Report to Health & Adult Social Care Select Committee

Date: **May 11th 2023**

Title: **Improving Maternity Services in Buckinghamshire**

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Officer support:

Recommendations/Outcomes:

Executive Summary

- The purpose of this paper is to update HASC on the proposed model for improving maternity services in Buckinghamshire, which is based on clinical evidence as well as engagement with service users. These proposals, which include developing Wycombe as a centre of excellence for ante and postnatal care rather than a birthing centre, have the support of key stakeholders including the co-chairs of the Bucks Maternity Voices Partnership, BOB Local Maternity and Neonatal System (LMNS), South-East Regional Chief Midwife, BOB ICB Chief Nurse and BOB ICB Deputy Director for Quality and Safeguarding and do not require any additional funding or resources.

- Women currently have the choice to have their baby either at home in a midwifery led birthing unit at the Aylesbury Birth Centre (which is within Stoke Mandeville Hospital) and obstetric led labour ward births at Stoke Mandeville. Midwifery led ante and postnatal outpatient care is offered at both Wycombe and Stoke Mandeville Hospitals. Our community midwives provide home visits, including going to see mum and baby on the first day after birth.

- During the last few years, and also driven by the removal of midwives from GP surgeries, we have taken the opportunity to strengthen the midwifery ante and postnatal care at Wycombe based on best practice and want to continue to do so by building on the following:

    - Continuity of carer in the antenatal and postnatal period i.e. being looked after by the same midwife or midwives throughout
    - mental health care
    - smoking cessation support
    - infant feeding support

- The benefits of continuing with the current choice of birthing options, and remodelling Wycombe Birth Centre (WBC) as a centre of excellence for ante and postnatal care, will be that we can provide continuity of carer during **and after pregnancy to over 1,000 women - SEVEN times more women than were previously giving birth at WBC**, with no additional resource required. At least **50%** of these women will be some of the most vulnerable in our community, enabling us to reduce health inequalities.

  It will deliver better outcomes for women and their babies as evidence shows that continuity of carer:

  - **Reduces pregnancy loss before 24 weeks by 19%**
  - **Reduces pregnancy loss at any gestation by 16%**
  - **Reduces preterm birth by 24%**

  It will also ensure that those who choose to have their baby in a midwifery led unit do so more safely. By having their baby at the Aylesbury Birth Centre, which is part of Stoke Mandeville Hospital, they have easy access to additional obstetric care if they choose to do so or the need arises, ensuring the safety of women and their babies.

Background in Brief

- Births have been suspended at Wycombe Birth Centre (WBC) since June 2020. This was originally driven by the COVID-19 pandemic and the need to temporarily reorganise midwifery services and more recently by the shortage of midwives. This means that due to not always being able to guarantee safe staffing midwifery numbers in the WBC, we cannot safely deliver babies there. At a freestanding birth unit such as WBC, a second midwife is required to attend due to the lack of access to immediate medical aid for mother and baby.

- Although the WBC was originally established in 2009 and provided intrapartum care, the numbers of births there has significantly reduced over the ten years it has been operational. It has never reached the expected level of 350-400 births a year.

- In 2019/20 (the last year births took place at WBC) only 169 women, out of 4,737 deliveries at Buckinghamshire Healthcare NHS Trust, chose to give birth at WBC with 130 actually giving birth there (2.74% of all births). Of the 169, 39 were transferred to Stoke Mandeville Hospital at the onset of, or in labour, due to a change in clinical risk or maternal preference, with a further 33 being transferred to Stoke Mandeville Hospital after birth. This transfer rate of 42.6% is higher than the national average of 21%.

- The childbearing population in Buckinghamshire has changed over this time; the health inequalities gap has widened, particularly for women from ethnic minority heritage or living in the most socially deprived areas. MBRRACE (2022) highlights that there are distinct inequalities in stillbirth and neonatal deaths for Black, Asian and mixed ethnicity women and women living in the most deprived areas. It is a national and local priority to reduce health inequalities for women and babies, particularly those from Black, Asian or

minority ethnic heritage and/or those living in the most deprived areas (CQC 2020, Ockenden 2022, NHSE 2019 and 2022).

- Stillbirths are highest in Black African women living in deprived areas. Neonatal deaths are highest in Pakistani women living in deprived areas. Because of the increased risks, it is not safe for many of these women to give birth in a freestanding midwifery unit. Of those that were eligible to do so, only 10 women from an ethnic minority and socially deprived background chose to give birth at WBC in 2019/20 compared with 56 at the Aylesbury Birth Centre and 864 in the labour ward at Stoke Mandeville Hospital.

Next steps and review

We are seeking support from HASC to continue with the current model of care on a permanent basis, which consists of:

- A choice of birthing options – home birth, midwifery led birthing unit at the Aylesbury Birth Centre (which is within Stoke Mandeville Hospital) and obstetric led labour ward births at Stoke Mandeville
- Midwifery led ante and postnatal outpatient care at Wycombe and Stoke Mandeville
- Community - home visits, including visiting mum and baby on the first day after birth.

without the requirement for formal consultation given that this does not represent a substantive change.

If HASC agrees next steps would include:

- further engagement with key stakeholders to socialise future enhancements to the agreed model
- co design of additional ante and postnatal services at Wycombe with service users.

Improving Maternity Services in Buckinghamshire

National Context and future direction for maternity services

Since the publication of Better Births (2016), a five-year forward view for maternity services, the NHS Long Term Plan, the launch of the national maternity transformation programme, maternity incentive scheme and maternity and neonatal safety improvement programme, the key focus across maternity services in England has been improving outcomes for women and babies.

The vision is for maternity services to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances.

Despite the increasing numbers of women with complex pregnancy and births due to physical emotional or social factors, and a national shortage of midwives, there has been progress towards improving outcomes nationally and locally, such as reducing stillbirths, neonatal deaths, brain injuries and maternal deaths. However, the learning from enquiries into maternity services at Morecambe Bay, Shrewsbury & Telford, and East Kent highlights the need to do more. In addition, MBRRACE reports (national maternal and perinatal mortality data) as well as patient experience reports show that there are stark inequalities for women and babies from Black, Asian and minority ethnic backgrounds as well as those from socially deprived areas.

Key priorities and enablers have been identified in the various national reports and a single delivery plan is awaited from NHS England to provide clear expectations and guidance for maternity services across England.

Current maternity services in Buckinghamshire

Buckinghamshire Healthcare NHS Trust provides maternity services including antenatal, intrapartum and postnatal care to women and their families from Buckinghamshire and the surrounding border areas including Bedfordshire, Oxfordshire and Hertfordshire.

Maternity care is provided through either a:

- consultant-led obstetric clinical pathway
- midwifery-led clinical pathway

The pathway of care is determined through risk assessment at the initial booking appointment with a community midwife. Risk assessment is undertaken at every antenatal contact; therefore, the pathway of care may change according to the clinical need of the woman. Additional specialist services may be required to support the woman's individual needs such as multiple pregnancy or perinatal mental health.

Routine antenatal care is no longer provided by GPs in line with national guidance. This ceased in Buckinghamshire in 2014. However, the GP has a fundamental role in:

- pre-pregnancy counselling of women with pre-existing medical or mental health conditions that may be aggravated by pregnancy
- addressing with women preconception lifestyle issues, smoking cessation, weight management prior to pregnancy
- supporting medical concerns during pregnancy

Location of maternity services

Maternity services are provided across the Trust sites and in the community.

Stoke Mandeville Hospital

Claydon Wing:

- Consultant-led Labour Ward (11 birth rooms)
- Aylesbury Birth Centre (4 birth rooms)
- Maternity triage (3 beds)
- Obstetric theatres and recovery
- Observation bay (4 beds)
- Antenatal/Postnatal ward (46 beds)
- Neonatal Unit (Level 2 unit with 16 cots)

Waddesdon Wing:

- Obstetric antenatal clinics including fetal medicine, pre-term birth clinic, multiple pregnancy, mental health, diabetes
- Early Pregnancy Unit
- Day Assessment Unit
- Sonography
- Community midwife postnatal clinics

Wycombe Hospital

- Obstetric antenatal clinics
- Sonography
- Midwifery antenatal and postnatal clinics

Community Midwifery

- Antenatal and postnatal home visits
- Community hospital clinics
- Antenatal clinics at GP surgeries (where facilities available)

- Home births

Year to date statistics 2022/23

Number of deliveries	4529
Number of babies born	4577
Spontaneous vaginal births	44.7%
Instrumental births	13.4%
Caesarean section	40.3%
Planned caesarean section	17.4%
Emergency caesarean section	22.9%
Pre-term births	6.13%
Term admissions to neonatal unit	4.76%

The Trust has set out a clear strategy and interventions underpinned by the Ockenden and East Kent reports, maternity transformation programme, maternity and neonatal safety improvement programme, NHS People Plan, Local Maternity and Neonatal Systems equity plan and NHS operational guidance for 2023/24.

Improving outcomes for women and babies in Buckinghamshire requires a multi-faceted approach that supports and enables both service users and maternity staff. As stated in the Better Births report, “no one action alone will deliver the change we need to see”.

Our priorities include:

- Continuity of carer in the antenatal and postnatal period (having a named midwife and seeing only one or two midwives during community midwifery care)
- Better perinatal mental health care
- Reducing smoking in pregnancy to 5% or less
- Reducing avoidable moderate or severe harm by 50%
- Personalised care plans for 100% of women
- Implementing all recommendations from the Ockenden report, and the ten safety actions of the national maternity incentive scheme (and the single delivery plan once published)
- Improved access to services and information
- Reducing staff vacancies
- Robust multidisciplinary training
- Focusing on staff wellbeing and positive safety culture

Wycombe Birth Centre (WBC)

Following the Shaping Health Services reconfiguration of Women & Children's Services in Buckinghamshire, the Wycombe Birth Centre, a freestanding midwifery unit, was opened in 2009. Care in labour at WBC was provided solely by midwives and maternity support workers with no immediate access to medical aid, operating theatres or a neonatal unit. In the event of complicated birth, women and babies are transferred by ambulance to the labour ward at Stoke Mandeville Hospital.

Declining numbers

When WBC was established, the expectation was that 350–400 women a year would birth there in order to ensure a safe, sustainable, effective service. The birth rate at WBC has never reached the expected levels and has decreased over a ten-year period.

Year	Number of births at WBC	Percentage of birth rate
10/11	313	5.5%
11/12	334	5.7%
12/13	323	5.6%
13/14	257	4.8%
14/15	261	4.9%
15/16	264	4.9%
16/17	132	2.4% *
17/18	207	4%
18/19	174	3.55%
19/20	130	2.7 %

Of the 4,737 births at the Trust in 2019/20 over 87% were born in our obstetric-led labour ward. Furthermore, on average c.200 women a year who live in South Buckinghamshire choose to have their baby in the obstetric-led labour ward or alongside midwifery unit at Wexham Park Hospital.

Patient/Public Involvement and Engagement

There has been extensive patient involvement and public engagement since 2017 to increase the number of women choosing to birth at WBC. This has included:

- open evenings and relaunch events that have taken place at WBC
- promotional campaigns in the Eden centre in High Wycombe
- promotional videos and website updates

but there has been low attendance and little public interest.

Prior to the pandemic, the Trust, supported by the Maternity Voice Partnership, held two Better Births public engagement events combined with a service user survey "Delivering

Better Births in Buckinghamshire" (with 835 responses) in order to hear the views and preferences from women about the maternity services they wished to receive.

Feedback from the women we engaged with showed that the majority would like to give birth in a midwife led unit attached to a hospital (such as the Aylesbury Birth Centre which has direct access to medical aid as it is part of Stoke Mandeville Hospital). Women also expressed a preference for seeing the same midwife throughout their pregnancy.

Health inequalities

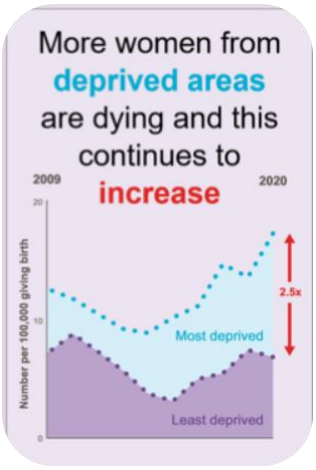
The eligibility criteria for a freestanding midwifery unit is restricted to ensure birth is as safe as possible in an out of hospital setting, due to the lack of access to medical aid, operating theatres or a neonatal unit if complications arise. This means that the majority of local pregnant women do not safely meet the eligibility criteria to birth in a freestanding midwifery led unit as most women require obstetric led care.

The population in Buckinghamshire is changing, with greater ethnic diversity and areas of social deprivation. WBC is located in central Wycombe (postcode HP11). This location is in one of the five postcode areas in South Buckinghamshire that women at the most risk in pregnancy due to their ethnicity or social background reside **and it particularly excludes:**

- Black, Asian and minority ethnic women due to their increased incidence of pregnancy related illness such as hypertension, diabetes
- Women from areas of social deprivation due to risk factors that may lead to complications in pregnancy such as a low birth weight baby

It is a national priority to reduce health inequalities for women and babies, particularly those from Black, Asian or minority ethnic heritage and/or those living in the most deprived areas (CQC 2020, Ockenden 2022, NHSE 2019 and 2022).

MBRRACE (2022) highlights that there are distinct inequalities in stillbirth and neonatal deaths for Black, Asian and mixed ethnicity women and women living in the most deprived areas. Stillbirths are highest in Black African women living in deprived areas. Neonatal deaths are highest in Pakistani women living in deprived areas. Because of the increased risks, it is not safe for many of these women to give birth in a freestanding midwifery unit. Of those that were eligible to do so, only 10 women from a BAME and socially deprived background chose to give birth at WBC in 2019/20 compared to 56 at the Aylesbury Birth Centre (which is part of Stoke Mandeville Hospital) and 864 in the labour ward at Stoke Mandeville Hospital.



The tables below demonstrate how many women from Black, Asian or minority ethnic heritage and the most socially deprived postcodes across the whole of Buckinghamshire gave birth at WBC compared to ABC and Stoke Mandeville labour ward in 2019/20.

Place of birth	Number of births	Percentage of births	Number of women from BAME heritage	Number of women of BAME heritage and from most socially deprived postcodes
WBC	130	2.74%	22	10
ABC	431	9.09%	97	56
Labour ward	4140	87.39%	1053	864

The data clearly demonstrates that:

- In the previous operating model WBC was not serving local women for whom the greatest health inequalities exist when compared to Aylesbury Birth Centre (ABC)
- The majority of women for whom the greatest health inequalities exist already give birth on the labour ward at Stoke Mandeville

In contrast, the proposed model will provide enhanced ante and postnatal care for at least 450 women from Black, Asian or minority ethnic backgrounds and/or the most socially deprived areas.

Safety

In 2019/20 169 women planned to give birth at WBC. Of these 72 women required ambulance transfer to Stoke Mandeville Labour Ward:

- 39 women were transferred at the onset of, or in labour
- 33 were transferred after birth

This transfer rate of 42.6% is higher than the national average of 21% (Birthplace study 2011). This is because, despite women being clinically assessed as low risk in pregnancy and choosing to birth at WBC, there was either:

- a change in clinical risk during labour or after birth, meaning that it was no longer safe to stay in a freestanding midwifery unit, or

- the woman chose to transfer because she wanted an epidural which is not available at WBC. This was the most frequent reason for transfer.

Current situation

Births have been suspended at WBC since June 2020. This was originally driven by the COVID-19 pandemic and the need to temporarily reorganise midwifery services and more recently by the national shortage of midwives which means that we cannot safely deliver babies there.

Safe Staffing

Safe staffing and the provision of one-to-one care is essential for all women in labour, regardless of location. At a freestanding birth unit such as WBC, a second midwife is required to attend due to the lack of access to immediate medical aid for mother and baby. At the time of suspending intrapartum care at WBC, there was a 50% vacancy factor in the WBC team.

Since June 2020, multiple attempts to recruit midwives to the WBC team have been made with no success. This is not just an issue in Buckinghamshire but nationally there is a shortage of c. 2000 midwives.

Extensive staff engagement has been undertaken over the last two years and a survey of midwives and maternity support worker staff undertaken by the Head of Midwifery in 2022 revealed that only five members of part time staff would be willing to work at WBC if we reintroduced births, which is insufficient to provide safe care. The reasons given by staff were:

- they feel it is an isolated birth environment
- there is a lack of wider multidisciplinary team support available should things not go according to plan
- they are concerned that they will not be able to maintain their professional competency in a unit with such a low birth rate

Patient choice

We have continued to provide women with a choice of birth settings – home birth, midwifery led unit (situated within Stoke Mandeville Hospital) and obstetric led labour ward as we have sufficient capacity and safe staffing to be able to do so.

Patient/Public Involvement and Engagement

Throughout the pandemic, extensive service user engagement has been undertaken in conjunction with the Maternity Voices Partnership, including online surveys between April 2021 and the end of September 2022, asking women if they have been impacted by the suspension of births at WBC from June 2020 onwards.

Of the 128 women who responded over 100 said that they had not been impacted with 5 stating that they had been slightly impacted, 9 moderately and 12 severely. All women were provided with alternative place of birth, either at home or in the Aylesbury Birth Centre.

The Maternity Voices Partnership is integral to providing responsive maternity services and there has been a continuous transparent dialogue with the lay co-chairs and vice chair about the WBC since births were suspended in June 2020. There has been collaboration throughout the last three years, ranging from consideration of potential options to restore births, discussion about staffing levels, to transforming the service provision at WBC to better serve the wider population and reduce health inequalities.

Co-design is central to maternity services development and transformation. The Maternity Voices Partnership will be working as a collegiate group of service user and NHS provider colleagues to ensure that the enhanced model of antenatal and postnatal care at WBC meets the needs and preferences of pregnant women in Wycombe.

Enhanced ante and postnatal care

We have taken the opportunity to adapt the facility at Wycombe to strengthen ante and postnatal care based on best practice. This has been particularly important given the loss of GP facilities out of which our community midwives can deliver their services.

This operating model sets strong foundations for enhancing maternity services in line with national priorities, without making a significant change or requiring additional resources. Over the last two and a half years, WBC has provided an environment for midwifery led ante and postnatal outpatient care due to the loss of facilities in local GP surgeries that has simultaneously occurred during the COVID-19 pandemic.

The Future

Delivering safe, effective care that improves maternal and neonatal outcomes for all women and babies using maternity services is paramount. We would like to build on the current operating model at WBC, enhancing ante and postnatal services, by providing a 'one-stop' centre of excellence. Key areas of focus are:

- Continuity of carer in the ante and postnatal period i.e. women being looked after by the same person/or people during and after their pregnancy
- mental health care
- smoking cessation support
- infant feeding support

Continuity of carer

The provision of midwifery continuity of carer in the ante and postnatal period is clinically proven to improve outcomes for mothers and their babies.

Evidence demonstrates that continuity of carer:

- Reduces pregnancy loss before 24 weeks by 19%
- Reduces pregnancy loss at any gestation by 16%
- Reduces preterm birth by 24%

Extensive engagement with service users demonstrates that continuity of ante and postnatal midwifery care is something that women would welcome. In the "Delivering

Better Births in Buckinghamshire" survey undertaken by the Trust, nearly half of the 835 women who responded said that they would like to see the same midwife they saw in pregnancy after birth with the majority saying that they would like to see the a maximum of two different midwives during antenatal care.

Mental Health

One in four women have mental health issues during pregnancy or after birth (Howard et al 2018). Mental health related deaths account for 40% of maternal deaths in the UK and death by suicide is the leading direct cause (MBRRACE 2022). Cultural stigma may prevent women from disclosing mental illness. Providing continuity of midwifery care enhances relationships between women and their midwife which increases the likelihood that women will speak up about their mental health. Building on the current model at WBC through immediate access to perinatal mental health specialist midwives /support workers ensures women get the right care at the right time in the right place.

Infant feeding

Including infant feeding support workers in the team at WBC will improve breastfeeding rates. Breastfeeding is proven (UNICEF Baby Friend Initiative) to improve outcomes for babies with:

- fewer gastrointestinal infection-related hospital admissions and fewer GP consultations
- lower respiratory tract infection-related hospital admissions and fewer GP consultations
- fewer acute otitis media (middle ear infections) related GP consultations

In our "Delivering Better Births in Buckinghamshire" survey, women have told us that they would like more support and advice with infant feeding in the first few days. This is also a consistent theme in our regular service user feedback. The most recent annual Picker survey of women's experiences of maternity services in Bucks (2022) demonstrated that women wanted:

- more information about feeding their baby
- more support with feeding their baby
- more help and advice about feeding their baby in the first six weeks

Smoking

Core20PLUS5 (NHSE 2022) identifies smoking as a key clinical area of health inequality. Smoking in pregnancy is the single most modifiable factor that can reduce preterm births and stillbirths (NHSE 2019) and is a key priority in the Bucks health and wellbeing strategy. Building on the current model at WBC by providing immediate access to a smoking cessation advisor at midwife appointments, will improve engagement and uptake of smoking cessation services for those communities most likely to smoke, as opposed to the current referral process to an external provider. Women from deprived backgrounds are more likely to be smokers when they become pregnant. They are less likely to stop smoking during their pregnancy or after the birth of their baby (RCPCH 2020). Smoking in pregnancy increases the risk of:

- miscarriage
- stillbirth
- premature birth
- a baby born smaller than it should be
- sudden infant death syndrome (cot death)

Financial Impact

There is no financial impact associated with continuing the current model of care alongside developing and enhancing the ante and postnatal care at Wycombe:

- there is no reduction in workforce due to the consolidation of births and ongoing requirement for the correct midwife to birth ratios (NICE 2015)
- there is no increase in workforce as perinatal mental health midwives and support workers, infant feeding support workers are in the existing workforce. Tobacco dependency advisors are externally funded by NHS England
- there are no resources required to further equip the WBC facility for ante and postnatal services

External Validation

The maternity service has engaged extensively with key stakeholders including the Maternity Voices Partnership co-chairs, BOB Local Maternity and Neonatal System (LMNS), South East Regional Chief Midwife, BOB ICB Chief Nurse, BOB ICB deputy director for quality and safeguarding.

External validation is being provided by the BOB LMNS Board. Minutes of February's board meeting will evidence this.

In Summary

In summary, delivering safe, effective care that improves maternal and neonatal outcomes for all women and babies, particularly those for whom the greatest health inequalities exist, is paramount.

The transformation of services at WBC is a key enabler to addressing these priorities, the needs of local maternity service users and providing safer, more personalised care through provision of a 'one-stop' community-based service.

This innovative community midwifery model enables WBC to become a hub of excellence, providing the midwifery continuity of carer in the ante and postnatal period that service users want and for which there is strong evidence that it improves outcomes for women and their babies.

Providing multidisciplinary care in a centre of excellence, based in the heart of the community provides ease of access and offers greater inclusion to the local community.

By continuing with the current choice of birthing options, and remodelling WBC as a centre of excellence for ante and postnatal care, we will be able to provide continuity of carer to SEVEN times more women than were previously giving birth at WBC, with no additional resource required. At least **50%** of these will be some of the most vulnerable in our community, enabling us to reduce health inequalities.

It will be the vanguard for transforming community midwifery services in Buckinghamshire; providing safer maternity care, supporting healthier communities, improving perinatal mental health care, and reducing the gap where health inequalities exist for women, their babies and families.

Next steps and review

We are seeking support from HASC to continue with the current model of care on a permanent basis, which consists of:

- A choice of birthing options – home birth, midwifery led birthing unit at the Aylesbury Birth Centre (which is within Stoke Mandeville Hospital) and obstetric led labour ward births at Stoke Mandeville
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If HASC agrees next steps would include:

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- co design of additional ante and postnatal services at Wycombe with service users.

References

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Howard et al (2018), British Journal of Psychiatry, The accuracy of the Whooley questions and the Edinburgh Postnatal Depression Scale in identifying depression and other mental disorders in early pregnancy

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MBRRACE (2022) National Perinatal Mortality Surveillance for Births in 2020

NHSE (2022) NHS Long term plan

NHSE (2022) 2023/24 Priorities and Operational Planning Guidance

NHSE (2022) Core20plus5

NHSE (2019) Saving babies lives care bundle 2

NICE (2015) Safe Staffing in Maternity Settings

NPEU (2015) Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study

Ockenden (2022) Findings, Conclusions and Essential Actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust

RCPCH (2020) State of Child Health

UNICEF Baby Friendly Initiative