



# Our idea for changing birthing services in Staffordshire and Stoke-on-Trent

# What is this about?



We are the NHS in Staffordshire and Stoke-on-Trent.

In this booklet, we talk about:



- **Maternity services**, which look after women when they are pregnant and giving birth, and after the baby is born.



- **Midwives**, the main healthcare professionals who give this care.



- **Consultants**, who are specialist doctors.



- **Clinicians**, meaning healthcare staff, including midwives and doctors.



We want to tell you about our idea for a change in our services for giving birth.



It would change the number of places where women with **low-risk** pregnancies would be advised to give birth. We explain **low-risk and high-risk pregnancy** on the next page.

# What are high-risk and low-risk pregnancies?



Examples of **low-risk pregnancies** are when:

- the woman has been well all through pregnancy
- there is only 1 baby, not twins or triplets
- the baby is not born early (before 37 weeks) or late (after 42 weeks).



**High-risk pregnancies** can have a number of reasons. For example, if the woman:

- had a problem like diabetes or high blood pressure before she was pregnant, or a problem like this starts while she is pregnant
- is having twins or triplets
- is younger than 17 or older than 35.

# How does this affect where you can give birth?



A woman with a high-risk pregnancy is more likely to need medical help during birth.



To have the safest birth, she will have care from consultants (**consultant-led care**).



A woman with a low-risk pregnancy has more recommended choices for where to give birth.

She can choose consultant-led care or midwife-led care.

## Midwife-led care in bigger hospital



Some **midwife-led care** is given in bigger hospitals that also have consultant-led care.

## Freestanding midwife unit

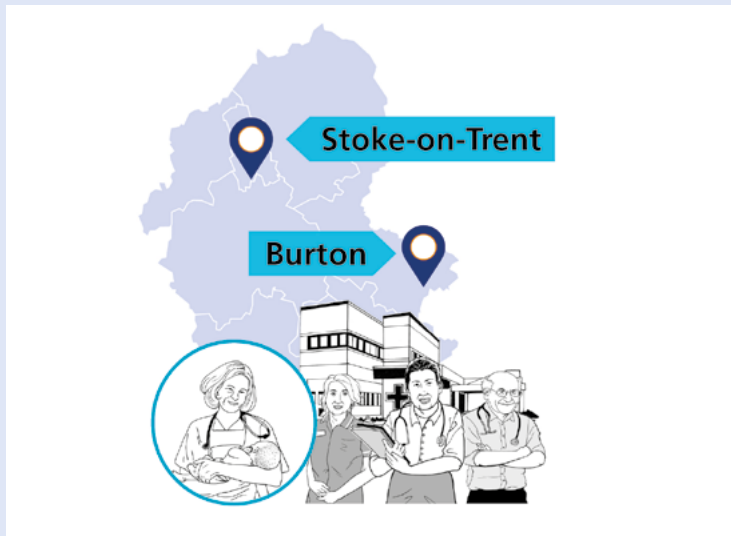


Others are **freestanding midwife-led birthing units** which we will call **FMBUs** in this booklet. These are usually in smaller community hospitals.



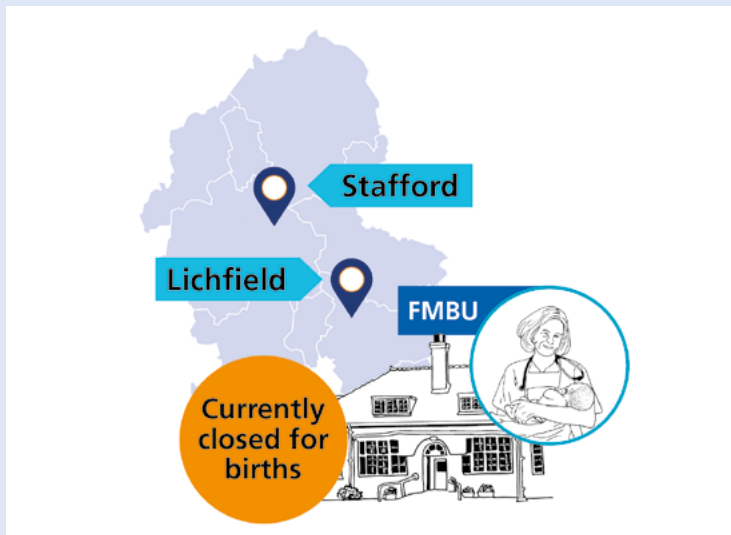
Some women choose to give birth at home (**home birth**).

# Our local birthing services now



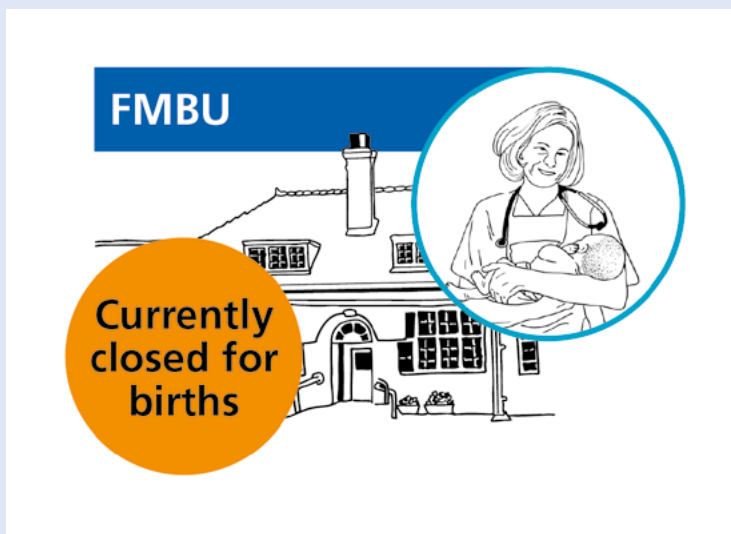
In our area, most women give birth in our bigger hospitals, which give consultant-led and midwife-led care:

- Royal Stoke University Hospital
- Queen's Hospital, Burton.



We have 2 FMBUs, at:

- County Hospital, Stafford
- Samuel Johnson Community Hospital, Lichfield.



The FMBUs closed for births in 2020 when many people were ill with COVID-19. This was meant to be a short-term closure, to make sure there were enough midwives in the bigger hospitals.



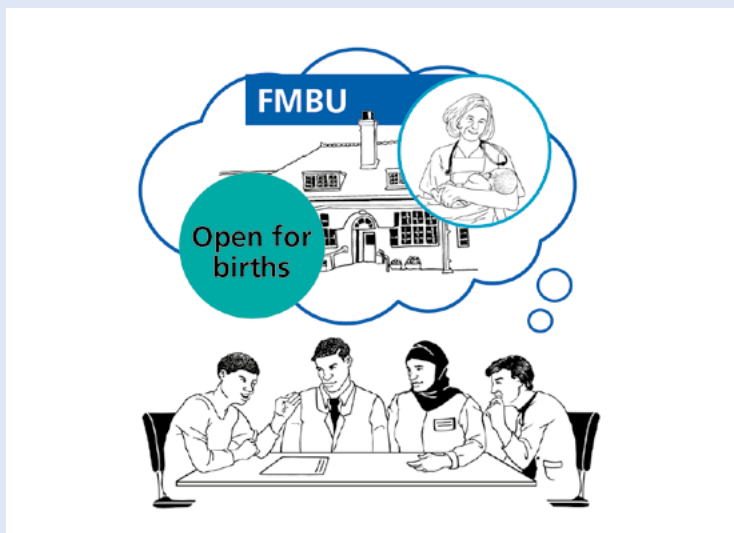
The 2 NHS trusts that run the FMBUs looked at opening them again for births. But they did not have enough midwives to do this safely.



For the same reason, the home birth service was often not available between 2020 and 2024.



The trusts have been finding more midwives to work for them. This has not been easy, because of a shortage of trained midwives across the country.



We have been thinking about whether we can open the FMBUs for births again.

# FMBUs: What we needed to think about

## How many babies were born in the FMBUs?

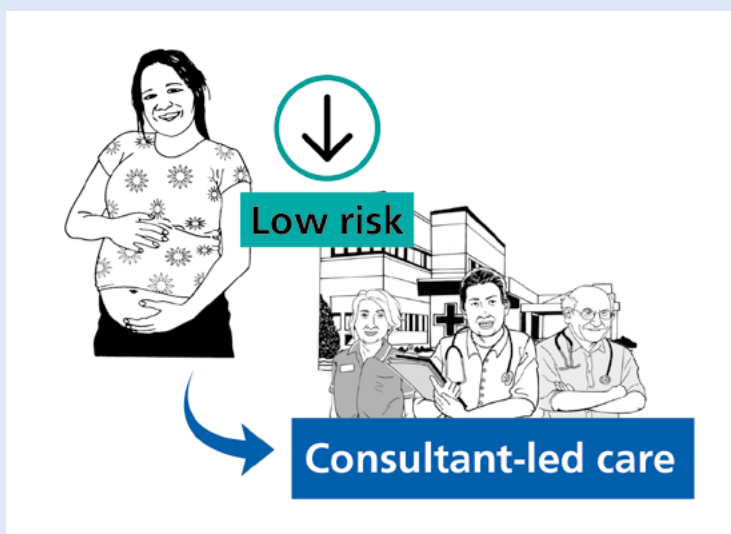


In our area, not many babies were being born in the FMBUs. Most women give birth with consultant-led care in our bigger hospitals.



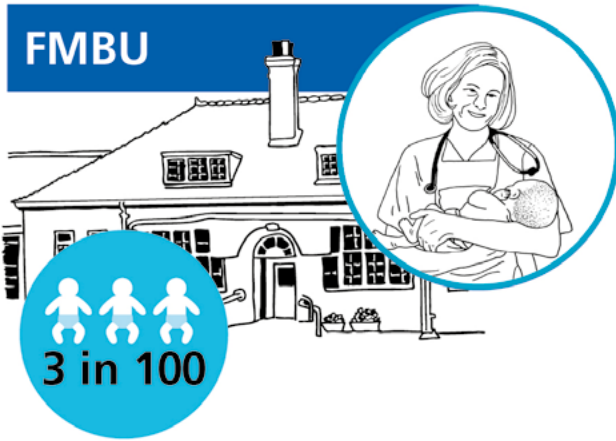
This is because:

- Lots of women have medium or high-risk pregnancies. This means they might need medical help during birth.



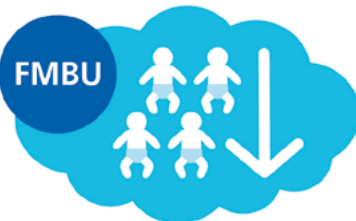
- Some women with low-risk pregnancies choose to give birth at the bigger hospitals instead of an FMBU or being at home.

FMBU



During the last year they were open for births, fewer than 3 in 100 babies were born in the local FMBUs.

## If the FMBUs were open again, might more babies be born there?



It is more likely the number of babies born in FMBUs would go down, compared with before.



Low risk



High risk

This is because:

- The number of high-risk pregnancies is going up
- The number of low-risk pregnancies is going down.

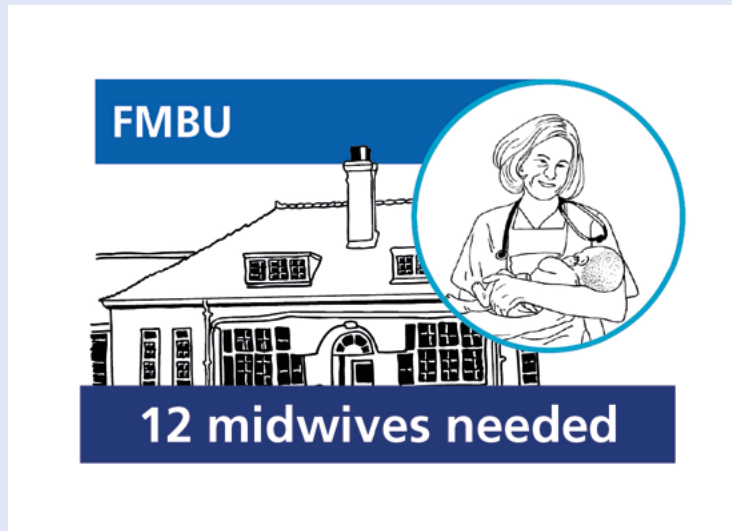


For example, in one of our NHS trust areas in 2022, less than 1 in 5 pregnancies were low-risk. This is lower than 7 years ago, when 1 in 3 were low-risk.

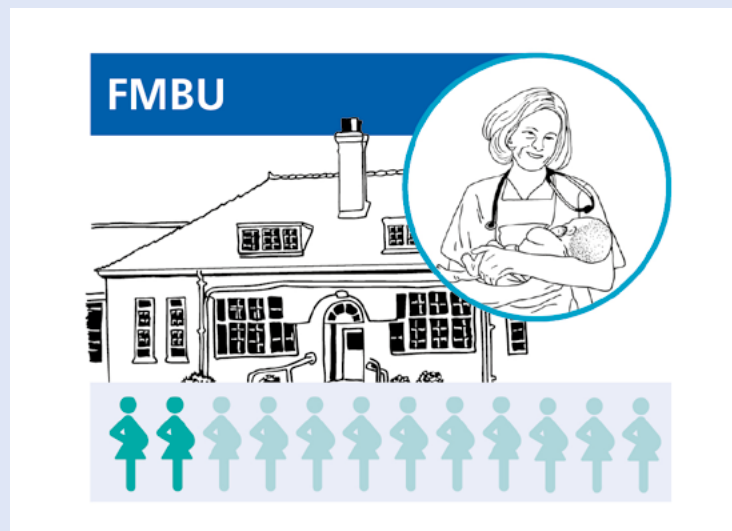


This means fewer women would be advised that an FMBU is a good choice for them.

# How many midwives do we need to run the FMBUs?



We would need 12 full-time midwives in each FMBU, to keep the birth service running 24 hours a day, every day.



If the number of babies born in FMBUs is low, the midwives there would not be helping many women to give birth.



It is important that we have enough midwives, so that services are safe.

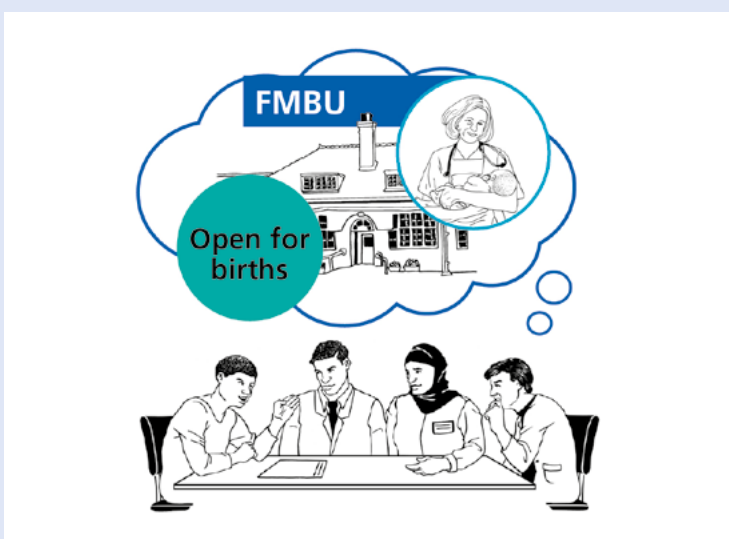


It is important that midwives help lots of women to give birth, so that the midwives have the right experience and skills.



If the number of babies born in FMBUs is low, midwives working there may not get enough experience.

## What we need to decide



We need to decide if it is practical and possible to open the FMBUs for births again.



We need to know if doing this would make the best use of our midwives' time.

## Our idea about the FMBUs



Since 2019, we have asked the public questions about our maternity services, through surveys and meetings.



We asked people to tell us their views about:

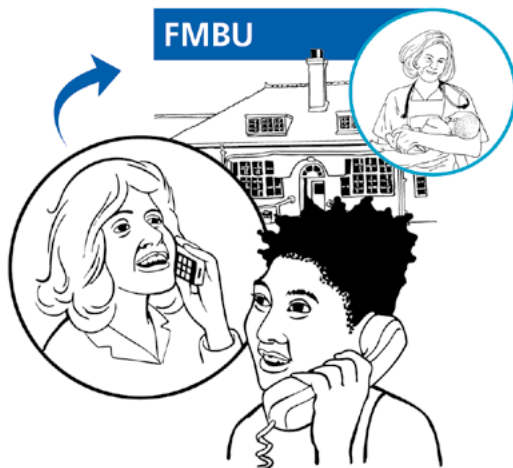
- how good or bad our services were
- giving birth at home.



In 2021, we also asked about 2 ideas for new ways of working:



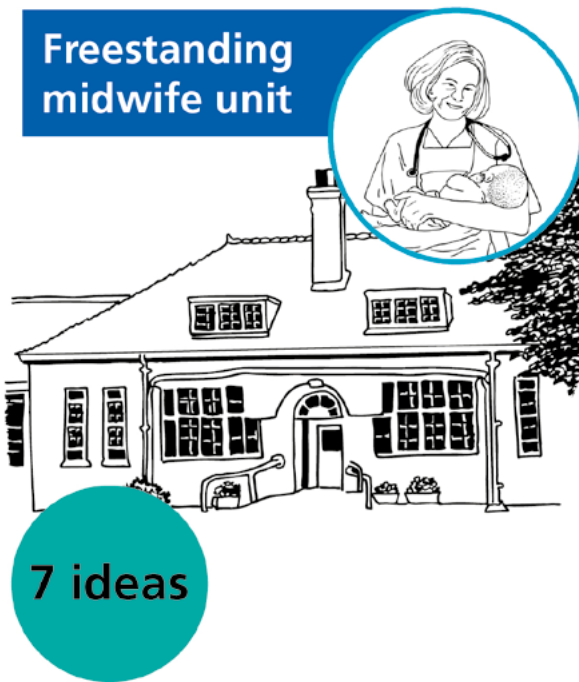
1. **Continuity of carer**, which is when a woman has the same team of midwives all the way through pregnancy. The midwives would know about her health and her birth plan.



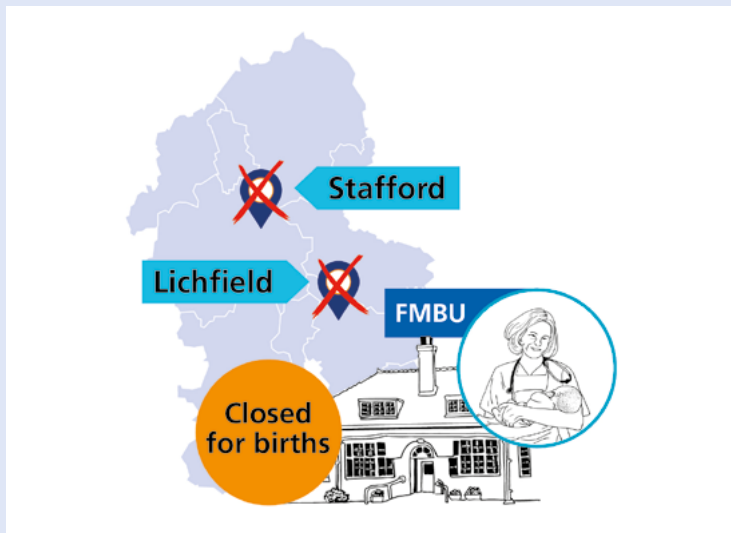
2. Having an **on-demand service** at the FMBUs, which would mean that midwives would not be there all the time. They would only be there when needed for a birth.



A group of NHS clinicians and managers made a list of 7 ideas for what to do about FMBUs:

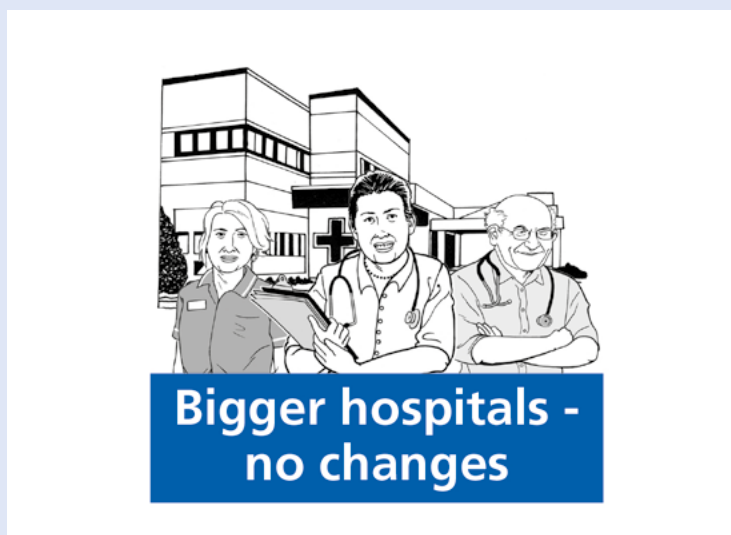


- Reopen both FMBUs for births
- Reopen 1 FMBU for births
- An on-demand service at both FMBUs
- An on-demand service at 1 FMBU
- Close both FMBUs for births
- Open 1 new FMBU in a different place
- An on-demand service at 1 new FMBU in a different place.

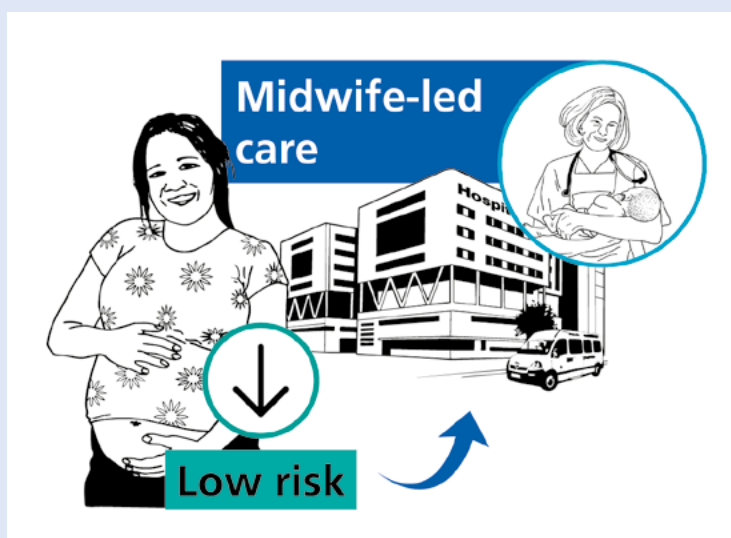


After discussing the different ideas, the team of clinicians and managers recommended that only 1 is practical and possible. **This is to close both FMBUs for births.**

## What does this mean for me, if I am pregnant?



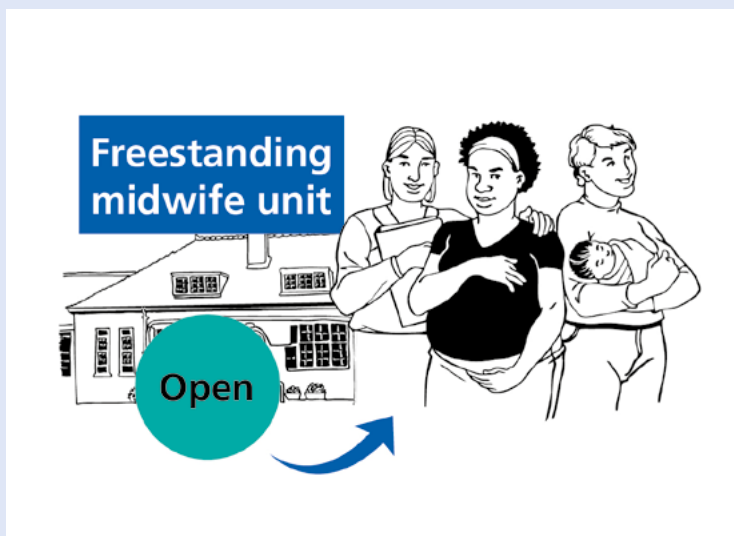
There would **not** be any changes to consultant-led care or midwife-led care at Royal Stoke University Hospital or Queen's Hospital, Burton.



You could still choose midwife-led care at one of those hospitals.

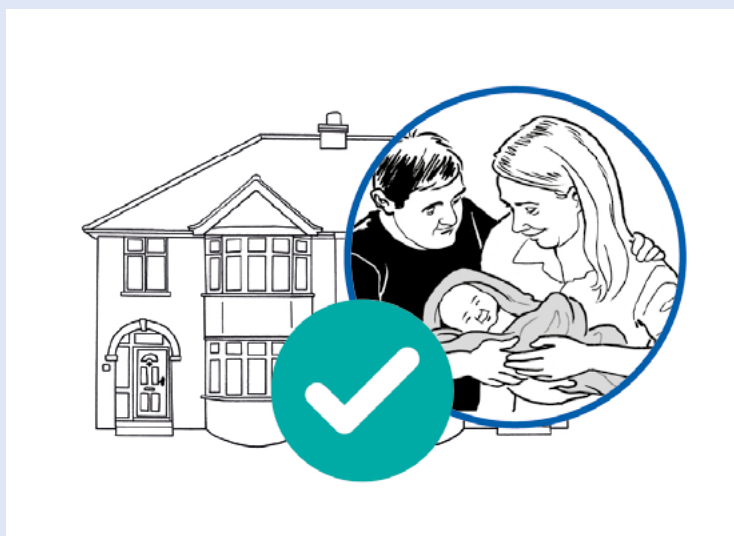


The consultant area is nearby, so you could get specialist help quickly in an emergency.



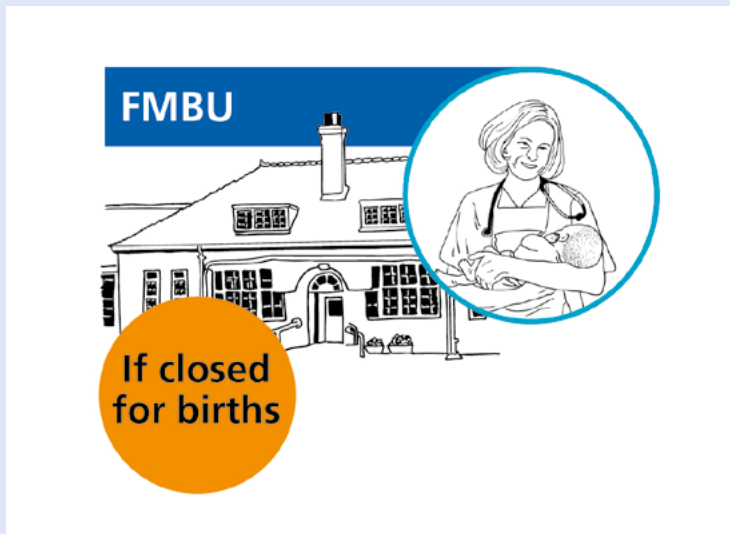
If you live near an FMBU, they would still be open for your:

- **antenatal** care (during pregnancy)
- **postnatal** care (after your baby is born).

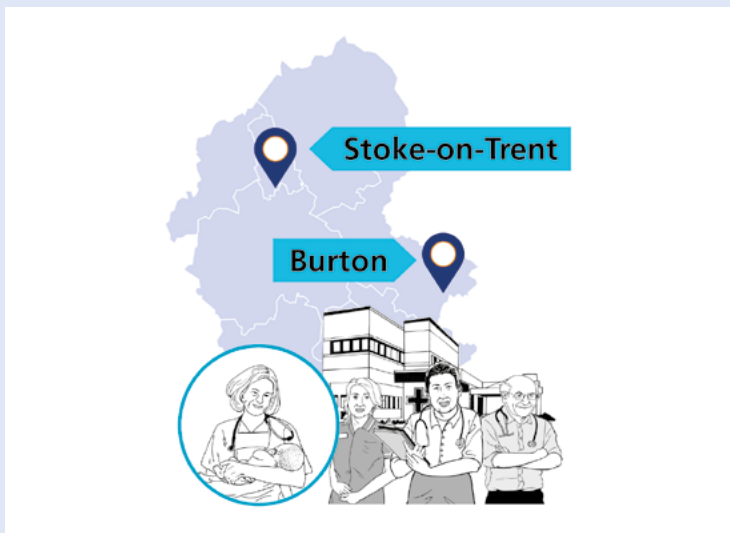


Home birth services are available again, if this option would be right for you.

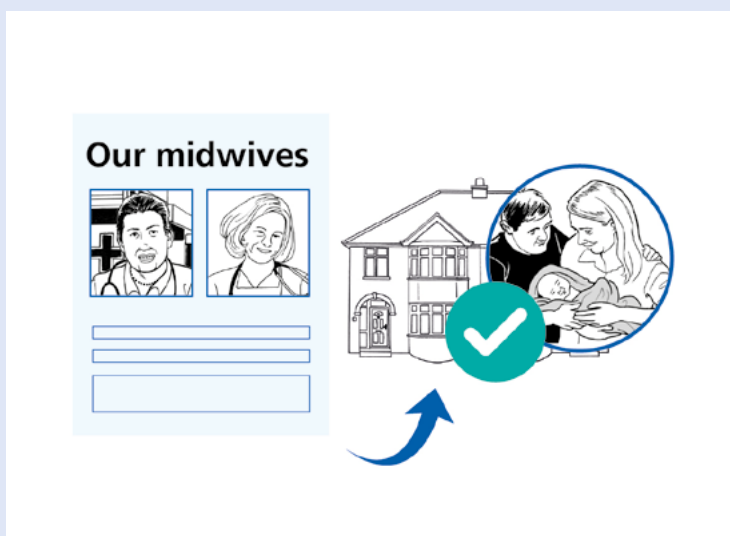
# FMBUs closed for births – what would be good or bad about this?



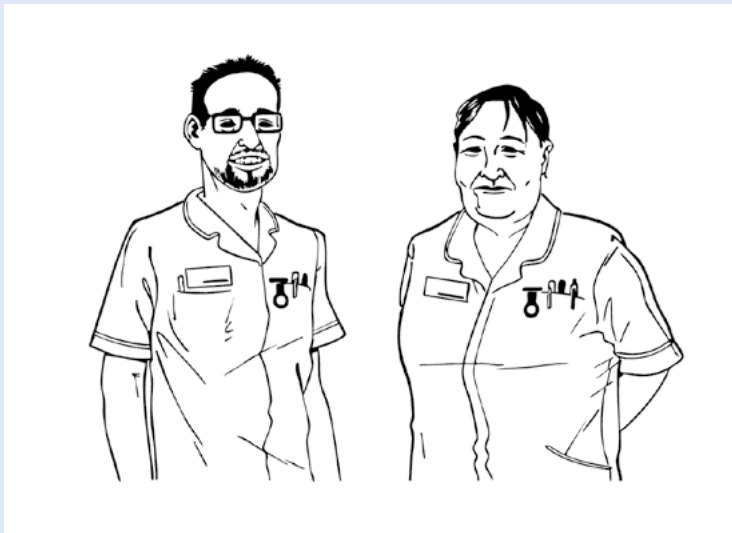
If midwives were not needed to help with births at the FMBUs:



- ✔ It would help us keep on providing enough trained, experienced midwives for safe staffing in our bigger hospitals.



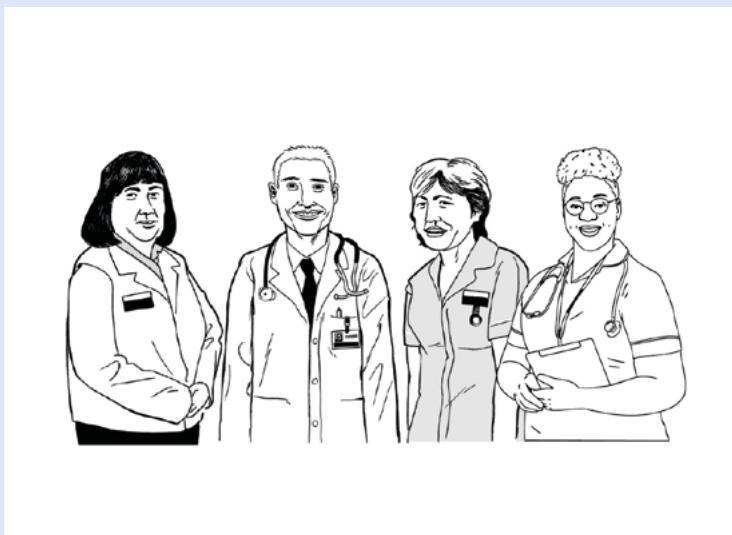
- ✔ Midwives could help with more home births.



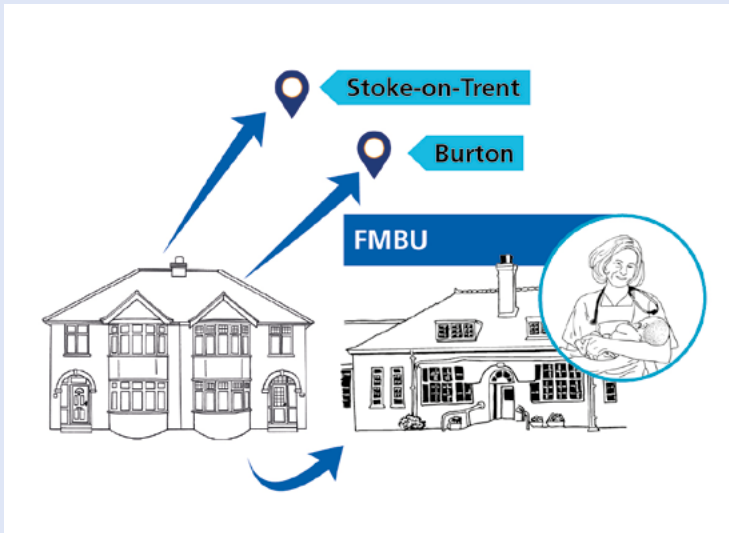
- ✔ It would help us introduce continuity of carer for the women who most need this type of support. This is already in place at Queen's Hospital, Burton.



- ✔ Midwives working in the bigger hospitals would get lots of experience from helping with different types of births.



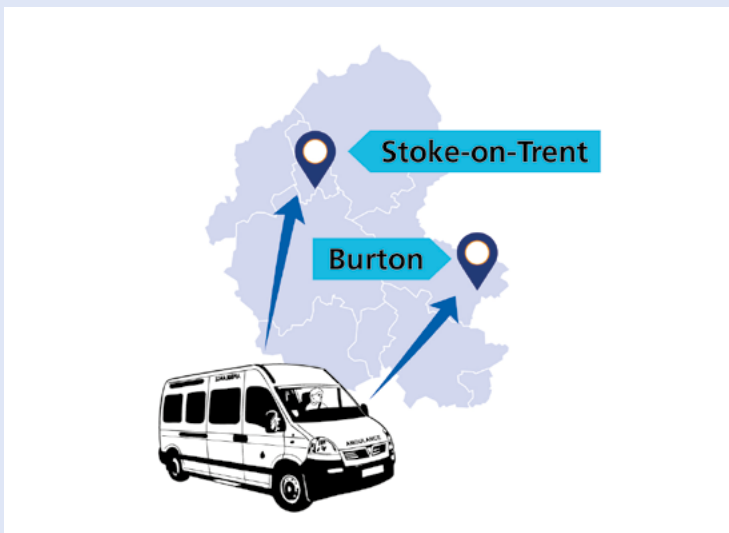
- ✔ New midwives working in the bigger hospitals would be part of a team who can support them while they learn.



❌ Women who live near the FMBUs and wanted to give birth there would have to travel further if they went to Royal Stoke University Hospital or Queen's Hospital, Burton instead.

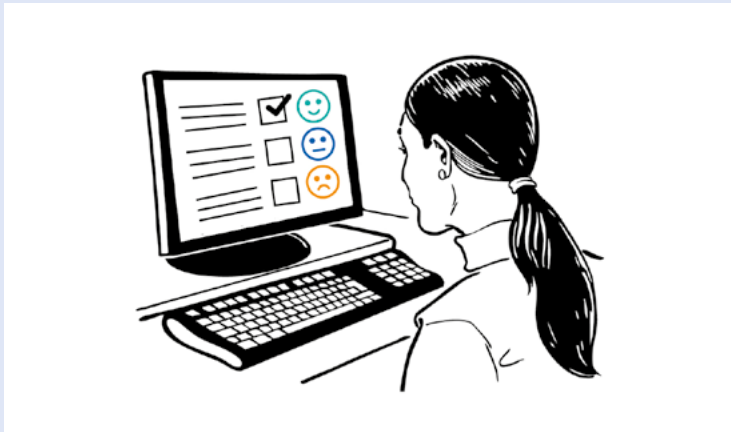


✅ But if something does not go to plan, and you need extra support, you could get specialist help quickly at these hospitals.



If something does not go to plan at an FMBU, and you need extra support, you would have to go by ambulance to another hospital.

# How can I give my views?



You can fill in our survey about the FMBUs until **Sunday 3 August 2025**. You can find a link to our survey on this web page: [staffsstoke.icb.nhs.uk/midwife-led-birthing-units](https://staffsstoke.icb.nhs.uk/midwife-led-birthing-units)



You can come to a meeting – either online or face-to-face.



You can find out the times, dates and places on this web page: [staffsstoke.icb.nhs.uk/midwife-led-birthing-units](https://staffsstoke.icb.nhs.uk/midwife-led-birthing-units)



If you need more information, or help with filling in the survey, please contact us.

Call **0330 236 9061**

Email [csu.involvement@nhs.net](mailto:csu.involvement@nhs.net)



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