

Further listening exercises to understand if any new feedback needed to be considered since the pandemic. We asked questions on home birth services and potential new continuity of carer and on-demand models of care.

240 people responded to our survey and 28 people took part in the two online events we held. You can access the Report of findings and Summary report of findings from this ICB webpage: staffsstoke.icb.nhs.uk/our-work/transformation/maternity-transformation/review-of-maternity-services-2023

2023

Staffing pressures meant the trusts could not re-open FMBUs for births. The on-demand model previously considered was no longer viable (practical or possible).

- **July:** Case for Change submitted to NHS England and first assurance meeting held.
- **September:** Options appraisal – technical event to review the evidence, consider all possible proposals for birthing services, and develop a shortlist of viable proposals.
- **December:** Deliberative event for public and staff to hear the proposal, share views and ask questions. The Report of findings from this event includes some interviews with women who wanted to take part, but couldn't do so.

2024

The actions below are part of the **governance process**. Before a consultation is launched, this is a process to check that we are doing things correctly – such as looking at all the evidence, looking at the impacts of any change, and meeting our legal duties.

- **April:** The West Midlands Clinical Senate (WMCS) visited the maternity services at Royal Stoke University Hospital and Queen's Hospital. Later in the month, we held a meeting with the WMCS and presented our case for change.
- **October:** We held a second (stage 2) assurance meeting with NHS England. This resulted in further development work being planned and a final meeting to discuss proposed next steps.

2025

- **January and February:** Further discussions with NHS England.

Options appraisal process in 2023

In September 2023, a technical group of clinicians and managers met to review a shortlist of five proposals, which was extended to seven proposals (listed below) during the meeting. To see the advantages and disadvantages identified for each proposal, refer to the appendix.

- Reinstating the birthing service at both FMBUs
- Reinstating a single birthing service at one or other FMBU
- Implementing a single birthing unit at an alternative site (which would need to be identified)
- Implementing an on-demand model at both FMBUs
- Implementing an on-demand model at one of the FMBUs
- Implementing an on-demand model at an alternative site (which would need to be identified)
- Permanent closure of birthing service at County Hospital and Samuel Johnson Community Hospital.

The technical group checked each proposal against six essential criteria – these set out the most important questions we need to answer about whether a proposal is going to work.

- **Clinical sustainability** – can we provide good, safe services in the long term?
- **Strategic fit** – is the service change in line with the health system’s wider plans and aims?
- **Meeting the needs of the population** – would the service meet everyone’s needs?
- **Demand and capacity** – are there enough people wanting to use the service and enough staff to provide the service?

- **Workforce sustainability** – do we have, or can we provide enough staff with the right skills to keep the service going in the long term?
- **Estates** – are the buildings and sites suitable?

Having worked through the proposals, the group found that only the single proposal set out on [page 8](#) would be viable – meaning that it would be practical and possible to implement.

In December 2023, we held an online meeting for public and staff to hear the proposal, share views and ask questions. 28 people registered to join, 16 attended, and people who registered but didn’t attend were contacted afterwards and offered one-to-one interviews to gather their feedback.

You can read the [report of findings](#) (staffsstoke.icb.nhs.uk/~documents/route%3A/download/2344) from this event on the ICB website.

Why is there only one proposal?

We follow the latest guidance from NHS England, [Working in partnership with people and communities](#) (October 2022) (www.england.nhs.uk/long-read/working-in-partnership-with-people-and-communities-statutory-guidance), which includes NHS organisations’ legal duties and responsibilities for working with people during public consultations. This explains that “it is not appropriate to consult on options that are not genuinely under consideration or are **unviable or unrealistic**”.

We can only consult on **viable** proposals – we are not allowed to, and would not want to, ask you to spend your time considering proposals that are not practical or possible for us to implement.

Impacts of the proposal

Financial impacts

The proposal doesn't lead to any additional staffing or building costs, whereas re-opening the birthing service at the two FMBUs would need recruitment of extra midwives.

Since 2021, significant funding has gone into maternity services at both trusts to make sure they could safely staff the maternity departments at the two main hospitals – which has been achieved.

You can read more about the impact assessments in the Pre-Consultation Business Case. You can download this from the ICB website at: staffsstoke.icb.nhs.uk/midwife-led-birthing-units

Equality impacts

We carried out an Equality Impact Assessment in August 2024 to see how the proposal could affect people depending on age, ethnicity and disability.

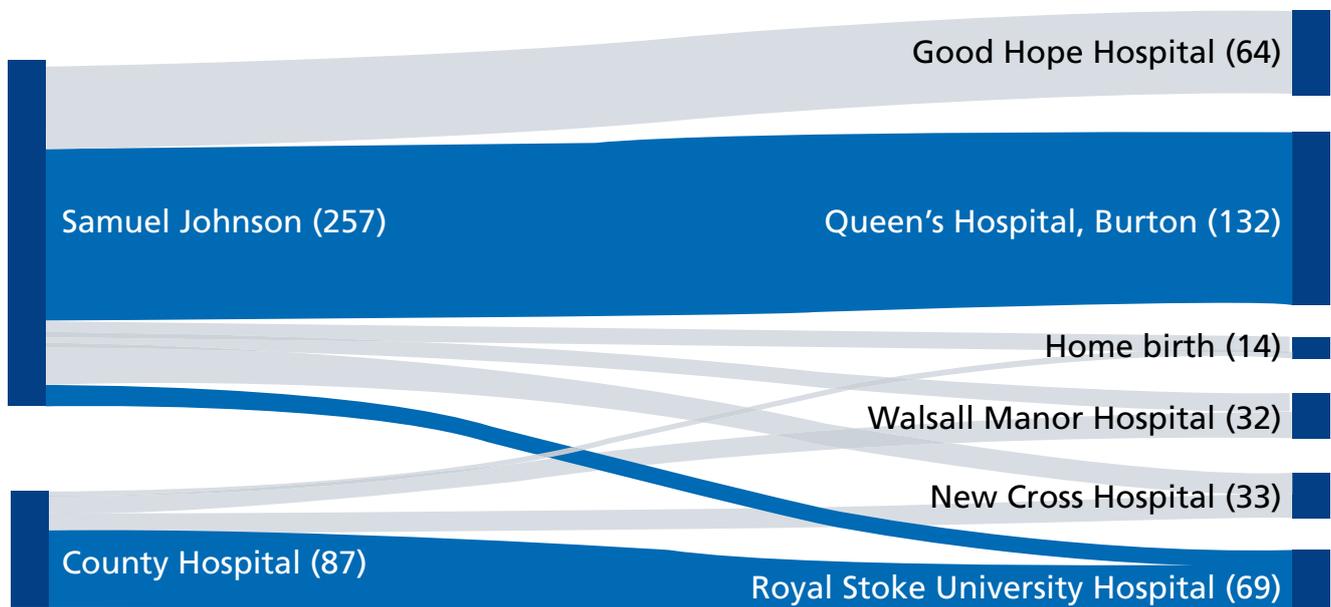
The assessment found neither a negative nor positive impact in these three cases, but there was a potential negative impact in terms of travel requirements (see below).

Travel impacts

We carried out a detailed analysis of how the proposal could affect the travel time to birthing services, covering several different scenarios. We did extra analysis of the total travel time for urgent ambulance transfers from an FMBU to one of the main hospitals – which can be needed when there are complications during the birth.

- **Actual time:** Time that women actually travelled from their home area to either County Hospital or Samuel Johnson Community Hospital.
- **Baseline:** With County and Samuel Johnson still open for births, this situation is based on travel time to the nearest maternity site within Staffordshire – either County, Samuel Johnson, Royal Stoke University Hospital or Queen's Hospital, Burton. This is assuming women travel to their nearest site, which was not always the case – in reality, some women decided to travel further to use County and Samuel Johnson.
- **Scenario 1:** All births that would have happened at County or Samuel Johnson, if open for births, move to the nearest site in Staffordshire – which would be Royal Stoke University Hospital or Queen's Hospital, Burton.
- **Scenario 2:** All births that would have happened at County or Samuel Johnson move to the nearest site – either within Staffordshire or to an external provider site if nearer.
- **Scenario 3:** All births that would have happened at County or Samuel Johnson move to the nearest site (Royal Stoke University Hospital, Queen's Hospital, Burton, or an external provider if the site has midwife-led care). In this scenario, it is assumed that women would only travel to midwife-led care outside Staffordshire if it was the nearest site, otherwise it is assumed they would travel to Stoke-on-Trent or Burton.
- **Scenario 4:** Re-allocation of births based on where people have actually given birth since the temporary closure of the birthing services at County and Samuel Johnson, including home births.

Scenario 4 is likely to represent the impact of the proposal most accurately. The diagram shows the births that would have happened at Samuel Johnson and County Hospitals 're-allocated' to hospitals within Staffordshire and Stoke-on-Trent (shown in **blue**) and outside the area (shown in **grey** – home births included here).



In this scenario, the average travel time would increase by 6 minutes compared to the **actual travel time**, or about 8 minutes compared to the **baseline**. Women in Stafford would be most affected, with travel time increasing by around 14 minutes compared to actual travel time.

However:

- The proposal affects a small number of births (around 340 each year) when compared to the overall number of births in services provided by University Hospitals of North Midlands and University Hospitals of Derby and Burton across their sites (around 15,000 each year)
- With the home birth service fully available again, women with suitable pregnancies would have this option (with no travel), as well as the option of midwife-led care at one of the main hospitals
- There would be no impact on travelling for antenatal or postnatal care, as these services would not be affected by the proposal
- Urgent transfers from the FMBUs would no longer be needed. In 2019/20, just over 1 in 3 women (32.3%) giving birth at Samuel Johnson Community Hospital had to be transferred to Queen's Hospital, Burton, and 1 in 10 women (10.3%) at County Hospital had to be transferred to Royal Stoke University Hospital.

For more detail, please see the Pre-Consultation Business Case. You can download this from the ICB website at staffsstoke.icb.nhs.uk/midwife-led-birthing-units - or call us if you are not able to go online.

Meeting the tests of service change

We followed a tried and tested process to develop our recommendation. This includes making sure that it met the five national tests set out by NHS England (NHSE).

Full details of the five national tests can be found in these NHSE documents:

- **Planning, assuring and delivering service change** (www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf) (see sections 5.1 to 5.4)
- **Addendum to Planning, assuring and delivering service change (May 2022)** (www.england.nhs.uk/wp-content/uploads/2018/03/B0595_addendum-to-planning-assuring-and-delivering-service-change-for-patients_may-2022.pdf)

Strong public and patient engagement

We have run several phases of public engagement, which you can see in the timeline on [page 15](#).

Need for patient choice

The NHS choice framework says women should be able to choose whether to give birth at home with the support of a midwife, within a midwife-led facility with the support of a midwife, or in a hospital with the support of a consultant-led maternity team.

The proposal would offer this choice. While recommendations for where to give birth depend on whether your pregnancy is assessed as low-risk or high-risk, the options of home birth, midwife-led care in hospital and consultant-led care would all be available in our area.

Clear clinical evidence base

We have worked with the trusts to make sure that the proposal is sustainable clinically and in terms of staffing. Our technical group reviewed the proposal against the six criteria shown on [page 16](#), which include clinical and workforce sustainability.

The ICB has presented a Pre-Consultation Business Case to NHS England. You can download this from the ICB website at staffsstoke.icb.nhs.uk/midwife-led-birthing-units. This sets out the main reasons in the clinical case for change. A key factor is the growing number of complex pregnancies in our area, as shown by the Birthrate Plus® assessments carried out by both trusts (see [page 9](#) for the numbers). This means that fewer women would be eligible to give birth in the FMBUs, because they would need to be in consultant-led care.

With this picture of growing numbers of higher-risk pregnancies, we want to make sure our midwives are supported to develop and maintain their skills to manage a more clinically complex workload and deliver high-quality, safe care.

Support from clinical commissioners

The ICB has worked closely with University Hospitals of North Midlands and University Hospitals of Derby and Burton throughout the options appraisal process. We have also kept the neighbouring ICBs informed. NHS Derby and Derbyshire ICB has confirmed their support for the proposal.

In April 2024, we presented the proposal to the West Midlands Clinical Senate, who also support the proposal. We held assurance meetings with NHS England in July 2023 and October 2024, with further discussions during January and February 2025.

Bed test

At the time of the temporary closure, there were no inpatient beds in the FMBUs. There were two rooms at County Hospital for labour, delivery, recovery and postpartum (LDRP), and three at Samuel Johnson Community Hospital.

We have modelled our proposals to make sure that the right number of low-risk LDRP beds would be available. There are four LDRP rooms at Royal Stoke University Hospital and two at Queen's Hospital, Burton. Both hospitals can use other delivery rooms to provide low-risk care as needed.



What is happening in this consultation?

The consultation will run from Monday 12 May 2025 to Sunday 3 August 2025.

About NHS consultations

Consultation is the process where:

- staff, patients, carers and other interested groups are given information about the work done so far, and any recommended proposal(s)
- the views of local people are gathered to inform decisions.

By law, the NHS must involve the public and local organisations when developing services or considering big changes to how they are provided. This legal duty is found in the NHS Act 2006, which was amended in the Health and Social Care Act 2012.

The Health and Care Act 2022 gives all health bodies a 'triple aim' duty. Together they must work for:

- ✓ better care for all patients
- ✓ better health and wellbeing for everyone
- ✓ sustainable use of NHS resources.

How can I share my views?

Complete our survey!

- You can do this online or ask us to send you a paper version
- An easy read survey is also available.

It's important to read this consultation document carefully before you answer the survey questions. There is an easy read version available in print or online. You can access the survey, easy read survey and easy read consultation document from this ICB webpage: staffsstoke.icb.nhs.uk/midwife-led-birthing-units.

Attend an event

- We'll be holding two online meetings – one during the day and one in the evening
- There will be drop-in events hosted with community groups
- There will be opportunities for face-to-face meetings, dates and venues to be confirmed.

We will add dates, times and venues of meetings on the ICB website: staffsstoke.icb.nhs.uk/midwife-led-birthing-units. Please do keep checking in case there are any changes. If you don't have internet access, call us on **0330 236 9061** for details, or email: ssotics.comms@staffsstoke.icb.nhs.uk.

What will you do with my feedback?

We will analyse all the survey responses we receive, together with the feedback we gather at meetings and events. All the findings will be included in a report and published on the ICB website.

The ICB Board will consider the report alongside the clinical and financial factors that they also need to look at. Your feedback will help inform their final decision.

The results of public consultation do not represent a vote or a referendum over any proposals for change.

Who is running this consultation?

NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) is legally responsible for this consultation. ICBs commission NHS services in their local area, from the NHS trusts and other bodies that provide them.

Who are we consulting?

Anyone who is interested can take part in this consultation.

To make sure we reach as many people as possible, we are working with:

- the Maternity and Neonatal Voices Partnership (MNVP) to engage with service users, families and carers
- Healthwatch and the voluntary sector to identify community and voluntary groups that we can attend and to support conversations with seldom-heard / under-represented communities
- Local councillors.

Other ways to take part and keep in touch

If you have additional feedback you would like to share, you are welcome to send this to us by email or write to:

**Communications and Engagement Team,
Bennett House, 2nd Floor East,
Town Road, Hanley, Stoke-on-Trent
ST1 2LD**

We will be monitoring social media during the consultation. Join the conversation on our channels:

X: [@staffsstokeicb](#)

Facebook: [StaffsStokeICB](#)

Instagram: [staffsstokeicb](#)

If you would like regular updates on our work on Maternity, email us at ssotics.comms@staffsstoke.icb.nhs.uk and we will add you to the mailing list.

Find out more

Visit our consultation involvement page to:

- Fill in our survey or easy read survey
- Access our easy read consultation document
- Find out details of meetings and events
- Download the Pre-Consultation Business Case, if you would like more detail about the reasons for the proposal and the process for reaching it.

staffsstoke.icb.nhs.uk/midwife-led-birthing-units

Accessible formats

If you need printed copies of the documents, need documents in different formats or languages please call us on **0330 236 9061**.

إذا كنت بحاجة إلى نسخ مطبوعة من الوثائق، أو إذا كنت بحاجة إلى الوثائق بتنسيقات أو لغات مختلفة، فالرجاء الاتصال بنا على **0330 236 9061**.

Ако Ви трябва копия от документите на хартиен носител, в различни формати или на други езици, моля, обадете ни се на телефон **0330 236 9061**.

Ha a dokumentum nyomtatott, más formátumú vagy nyelvű változatra lenne szüksége, kérjük, hogy hívjon minket a **0330 236 9061** es telefonszámon.

Ja Jums ir nepieciešamas izdrukātas dokumentu kopijas, dokumenti dažādos formātos vai valodās, lūdzu, zvaniet mums pa tālruni **0330 236 9061**.

Jej jums reikia atspausdintų dokumentų kopijų, dokumentų kitu formatu ar išverstų į kitas kalbas, skambinkite mums telefonu **0330 236 9061**.

यदि तपाईंलाई यस कागजातहरूका प्रिन्ट गरिएको प्रतिलिपिहरू चाहिएमा, कागजातहरूलाई फरक ढाँचा वा भाषाहरूमा चाहिएमा कृपया हामीलाई **0330 236 9061** मा सम्पर्क गर्नुहोला.

Jeśli potrzebne są wydrukowane kopie tych dokumentów, inny ich format lub język, proszę zadzwonić do nas pod numer **0330 236 9061**.

جے تہانوں کاغذاں پتران دیاں پرنٹ شدہ نقلان، کاغذاں پتران دی مختلف نمونیاں یا زبانان دے وچ لوڑ بیگی تے مہربانی کر کے **0330 236 9061** دے اُتے سانوں کال کرو۔

Dacă aveți nevoie de exemplare tipărite ale documentelor sau dacă aveți nevoie de documente în diferite formate sau limbi, vă rugăm să ne sunați la **0330 236 9061**.

اگر آپ کو دستاویزات کی پرنٹ شدہ نقول، دستاویزات کی مختلف نمونوں یا زبانوں میں ضرورت ہے تو براہ مہربانی **0330 236 9061** پر ہمیں کال کریں۔

Abbreviations and glossary

- **Antenatal care:** The care you receive while you are pregnant to make sure you and your baby are as well as possible.
- **Birthrate Plus® assessment:** The national tool used by the NHS for calculating midwifery staffing levels, based on data that has been collected over many years. It helps maternity services calculate how many midwives they need to deliver one-to-one care in labour, taking account of both the local birth rate and the complexity of the caseload.
- **Clinical Senate:** Advisory bodies that bring together clinical leaders in an independent group to give expert clinical advice and guidance to all parts of the healthcare system.
- **Consultant-led care / unit:** Where the maternity service is run by consultant obstetricians – senior specialist doctors – and there is access to anaesthetics and neonatal (newborn) care. You would be advised to give birth in consultant-led care if you have a high-risk pregnancy.
- **Continuity of carer model:** A way of delivering maternity care so that women receive dedicated support from the same team of midwives through their pregnancy.
- **Freestanding midwife-led birthing unit (FMBU):** ‘Freestanding’ means it is not in a larger hospital alongside consultant-led care.
- **Local maternity and neonatal system (LMNS):** The partnership of maternity and neonatal service providers, local authorities and the MNVP who work together to transform maternity services for Staffordshire and Stoke-on-Trent.
- **Maternity-led care / unit:** Where the maternity service is led by midwives. Some maternity-led care is in larger hospitals that also have consultant-led care.
- A ‘freestanding’ unit (FMBU) would be in a smaller hospital or clinic without the consultant-led support. Maternity-led care is suitable if you have a low-risk pregnancy. It’s preferred by some women because you can give birth in more relaxed surroundings and are less likely to have an intervention such as forceps or ventouse (vacuum delivery).
- **Maternity and Neonatal Independent Sector Advisor (MNISA):** This new senior role is being piloted to support women and families in England when they are involved in an investigation or complaint relating to their maternity care or their baby’s neonatal care.
- **Maternity and Neonatal Voices Partnership (MNVP):** A group of service users, staff and other stakeholders, who listen to the experiences of women and families and identify where improvements are needed in maternity and neonatal care.
- **Maternity team:** A maternity team is a group of healthcare professionals (such as midwives and consultants) who work together to provide comprehensive care for women and babies throughout pregnancy, childbirth, and the postnatal period.
- **Neonatal unit:** Provides special care for ill or premature babies.
- **Options appraisal process:** A series of events that helps NHS boards decide the best way to change their services. Final decisions are not taken during the process – instead, it provides recommendations that help to inform a final decision.
- **Postnatal care:** The care given to a mother and baby for the first six to eight weeks after the baby’s birth.
- **West Midlands Clinical Senate (WMCS):** See ‘Clinical Senate’.

Appendix

The technical group considered seven proposals. **Only one was considered viable** – this is to make permanent the temporary closure of the birthing services at the FMBUs in County Hospital, Stafford, and Samuel Johnson Community Hospital, Lichfield.

This appendix shows the seven proposals, with a table setting out the advantages and disadvantages of each.

Reinstatement of birthing service at County Hospital and Samuel Johnson Community Hospital

Advantages	Disadvantages
<ul style="list-style-type: none">• Choice of non-clinical setting to give birth is offered.• Less travel for those living close to the units who are eligible to use the units and who choose to give birth there.	<ul style="list-style-type: none">• Low number of women eligible and choosing to give birth at the units in the past.• 24/7 staffing of units means midwives can't support home births or other midwife-led units.• Due to low numbers of deliveries there is a possible under-utilisation of skilled, experienced midwives who cannot support in other areas of maternity care while working in the FMBU.• Women who develop complications would need to be transferred to a hospital unit either at Royal Stoke or Burton during labour. Under previous arrangements, County Hospital had two non-emergency, high dependency vehicles on site 24/7 to transfer women from the FMBU to Royal Stoke if they developed complications during labour. This service was removed some years before the temporary closure of the FMBU due to the very low use of these vehicles. If the FMBUs were to re-open, any transfer to an acute site would be through calling 999 and the waiting time for that ambulance would depend on the other calls they are responding to at that time.

Reinstatement of a single birthing service at one or other of the FMBUs

Advantages	Disadvantages
<ul style="list-style-type: none">• Choice of non-clinical setting to give birth is offered.• Less impact on staffing when compared to running two separate units.	<ul style="list-style-type: none">• Low number of women eligible and choosing to give birth at the units in the past.• 24/7 staffing of units means midwives can't support home births or other midwife-led units.• Due to low numbers of deliveries there is a possible under-utilisation of skilled, experienced midwives who cannot support in other areas of maternity care while working in the FMBU.• Women who develop complications would need to be transferred to a hospital unit either at Royal Stoke or Burton during labour. Under previous arrangements, County Hospital had two non-emergency, high dependency vehicles on site 24/7 to transfer women from the FMBU to Royal Stoke if they developed complications during labour. This service was removed some years before the temporary closure of the FMBU due to the very low use of these vehicles. If the FMBU were to re-open, any transfer to an acute site would be through calling 999 and the waiting time for that ambulance would depend on the other calls they are responding to at that time.

Implementation of a single birthing unit at an alternative site (that would need to be identified)

Advantages	Disadvantages
<ul style="list-style-type: none">• Choice of non-clinical setting to give birth is offered.• Less impact on staffing when compared to running two separate units.	<ul style="list-style-type: none">• Low number of women eligible and choosing to give birth at the units in the past.• 24/7 staffing of units means midwives can't support home births or other midwife-led units.• Due to low numbers of deliveries there is a possible under-utilisation of skilled, experienced midwives who cannot support in other areas of maternity care while working in the FMBU.• Women who develop complications would need to be transferred to a hospital unit either at Royal Stoke or Burton during labour. Under previous arrangements, County Hospital had two non-emergency, high dependency vehicles on site 24/7 to transfer women from the FMBU to Royal Stoke if they developed complications during labour. This service was removed some years before the temporary closure of the FMBU due to the very low use of these vehicles. If the FMBU were to re-open, any transfer to an acute site would be through calling 999 and the waiting time for that ambulance would depend on the other calls they are responding to at that time.

Implementation of an on-demand model at both FMBUs

Advantages	Disadvantages
<ul style="list-style-type: none">• Choice of non-clinical setting to give birth is offered.• Less impact on staffing when compared to running a 24/7 birthing unit. However, would likely need further recruitment beyond the current plans.• Midwives maintain their skills – delivering more births at home and midwife-led units.• They can also fully utilise their skills and experience to support other areas of maternity care where there are national recommendations, for example with women who are booked in for an induction of labour that should take place at 40 weeks plus 7 days.	<ul style="list-style-type: none">• Low number of women eligible and choosing to give birth at the units in the past.• The units are not staffed 24/7 so women may arrive before the community midwife on-call, or they may be under the impression there will always be midwives and other healthcare professionals available to support as it is located within a hospital.• This poses a governance risk to trusts who would be held accountable for incidents on the hospital premises.• Women who develop complications would need to be transferred to a hospital unit either at Royal Stoke or Burton during labour. Under previous arrangements, County Hospital had two non-emergency, high dependency vehicles on site 24/7 to transfer women from the FMBU to Royal Stoke if they developed complications during labour. This service was removed some years before the temporary closure of the FMBU due to the very low use of these vehicles. If the FMBUs were to re-open, any transfer to an acute site would be through calling 999 and the waiting time for that ambulance would depend on the other calls they are responding to at that time.

Implementation of an on-demand model at one or other of the FMBUs

Advantages	Disadvantages
<ul style="list-style-type: none">• Choice of non-clinical setting to give birth is offered.• Less impact on staffing when compared to running two separate birthing units. However, would likely need further recruitment beyond the current plans.• Midwives maintain their skills – delivering more births at home and midwife-led units.• They can also fully utilise their skills and experience to support other areas of maternity care where there are national recommendations, for example with women who are booked in for an induction of labour that should take place at 40 weeks plus 7 days.	<ul style="list-style-type: none">• Low number of women eligible and choosing to give birth at the units in the past.• The units are not staffed 24/7 so women may arrive before the community midwife on-call, or they may be under the impression there will always be midwives and other healthcare professionals available to support as it is located within a hospital.• This poses a governance risk to trusts who would be held accountable for incidents on the hospital premises.• Women who develop complications would need to be transferred to a hospital unit either at Royal Stoke or Burton during labour. Under previous arrangements, County Hospital had two non-emergency, high dependency vehicles on site 24/7 to transfer women from the FMBU to Royal Stoke if they developed complications during labour. This service was removed some years before the temporary closure of the FMBU due to the very low use of these vehicles. If the FMBU were to re-open, any transfer to an acute site would be through calling 999 and the waiting time for that ambulance would depend on the other calls they are responding to at that time.

Implementation of an on-demand model at an alternative site (that would need to be identified)

Advantages	Disadvantages
<ul style="list-style-type: none">• Choice of non-clinical setting to give birth is offered.• Less impact on staffing when compared to running two separate birthing units. However, would likely need further recruitment beyond the current plans.• Midwives maintain their skills – delivering more births at home and midwife-led units.• They can also fully utilise their skills and experience to support other areas of maternity care where there are national recommendations, for example with women who are booked in for an induction of labour that should take place at 40 weeks plus 7 days.	<ul style="list-style-type: none">• Low number of women eligible and choosing to give birth at the units in the past.• The units are not staffed 24/7 so women may arrive before the community midwife on-call, or they may be under the impression there will always be midwives and other healthcare professionals available to support as it is located within a hospital.• This poses a governance risk to trusts who would be held accountable for incidents on the hospital premises.• Women who develop complications would need to be transferred to a hospital unit either at Royal Stoke or Burton during labour. Under previous arrangements, County Hospital had two non-emergency, high dependency vehicles on site 24/7 to transfer women from the FMBU to Royal Stoke if they developed complications during labour. This service was removed some years before the temporary closure of the FMBU due to the very low use of these vehicles. If the FMBU were to re-open, any transfer to an acute site would be through calling 999 and the waiting time for that ambulance would depend on the other calls they are responding to at that time.

Permanent closure of birthing service at County Hospital and Samuel Johnson Community Hospital

Advantages

- Women would continue to receive most of their antenatal and postnatal care within the units.
- Staff-to-patient ratios would be the same across all units.
- Midwives can support the homebirth services and midwife-led units.
- They can also fully utilise their skills and experience to support other areas of maternity care where there are national recommendations, for example with women who are booked in for an induction of labour that should take place at 40 weeks plus 7 days.
- Women who develop complications would no longer need to be transferred to a hospital unit during labour.

Disadvantages

- There may be travel implications for women who are eligible to give birth at County Hospital or Samuel Johnson, who live close to the units and who would have chosen to give birth there.



