

Reviewing proposals for birthing services at the freestanding midwife-led birthing units

Report of findings from deliberative event held 6 December 2023

Report produced January 2024



Contents

This report presents the findings from the Maternity deliberative event held on Wednesday 6 December 2023.

The purpose of the event was to:

- Give an overview of the birthing services at the freestanding midwife-led birthing units (FMBUs) and the proposal for the case for change
- Talk about how the proposal was developed and any challenges faced
- Gather feedback from participants about their own experiences, and about the recommended proposal.

Copies of the information packs shared with participants ahead of the event and the slide pack used on the day are available on request. All proposals were discussed at the event, including the advantages and disadvantages of each.

Structure of this report of findings

- Background and objectives
- Engagement approach
- Demographic profiling
- Summary of feedback on the three questions asked
- Summary of findings
- Appendix 1 – feedback gathered after the event

Background and objectives

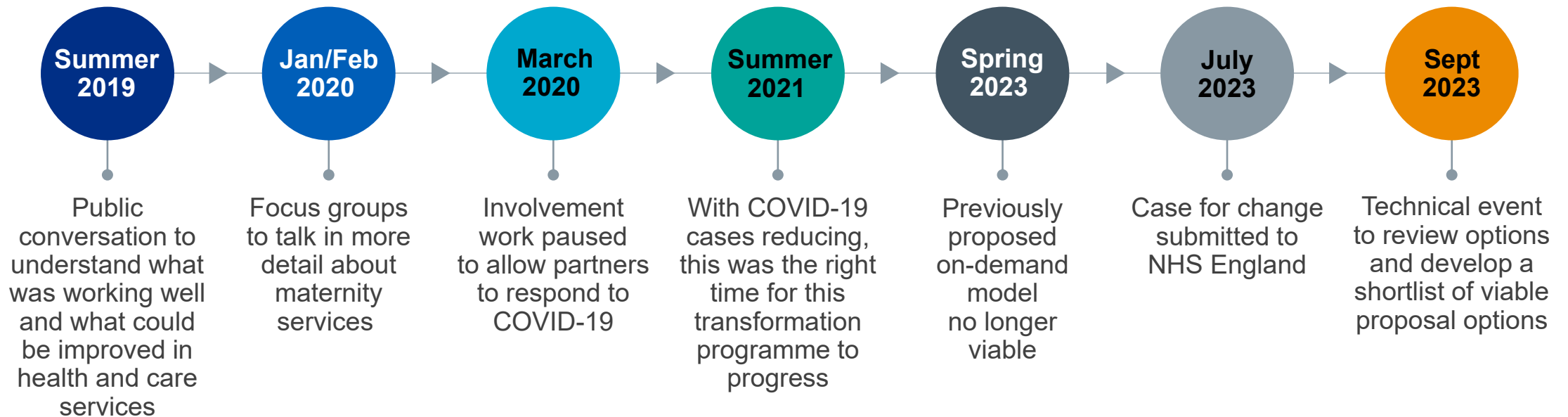


Background to the workshop

Over the past few years, Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) has been working to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.

During this time, our maternity services have been reviewed. This report of findings will be reviewed by the Maternity Service Change Steering Group to help inform proposal development and the subsequent business case that will go through NHS England assurance processes.

A summary of the engagement that took place before the deliberative event in December 2023:



The proposal

The technical group recommended that only one proposal is viable: **to make permanent the temporary closure of the birthing service at the freestanding midwife-led birthing units (FMBUs) at County Hospital (Stafford) and Samuel Johnson Community Hospital (Lichfield).**

The proposal needs to be considered alongside the [maternity clinical model](#):

- No change to the provision of consultant-led services
- Midwifery-led care would continue to be offered at Royal Stoke University Hospital and Queen's Hospital, Burton – alongside consultant-led units
- Reintroduce and grow homebirth services
- Develop and grow a continuity of carer model for the most vulnerable in the county
- Antenatal and postnatal care will continue at the FMBUs.

Advantages and disadvantages of the proposal to make permanent the closure of birthing services at County Hospital and Samuel Johnson Community Hospital

Advantages	Disadvantages
<ul style="list-style-type: none">• Women would continue to receive the majority of 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• Patients who develop complications would no longer need to be transferred to a hospital unit during labour.	<ul style="list-style-type: none">• There may be travel implications for women who are eligible to give birth at County Hospital or Samuel Johnson Community Hospital, who live close to the units and would have chosen to give birth there• Requires the reinstatement of homebirth services to ensure full patient choice is offered.


Meeting and engagement approach

- The deliberative event was held online, via **Microsoft Teams**
- Participants registered in advance with an **online registration form** – which included **demographic profiling questions**
- The workshop began with all participants viewing a **presentation**. Participants were then split into smaller **breakout groups** to allow detailed discussion
- Feedback and comments were collated on a '**Jamboard**' during the event. This is like a virtual 'flipchart' with sticky notes where participants can add their feedback directly to the board in real time.

Jamboard:



Online registration form:



Maternity deliberative event registration form

Our **freestanding midwifery birthing units (FMBUs)** are units at County Hospital, Stafford, and Samuel Johnson Community Hospital, Lichfield, where women with low-risk pregnancies could choose to give birth.

The two FBMUs were closed for births during the COVID-19 pandemic, to ensure safe staffing at the consultant-led and midwife-led units at Royal Stoke University Hospital and Queen's Hospital, Burton.

Both the Trusts that run the FBMUs are providing antenatal and post-natal care at

Background of people who registered and attendees



Registrants

28 people registered to attend the event

- **9** patients or members of the public
- **17** representatives from NHS trusts
- **12** representatives from voluntary organisations and charities



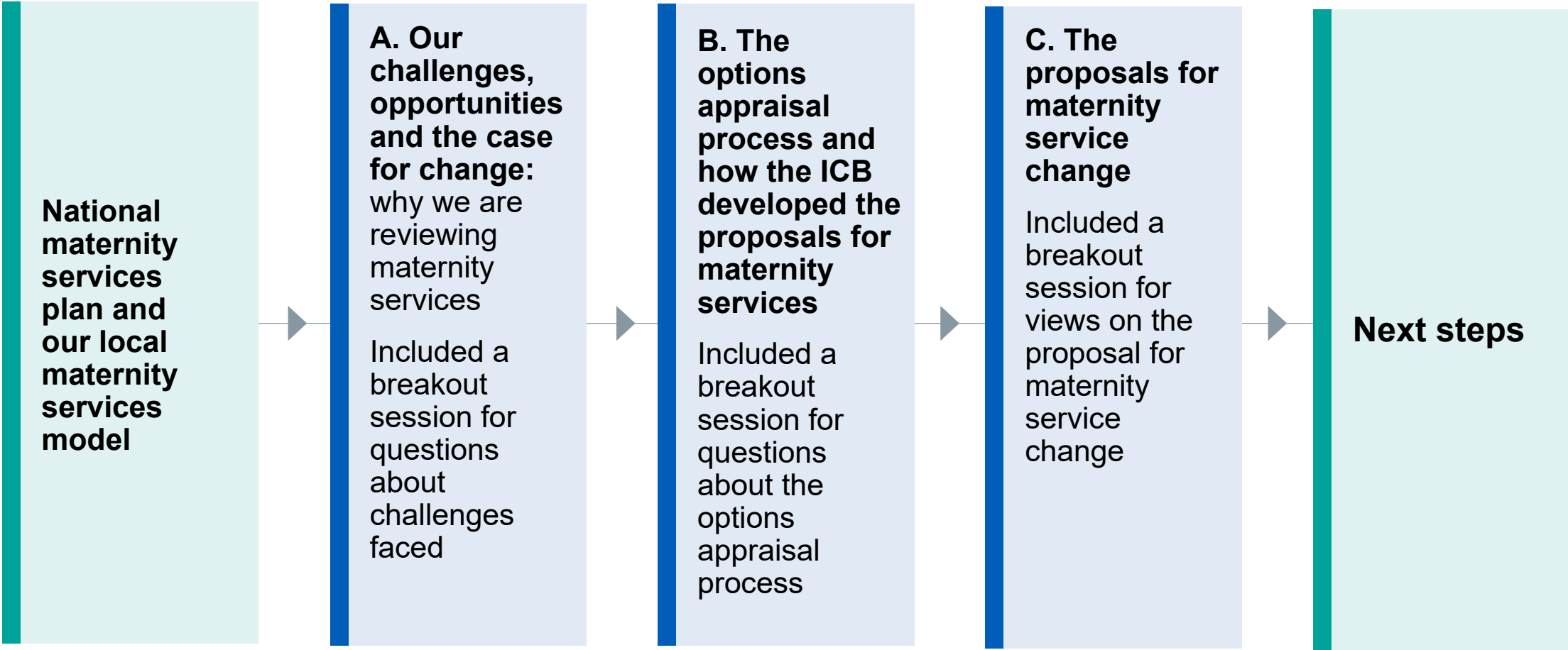
Attendees

16 people took part in the event

- **3** patients or members of the public
- **7** representatives from NHS trusts
- **6** representatives from voluntary organisations and charities

Those who registered but did not attend were contacted to arrange a one-to-one telephone interview to gather their feedback.

Structure of the event



Objectives of the event



To discuss **why** the ICB is reviewing its maternity services and go through the **challenges** faced



Explain more about **how** the proposal was developed and **why** it is recommended that there is only **one viable proposal**



Getting **feedback on the proposal** for birthing services at the FMBUs

Demographic profiling



Demographic profiling – meeting participants



Ethnicity

- **1 (8%)** from a mixed/multiple ethnic group: white and black Caribbean
- **12 (92%)** white: British



Age

- **1 (8%)** under 30
- **3 (23%)** 30-39
- **8 (62%)** 40 or over



Sex

- **10 (77%)** female
- **2 (15%)** male



Relationship status

- **1 (8%)** live with partner
- **9 (70%)** married
- **2 (15%)** single



Sexual orientation

- **12 (92%)** heterosexual



Carer

- **None** of the respondents were carers



Religion

- **7 (54%)** Christian
- **4 (31%)** had no religion



Pregnancy

- **None** of the participants were currently pregnant



Maternity

- **2 (15%)** had or their partner had given birth in the last six months



Disability or long-term condition

- **1 (8%)** had an invisible condition
- **11 (85%)** did not have any conditions or disabilities that impacted their day-to-day life



Armed forces

- **None** of the respondents had served in the armed forces

*Base 13

This information is based on the 13 people who completed the registration form and attended the event. 3 of the 16 attendees did not complete the registration form.

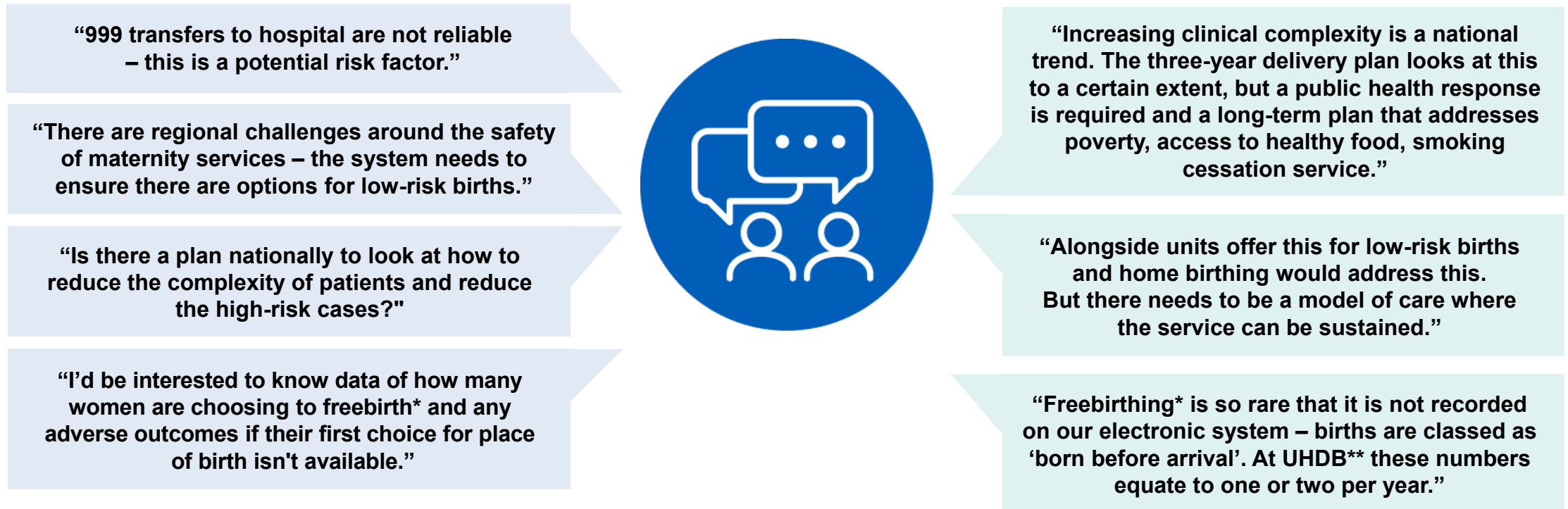
Our challenges, opportunities and the case for change

Responses from breakout session on questions about challenges faced



Questions and responses

Participants viewed a presentation on the national strategy and process, the current situation, and the recommended proposal for maternity service change. Their questions relating to the challenges faced are on the left, and some responses from the NHS team are on the right.



*Freebirth: choosing to birth your baby without medical or midwifery assistance

**UHDB: University Hospitals of Derby and Burton NHS Foundation Trust

The options appraisal process and how the ICB developed the proposals for maternity services

Responses from breakout session for questions about the options appraisal process



Questions and responses

Participants viewed a presentation on the options appraisal process and how the ICB developed the proposals for maternity services. Their questions are on the left, and some responses from the NHS team are on the right.

**“What will the appraisal process be?
How is continuity of care affected and
how can this be looked at?”**

**“What concerns have been raised in CQC
reports about safety ratings?”**

“Why are we seeing FBUs* closing down?”



“Plans were made to implement continuity of care at UHNM but had to be paused after the Ockenden review. We are still working to get a full staffing complement in place to reach the required level of birthing standards, but resources currently don’t permit this. UHDB*** have this in place for the most vulnerable patients and are aiming to expand the cohort this is rolled out to.”**

“There are low numbers of people using FBUs; this may be because the model is opt-in and not opt-out. 17% of pregnancies could go to a FBU but we didn’t see these kind of numbers coming through the doors, despite our promotion of the units.”

*FBUs: Freestanding birthing units – another name for FMBU

**UHNM: University Hospitals of North Midlands NHS Trust

***UHDB: University Hospitals of Derby and Burton NHS Foundation Trust

The proposals for maternity service change

Responses from breakout session for views on the proposal for maternity service change



Questions about the proposal

Participants were asked the following questions for their views on the proposal for maternity service change:



- 1** To what extent do you think this proposal is a good solution?
- 2** Are there any groups that you think may be disadvantaged by this proposal?
- 3** Do you think there are any alternative proposals we should consider?

1. To what extent do you think this proposal is a good solution? (1/3)

Key themes



Maintaining the competency and skill set of midwives is important



Care offered should be personalised regardless of setting



Increased staffing should be a priority



Workforce challenges are a concern



Assurance that units are safe will be women's top priority

1. To what extent do you think this proposal is a good solution? (2/3)

This is feedback recorded on the Jamboard from the **patients and public** breakout room.

Feedback from patients and public

Positive

- Midwifery units are where patients feel safest
- Assurance that units are safe is the top priority and conversations are now focused on safety.

Negative

- Workforce challenges are a concern as is the shortage of midwives
- Worry about expertise and competence of midwives.

General

- Increased staffing should be a priority
- Homebirths should be reinstated
- FMBUs should be reinstated
- Why reinstate homebirths and not the FMBU?
- Reinstatement of both FMBUs and homebirths
- Keep Samuel Johnson Hospital running alongside
- Reason for closure unknown (for example: financial?)

1. To what extent do you think this proposal is a good solution? (3/3)

This is feedback recorded on the Jamboard from the **trusts and voluntary organisations** breakout room.

Feedback from trusts and voluntary organisations

Positive

- No concerns about the alongside units
- Midwifery units are where patients feel safest
- If the service is not being used, then it makes sense to close it
- It could work
- Increased staffing in one location would improve outcomes for patients and staff.

Negative

- FMBUs are worrying as a stand-alone site
- Information about changes needs to be clearer
- Estates and facilities need improving in Burton
- Workforce challenges are a concern.

General

- Increased staffing should be a priority
- Homebirths should be reinstated
- FMBUs should be reinstated
- Maintaining the competency and skill set of midwives is important
- Distance between home and the birthing units needs to be considered
- Care offered should be personalised regardless of setting
- How can they provide midwifery-led care without FMBUs?
- Assurance that units are safe will be women's top priority
- Replicate Royal Derby at Burton for good practice.

2. Are there any groups that you think may be disadvantaged by this proposal? (1/2)

Key themes



Those who have a long distance to travel



**Disadvantaged groups
(for example: low-income families, migrants, and new arrivals to the UK)**

2. Are there any groups that you think may be disadvantaged by this proposal? (2/2)

Feedback recorded on the Jamboards from **public and patients** and **trusts and voluntary organisations**

Feedback from patients and public

Positive

- Antenatal care is important for everyone.

Negative

- Those who have a long distance to travel/no access to car
- Disadvantaged groups (for example: low-income families, migrants and new arrivals to the UK).

General

- More research needed on how this will affect disadvantaged groups
- More awareness raising of all the wrap-around services available
- Those who need emergency services (for example: 999) need reliable services close by or on site.

Feedback from trusts and voluntary organisations

Negative

- Those who are not kept informed of decision making
- Those who have a long distance to travel
- Women with mental health complexities
- Some Burton midwives would find it preferable and more suitable to support the on-demand service due to certain changes in service delivery in the new proposal.

3. Do you think there are any alternative proposals we should consider? (1/2)

Key themes



**Maternity services in a
continuity of carer model**

3. Do you think there are any alternative proposals we should consider? (2/2)

Feedback recorded on the Jamboards from **public and patients** and **trusts and voluntary organisations**. **NB:** no alternative proposals were put forward but feedback from the session was recorded as below:

Feedback from patients and public

- **Maternity services in a continuity of carer model**
- Look at what services are provided outside of the ICS and ensure that they are fit for purpose
- Improve continuity of care with new model
- Continuation of antenatal and postnatal care
- Look at maternity services as a whole
- Concerns over neonatal rates locally compared to nationally
- Support for minority ethnic groups to improve outcomes
- How can the proposals be monitored?

Feedback from trusts and voluntary organisations

- An on-demand service is necessary
- More emphasis on supporting women from ethnic minority groups where the risks are higher in pregnancy and childbirth.

Key themes are highlighted in **blue**

Summary of findings



Summary of findings

Feedback on the proposal

- Maintaining the competency and skill set of midwives is important
- Workforce challenges are a concern
- Increased staffing should be a priority
- Assurance that units are safe will be the top priority.

Who would be disadvantaged

- Disadvantaged groups (for example: low-income families, migrants, and new arrivals to the UK)
- Those who have a long distance to travel
- Those who need emergency services (for example: 999) need reliable services
- Midwives currently working in Burton
- Women with mental health complexities*.

Alternative proposals

There were no alternative proposals to the service model identified, but participants wanted to ensure:

- Maternity services in a continuity of carer model
- Look at what services are provided outside of the ICS and ensure that they are fit for purpose.

Notes: *Women with mental health complexities would not be suitable to give birth in FMBUs

Appendix 1

We conducted interviews with women who were unable to attend the deliberative event to gather their feedback. We sent them the information pack to read in advance.

We interviewed three women. All had given birth in the last three years, and are local to the area.

We asked them the same questions that were asked in the deliberative event. Their feedback is summarised in this appendix.

Demographic profiling – women who were interviewed



Ethnicity

- **3 (100%)** white: British



Age

- **1 (33.3%)** 25-29
- **1 (33.3%)** 30-34
- **1 (33.3%)** 35-39



Sex

- **3 (100%)** female



Relationship status

- **2 (66.6%)** live with partner
- **1 (33.3%)** married



Sexual orientation

- **2 (66.6%)** heterosexual
- **1 (33.3%)** bisexual



Carer

- **None** of the respondents were carers



Religion

- **1 (33.3%)** Christian
- **2 (66.6%)** had no religion



Pregnancy

- **None** of the participants were currently pregnant



Maternity

- **0 (0%)** had or their partner had given birth in the last six months



Disability or long-term condition

- **3 (100%)** did not have any conditions or disabilities that impacted their day-to-day life



Armed forces

- **1 (33.3%)** of the participants had served in the armed forces

*Base 3

This information is based on the 3 people who completed the profiling questions.

Do you have any comments about the national or local issues we are facing?

“From my experience, I was aware there was a shortage of midwives, throughout my pregnancy I saw a different midwife at every appointment I went to.”

“I had a negative birth experience and time in hospital – I was on the ward for four days and it was clear that (Royal Stoke) staff were busy and things were getting missed.”

“The shortages of qualified staff is impacting birthing experiences for so many and this was only exacerbated by the changes made since COVID, we still don’t have home births as an option now.”

“It does put me off having another child because of my negative experience and knowing that I can only birth at Stoke and I have no choice in that.”



“This staff shortage has been a problem for a while now and it’s not being managed in time to prevent the current situation getting worse.”

“I understand there is shortage of midwives and I think that it’s frustrating as an end user that after all this time the government isn’t doing enough to help.”

“Home birth wasn’t an option for me, but a family member wanted a home birth and she wasn’t able to do that because of the shortages of staff. Not being able to follow her wishes for her birth impacted her in a big way.”

“I understand the challenges the maternity sector faces and that everything is stretched – it’s a difficult time.”

Do you have any questions or comments on the process we have undertaken?

"I would have appreciated the opportunity to engage in the deliberative event – I think there could have been more dates made available, rather than just one. I think everything else has been done very thoroughly."

"I live 40 minutes away from Stoke hospital in a more rural setting and for people who live that far away the proposal is quite a disadvantage, especially when you're in labour and are concerned about getting to hospital."



"I was surprised that the figures for women using the FMBU were so low as I know a lot of people who used it."

"I understand the proposal and the options – but services have been like this since 2020 so people are used to it now."

"No – a lot of things have been explored before the proposal was made so I understand how you arrived at this proposal."

1. To what extent do you think this proposal is a good solution?

Feedback recorded from interviews conducted outside the deliberative event.

Feedback from patients

Positive

- The homebirth option should definitely be made available for people who want that choice
- It's a good proposal on the basis that there is a community option to receive that care pre- and post-birth
- Options that are not feasible are being removed for safety and economic reasons – I agree with that.

Negative

- It's not ideal for everyone because of travel – either no access to car / unable to get near enough to public transport / can't afford
- If patients have had a negative hospital experience, they then face the problem that they have no other option than to go back to that hospital again for their next birth
- The proposal takes choices away from people, but I understand the shortage of staff and lack of specialist trained staff across locations – we can't spread it more thinly across more facilities for safety reasons
- If you're not able to deliver a community option to receive care pre- and post-birth – then I wouldn't support the closure of the units, even though I appreciate that they are underused.

2. Are there any groups that you think may be disadvantaged by this proposal?

Feedback from patients

Negative

- Residents from rural areas living far away from the hospital but still falling into the catchment area of those hospitals
- Not everyone has access to a car – those people will struggle
- People who don't want to choose a clinical setting to give birth
- Treatment and care closer to home is always better in these situations and it was something I worried about during my pregnancy. It gave me some anxiety thinking about the long journey to Royal Stoke University Hospital and the fact that parking has always been an issue – this would affect all women who are giving birth and anxious about the run-up to birthing.

General

- It would be interesting to understand if rural communities would still be disadvantaged when it came to birth if the community model of wrap-around care was adopted?

3. Do you think there are any alternative proposals we should consider?

Feedback from patients

- “I think we hoped that FMBUs would be that middle ground and the data suggests not.”
- “Stoke has a good reputation but I worry that it’s over-used.”
- “My views are that we are becoming over-medicalised but our system isn’t set up to support the other end of the system. I think the home birth option is essential.”
- “I don’t know – it’s difficult because there just doesn’t seem to be any other alternative that would work in this area.”
- “Promoting the option for the home births for low-risk births is important – make it clear that this is an option and give people the choice rather than say they have to go to hospital if they don’t like that environment or the clinical side to it.”
- “Due to the shortage of emergency transport, the ambulance arrangement that we had previously is now gone – so you can’t rely on an ambulance if you needed more specialist treatment.”
- “Other convenient birthing locations are going to be further away from the consultancy led units so that’s not going to work either.”
- “I don’t think there is another option apart from Burton and Stoke – I asked to give birth in Burton, I was told no as it was under a different Trust.”
- “Because my home catchment area is under Stoke – even though the two hospitals are equidistant from my home – my only option was to give birth at Stoke. I would have liked the option to choose to be made available to the patient and not controlled by the Trust.”

Key themes

Q1. To what extent do you think this proposal is a good solution?



Choice, including homebirth option

Q2. Are there any groups that you think may be disadvantaged by this proposal?



Rurality and those who need to travel

Q3. Do you think there are any alternative proposals we should consider?



No alternative proposals were put forward, but women want to see the full range of choice offered



**Staffordshire and
Stoke-on-Trent**
Integrated Care Board

Presentation report compiled by: Insight, Engagement and Consultation team

NHS Midlands and Lancashire Commissioning Support Unit
