

Swindon Borough Council

Health & Social Care Commission Review of Maternity Services

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Task Group Members:



Cllr. Owen Lister (*Chair*)



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Cllr. Chris Shepherd

Co-opted Members:

Mrs Liz Austin and Mrs Sian Beautyman

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1. Glossary and Abbreviations

GP	General Practice
GWH	Great Western Hospital
NSF	National Service Framework
PCT	Primary Care Trust
SCBU	Special Care Baby Unit

2. Summary

- A Member task group has produced this report for the Health and Social Care Commission which was established under the terms of the Health and Social Care Act (2001).
- Under the terms of the Act NHS bodies are required to consult local authority Health Scrutiny Committees about plans for significant changes.
- Local Authority Health Scrutiny Committees have the power to report back to the Secretary of State if they consider the proposals under scrutiny would not be in the interests of the local population or if they find the consultation process with the Health and Social Care Commission inadequate.
- The findings and recommendations of this enquiry are contained within pages 12 - 13.

“The care and support provided for Mothers and babies during pregnancy, childbirth, and the post-natal period has a significant effect on Children’s healthy development and their resilience to problems encountered later in life.

The quality of the service provided for the half a million babies born in England every year, and their Mothers, thus has a long term impact on the future health of the nation.”

Extracted from the Maternity Rationale of The National Service Framework for Children, Young People & Maternity Services, Department of Health March 2004.

3. Introduction

Rationale for the Review

The Health and Social Care Commission considered the consultation proposals on Malmesbury and Devizes Hospitals on the 15th July 2004. The Commission determined that the proposals did not equate to a substantial variation in service for Swindon. It was also noted that Wiltshire's Overview and Scrutiny Committee for Health had submitted a report to the West Wiltshire Primary Care Trust (PCT) backing the retention of the Malmesbury Unit. The issue of the closure of the Malmesbury Maternity Unit had created an immense amount of interest and lobbying from Swindon residents, as a result Members of the Commission agreed that a Task Group would be established to consider midwifery led services and the level of choice in alternative birthing care facilities within the Borough of Swindon.

The Task Group was made up of Councillors Ray Ballman, Debbie Baylies, Fay Howard (Vice Chair), Owen Lister (Chair), Phillip Sharp, Chris Shepherd, and two co-opted Members, Mrs Liz Austin, and Mrs Sian Beautyman.

The Task Group have met on 8 occasions between the 24th August 2004 and 12th January 2005 and have undertaken a wide range of activity including site visits and receiving evidence from a wide range of people as detailed in the evidence section of this report.

The Council's Health and Social Care Commission established the task group under the powers set out in regulation 2(1) of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002:

"An overview and scrutiny committee may review and scrutinise any matter relating to the planning and operation of health services in the area of its local authority."

This is the Majority Report of the Task Group, a Minority Report of one Member of the Task Group (Councillor Lister) was also produced, and is available upon request from the Scrutiny section of Swindon Borough Council.

Report Overview

The report is divided into the following sections:

Summary	Provides an overview of the project.
Introduction	Provides the background and the context for the report; reviews the structure of the report.
Evidence Gathering	Sets out the approach taken and methodologies adopted in course of the investigations/ review and provides a detailed picture considering the midwifery led services and the level of choice in alternative birthing care facilities within the Borough of Swindon.
Conclusions and Recommendations	Details the findings and conclusions that emerged from the task groups investigations and provides an explanation of the task groups recommendations.
Appendices	Appendices referred to in the text.

Review Structure

The review can be divided into three distinct phases as detailed below. Phase 1 established the terms of reference, work programme and planning of the project for the review. At phase 2 the task group considered all of the evidence (questioning witnesses, considering existing material that was relevant to the investigation). At the final stage, phase 3, the task group determined their findings and made their recommendations based on the evidence received.

Phase	Activities
Phase 1 Consolidation and Work Plan August 2004	<ul style="list-style-type: none"> • Task Group established • Chair appointment • Setting of terms of reference • Identification of expert witnesses and internal advisors • Identification of existing consultation and information
Phase 2 Evidence Gathering September 2004 – December 2005	<p>Phase 2.1 - Facts, Figures & Information</p> <ul style="list-style-type: none"> • Literature Review • Statistics and projections for Swindon • Midwifery Commissioning – Swindon PCT <p>Phase 2.2 - Examination of Current Maternity Services for Swindon Borough area</p> <p>Great Western Hospital</p> <ul style="list-style-type: none"> • Expert Witnesses from the GWH, Swindon PCT • Site Visit to GWH • Consideration of services provided (Midwifery led care water birth facility) <p>Phase 2.3 - Examination of Birthing Options</p> <p>Consideration of documentation, expert witnesses, independent specialist, clients and site visits that cover:</p> <ul style="list-style-type: none"> • Consultant Units • Midwifery Led Units • Home Births • Visit to Chippenham Community Hospital
Phase 3 Recommendations December 2004 – January 2005	A series of task group workshops to determine findings and recommendations of the review.

Aims and Objectives

The aim of the task group was to consider maternity services and the level of choice in alternative birthing care facilities within the Borough of Swindon, to ensure equality of service for all residents of the Borough and to report its findings and recommendations to the Swindon Primary Care Trust.

The scope of the review included: -

- Current birthing facilities in the Borough;
- Types of birthing options;
- Birth rates and future growth rates;
- Antenatal and postnatal care;
- Choice offered to Swindon women;
- Consideration of comparative models.

Methodology

The methodology used to make enquiries and to gather evidence involved: -

- Desk based review of documentation (see **Appendix 2** for details);
- Interviewing officers and expert witnesses (See **Appendix 2** for details);
- Site Visits (see **Appendix 2** for details).

Acknowledgements

In the course of this inquiry we have heard evidence from Ann Nash, Director of Professional Development and Quality, Swindon PCT; Dr Chris Barry, local GP; Julia Drown, MP for South Swindon; Sarah Newman, Chair of Malmesbury Maternity Action Group; Christina Rattigan, Head of Midwifery, GWH; Dr Harini Narayan, Obstetrician at GWH; Hong Saint, Chippenham Community Hospital and from Richard Hallett on comparative birthing centres; we are grateful to all those who have contributed. In addition we are also very grateful for Chippenham Community Hospital and the Great Western Hospital for accommodating our visits.

4. Evidence Gathering

Swindon Primary Care Trust

We received evidence from Mrs Ann Nash, Director of Operations for Swindon PCT.

Mrs Nash outlined the following areas of importance in relation to maternity services that appear in the National Service Framework for Children, Young People and Maternity Services: -

- Women centred;
- Managed Care Networks (specialist centres);
- Educating people before pregnancy, particularly in relation to pregnancy and diet
- Mental Health Care during pregnancy and after birth, for example being clear about what services are provided locally;
- Choosing the most appropriate place to give birth, the PCT are currently looking at a number of options including a midwifery unit;
- Standards around Caesarean Section;
- Post birth – breast-feeding and support.

Concern was expressed from Members of the Task Group about transfer rates and safety of birthing centres.

Transfers

Transfers from maternity units to the GWH (of which 25.7% were from Malmesbury and 16% from Devizes), the main reasons given were: -

- Premature labour;
- Undiagnosed breeches;
- Foetal Distress.

Mrs Nash explained that both Swindon and Bath PCT's have strict clinical governance procedures and that the circumstances in relation to undiagnosed breeches would be examined in detail. The guidelines state that it will take the ambulance service 8 minutes to get to the maternity unit. Further to our enquiries into transfers West Wiltshire PCT provided us with a report on Community Unit Transfers 1997-2003. The report considered:

- Women who transfer in labour to acute care having intended to deliver under community care;
- Postnatal women who transfer to acute care having delivered under community care;
- Babies who are transferred to consultant care having been delivered under community care.

The evidence detailed in the report indicates that transfer rates have remained broadly static over the past seven years¹. Benchmark comparisons with other PCT areas are not possible due to local booking and transfer criteria.

In Mrs Nash's confirmed that the Swindon PCT were keen to provide Swindon women a choice of birthing options and were aware that Malmesbury offered a choice for women only in West Swindon or those who have access to personal transport. At present there is no alternative to the GWH for most Swindon women. The PCT are looking at various options to be provided centrally in Swindon that would be easily accessible and financially viable. From Mrs Nash's experience, this would suggest a 10-bed unit run at 80% occupancy or maybe to link with other services.

We were keen to find out what information is provided to expectant Mothers, Mrs Nash was able to confirm that there is no standard information pack, it very much depends on which Midwife or Doctor the expectant Mother sees. Further to this point the NSF for Children, Young People talks for the provision of 'neutral information'.

The Great Western Hospital

We undertook a site visit to the GWH and spoke with Christina Rattigan, Head of Midwifery and Dr Harini Narayan, an Obstetrician at the hospital. Staff at the GWH were very welcoming, showed us around the maternity unit, provided us with lots of information about the unit, and sought to answer all of our questions.

The GWH offers a consultant led unit and a midwife led unit. The Midwifery led unit offers water-birth facilities and tries to accommodate patients' needs. Effort has been taken in making the ward welcoming and family friendly, patients are also provided with individual rooms, which ensure privacy as well providing space for new Mothers to meet. It is not however apparent that Midwifery led services are separate from obstetric services. We felt that work needs to be undertaken to make these two units more physically separate.

GP Services

We spoke with Dr Chris Barry, who is Swindon's only GP who practises obstetrics. Dr Barry has delivered one baby in the last year, which he believes indicates that the role of the GP is becoming more peripheral and reiterates that Midwives are becoming more involved. Dr Barry explained that he supported 'choice', given that people are making an informed choice in the first instance. A common issue is that people are so focussed with going into hospital that they do not always realise that they have a choice. When questioned on transfers, Dr Barry confirmed that from his experience of home births, transfers in labour are not traumatic.

We did seek to speak with another Swindon GP who unlike Dr Barry does not involve themselves with obstetrics, however we were unsuccessful, this may be because at most surgeries it is the Midwife that takes the lead role.

Birthing Centres

A birth centre is a homely, community based facility that provides maternity care for women who want and can safely choose a low-tech birth (this is achieved through adequate screening). Birth centres are managed, staffed and run by midwives skilled in supporting women through normal birth; they offer friendly, individual care that is centred on women and their families. They have been shown to provide high levels of satisfaction to both the women who give birth and the midwives who work in themⁱⁱ.

Our investigations into birthing centres is supported by the rationale of The National Service Framework for *Children, Young People*:

"This standard recognises that, for the majority of women, pregnancy and childbirth are normal life events; it aims to promote women's experience of having choice and control in giving birth to their baby. The standard seeks to improve equity of access to maternity services, which will increase the survival rates and life chances of children from disadvantaged backgrounds. It also aims to ensure that all mothers and babies receive high quality clinical services".

We visited the Maternity Unit at Chippenham Community Hospital, which is run as a birthing centre. We met with Hong Saint who is the Manager of both maternity units at Chippenham and Malmesbury. Staff at the hospital were very welcoming and showed us around the hospital and its facilities.

Mrs Sarah Newman, Chair of Malmesbury Maternity Action Group, attended one of our meetings to provide us with information on Birthing Centres. We felt that it would be useful to speak with Mrs Newman because of her personal experiences of birthing centres throughout her pregnancies and also because of her interest in the development and promotion and development of birthing centres.

Mrs Newman provided us with a presentation on birthing centres. Some extremely useful points were made:

Birth Centre Philosophy: -

- Women's bodies are designed to nurture and birth their babies;
- Interventions should be kept to a minimum;
- Social support of midwives is important in helping women achieve a normal birth.

What Birth Centres Offer Women: -

- Relaxed, homely environment;
- Women move through labour at their own pace;
- Flexible one to one care;
- Careful selection criteria mean that women and midwives in birth centres have an expectation of normal birth;
- Lower intervention rates, lower rates of post-natal depression, greater maternal satisfaction with the birth and higher breast-feeding rates.

Other Benefits: -

- Midwives get more job satisfaction so recruitment and retention of midwives is easier;
- Consultant led units can focus on women who need medical intervention and technology so they can give more personalised care to the women who really need them.

Are Birthing Centres Safe?

“Over the past 20 years a large body of research evidence has accumulated which considerably demonstrates that the safety of community based intrapartum care for healthy women with a normal pregnancy. Studies have consistently demonstrated that maternal and infant outcomes associated with birth centres are equal or better than those achieved on traditional labour wards for women of similar low risk status.”

‘Birth Centres’, Mavis Kirkham, 2003

Following Mrs Newman's presentation we were able to determine that postnatal support is very important, and concern was expressed over the point that Midwives in acute hospital settings do not always have time for this. In 2003 for instance, there were 2331 births in Borough of Swindonⁱⁱⁱ, it is projected that this figure will increase by 15% over the next 5-10 years.

We invited Mr Richard Hallett to further discuss birthing centres. Mr Hallett is not a Health Professional but got involved initially with the Crowborough Unit as a user. He has also been involved with the:

- Crowborough Maternity Unit Monitoring Group (Chair)
- Eastbourne Maternity Services Liaison Committee (Chair)
- Birth Centre Network UK (Steering Group Member)
- User Involvement Sub-group of NSF EWG on Maternity
- East Sussex clinical services Review of Maternity (Co-Chair)

The vision of the NSF is to focus on the “vulnerable and disadvantaged”, “normality” and “Medical care”. There needs to be new ways of working to ensure that a balance is achieved between these three areas.

There are 90 Birthing Centres within the UK – 57 in England, 13 in Wales and 20 in Scotland. The Crowborough Unit was originally a struggling GP unit, but when GP’s were advised that they may not be insured if they did not undertake a certain amount of obstetrics, many GP’s stopped this type of work which, in turn, forced a decision to be made on the maternity unit.

Options available for maternity services in Crowborough included: -

- GP’s re-instate medical cover during labour
- Replace with midwife-led home deliveries and delivery
- Midwife-led inpatient maternity unit
- DOMINO unit

The Health Authority agreed to a two-year trial period from April 1997 as a Midwife-led inpatient maternity unit. During this time, the number of births increased, proving that women do choose this type of care. The increase in activity also meant that the cost per birth dropped (£1540), becoming a significant cost saving for the Health Authority – the national average cost of a birth is £1700, 83% of direct costs are midwifery costs. Midwife led units lead to 85% breastfeeding rates, compared to a National figure of 60%. Mr Hallett suggested that a midwife unit could be located in more disadvantaged areas, for example where Sure Start is located. Intervention rates at the Edgware Birthing Centre were much lower than those at the local hospital. Labour was also slightly shorter and proved to be cheaper. Figures for Wiltshire – 1310 women gave birth in a birthing centre in 1995- there was a 19% increase during 2000. Portsmouth (Gosport) would make a good comparison with Swindon as it is a similar urban area.

5. Findings

In determining our findings we found that there are both strengths and weaknesses of both birthing centres and consultant led units. We found that choice in maternity services is important as labour is more likely to progress if a woman feels secure in her environment. In drawing out our findings we drew on evidence received throughout this enquiry only, including submissions of evidence and site visits.

Consultant Led Unit	
<p>Strengths</p> <ul style="list-style-type: none"> • Theatre on hand for emergencies • Women identified during pregnancy as high risk (screening) referred to consultant unit • All services on hand <ul style="list-style-type: none"> ○ Intensive Care ○ Paediatric services ○ SCBU ○ All other services (x-ray etc.) • Maternity at GWH is a developing and evolving service • Some women feel more secure in this type of environment 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Women are seen as 'patients' immediately <ul style="list-style-type: none"> ○ Intervention ○ Draw on bad experiences (e.g. family death) • Parking or Public transport • Lack of continuity of care <ul style="list-style-type: none"> ○ Midwives differ, no continuity throughout pregnancy ○ Antenatal midwife different to delivery midwife, postnatal ward midwives and community midwives visits at home after the birth

Birthing Centres	
<p>Strengths</p> <ul style="list-style-type: none"> • Birthing centres can help to address issues around antenatal and postnatal care in deprived areas, and could be co-located with a Sure Start Scheme • For healthy women who have normal pregnancies, they birthing centres are at least as safe as traditional labour wards • Could be more accessible than the GWH • Could provide social support for new families • Offer a choice for disadvantaged women for whom a home birth may not be practical • People more in control • More 'at home' 	<p>Weaknesses</p> <ul style="list-style-type: none"> • No consultants available immediately • Transfers <ul style="list-style-type: none"> ○ Time of transfer ○ Anxiety ○ Reliant upon an external provider, the Ambulance Service • Only take women of low risk

In addition a number of further general conclusions were reached:

- If a birthing centre for Swindon is to be pursued we feel that the importance of screening needs to be emphasised;
- If a stand-alone birthing centre is developed in Swindon, it could address social inclusion issues around antenatal and postnatal care. If located in a deprived ward, it would help to address some health and ethnic inequalities issues.
- There is no standardisation in information distributed to pregnant women, different women receive different information;
- Swindon remains a growing town and there may be pressures on current services
 - Future demand on GWH facilities
 - Pool (area) for GWH has expanded.

6. Recommendations

Recommendation 1:

That the Great Western Hospital continues to enhance its Maternity Services facilities.

On our site visit to the GWH we were encouraged by plans for the development of the garden for the Maternity ward, the promotion of water births, and general family friendliness of the unit.

Recommendation 2:

That the Swindon Primary Care Trust ensures that all Swindon women are offered a choice of where to give birth in accordance with the recently published National Service Framework for Children, Young People and Maternity Services. All Swindon women should be provided with the choice of a home birth, a consultant led unit, or of using the services of a birthing centre.

Recommendation 3:

That the Swindon Primary Care Trust considers the establishment of a stand alone Birthing Centre in Swindon.

If a stand-alone birthing centre is developed in Swindon, it could address social inclusion issues around antenatal and postnatal care. If located in a deprived ward, it would help to address some health and ethnic inequalities issues. If it is not possible to develop a stand alone unit the Swindon PCT should consider the physical separation of the consultant unit and the midwifery led unit at the Great Western Hospital.

Recommendation 4:

That information given to women on maternity provision in Swindon is standardised and includes all choices available to ensure equality of service for all women.

7. Response to the Report

Health & Social Care Commission:

The Health and Social Care Commission considered both the majority and minority reports of the task group at its meeting of the 20th January 2005. It was resolved that: -

1. That the Commission note the findings and recommendations of both majority and minority from one Member of the task group;
2. That the Commission agree that the recommendations from both the majority and the minority report should be considered and responded to by the Swindon Primary Care Trust;
3. That the PCT inform Members of the Commission on the outcomes from the Malmesbury Maternity Unit, and;
4. That Members of the Task Group and those who gave evidence to the task group be thanked for their input.

Swindon Primary Care Trust

At the meeting of the Health and Social Care Commissions on the 20th January 2005, Jan Stubbings, Chief Executive of the Swindon Primary Care Trust, confirmed that the PCT would take on board the recommendations from both the minority and majority reports. She also agreed to source information on transfer outcomes from the Malmesbury Maternity Unit and bring this information back to the Commission.

Monitoring the Recommendations

All recommendations are monitored and reviewed, the Swindon PCT will be asked to present to the Health and Social Commission in January 2006 to aid a review of the recommendations.

Appendix 1
Project Brief

Aim	The review seeks to consider the midwifery led services and the level of choice in alternative birthing care facilities within the Borough of Swindon, to ensure equality of service for all residents of the Borough and to report its findings and recommendations to the Swindon Primary Care Trust.	
Rationale	The review was born under the concern that was raised with regards to the proposed closure of Malmesbury Maternity Unit ^{iv} by Kennet and North Wilts PCT and the impact that this would have on Swindon women and families. The task group was established to investigate a Swindon solution for alternative birthing arrangements that are accessible to all women and families who reside in Swindon.	
Scope	<p>Includes:</p> <ul style="list-style-type: none"> • Current midwifery facilities in the Borough • Types of birthing options • Birth rates and future growth rates • Ante-natal and postnatal care • Choice offered to Swindon women • Consideration of comparative models <p>Excludes:</p> <ul style="list-style-type: none"> • Detailed evidence gathering relating to maternity services outside of the Borough. 	
Resources	<p>Task Group Members (Councillors)</p> <ul style="list-style-type: none"> • Cllr Ray Ballman • Cllr Debbie Baylies • Cllr Fay Howard • Cllr Owen Lister • Cllr Phillip Sharp • Cllr Chris Shepherd • Mrs Liz Austin (co-opted member) • Ms Sian Beautyman (co-opted member) <p>Scrutiny Officer</p> <ul style="list-style-type: none"> • Claire Yeates <p>Committee Officer</p> <ul style="list-style-type: none"> • Alison Smith 	
Timescales	Start	24 th August 2004
	Finish	20 th January 2005
Outputs	1. Chair of the task group to provide the H&SCC with oral progress reports at its scheduled meetings of:	

	<ul style="list-style-type: none"> • 23rd September 2004 • 16th November 2004 <p>2. A Member of the task group to present the task groups final report detailing the findings and recommendations of the investigation to the H&SCC at its meeting on the 20th January 2005.</p> <p>3. Following the H&SCC meeting, any subsequent recommendations shall be made to the Swindon PCT, and other relevant national health service bodies in Swindon, in writing.</p>
Methodology	<ul style="list-style-type: none"> • Desk based review of papers (see 'Evidence Sources for Documents') • Site visits (see below – 'Site Visits Listed') • Comparisons with other health authorities • Commissioned research • Interviewing officers • Calling expert witnesses • Calling service users
Evidence Sources for Documents	<ul style="list-style-type: none"> • www.nhsdirect.nhs.uk • www.birthchoiceuk.com • www.activebirthcentre.com • www.nctpregnancyandbabycare.com • www.swindonnct.co.uk • www.homebirth.org.uk • Deciding where to have your baby, The Pregnancy Book • Where will you have your baby, at home or in hospital, Midirs • Choice in Maternity Services, House of Commons Health Committee, 2002-03 • Government Response to the House of Commons Health Committee Reports, Inequalities in Access to maternity Services and Choice in Maternity Services. • Provision of Maternity Services for Minority and Ethnic Groups, Cllr Chris Shepherd research paper. • Community Unit Transfers 1997 - 2003 (2004 Report), Maternity Services, West Wiltshire Primary Care Trust. • National Service Framework for Children, Young People and Maternity Services, Department of Health, 2004 • The Case for a Birthing Centre, Sarah Newman's presentation slides • Birth Centres as a Mainstream Choice, Richard Hallett's presentation slides.
Site Visits	<ul style="list-style-type: none"> • Great Western Hospital Midwifery Unit • Chippenham Community Hospital, Greenways Maternity Unit

<p>Expert Witnesses/ Advisors</p>	<p><i>External/Expert Witnesses</i></p> <ul style="list-style-type: none"> • Ann Nash, Director of Professional Development and Quality, Swindon PCT • Dr Chris Barry, local GP • Sarah Newman, Chair of Malmesbury Maternity Action Group • Christina Rattigan, Head of Midwifery, GWH • Dr Harini Narayan, Obstetrician at the GWH • Hong Saint, Manager of Malmesbury and Chippenham Maternity Units • Richard Hallett on comparative birthing centres <p><i>Written Evidence</i></p> <ul style="list-style-type: none"> • Evidence submitted from a selection of Swindon Mothers comparing and contrasting their experiences at a birthing centre and an acute hospital
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Appendix 2
Planner

Date	Action
24 th August 2004 6.00pm CR 3, Civic Offices	Consolidation and work plan
1 st September 2004 Depart 6.15pm	Visit to the Greenways Maternity Unit's Birthing Centre and Chippenham Community Hospital
22 nd September 2004 GWH 4.30pm	Visit to the Maternity Unit at GWH Followed by a meeting at the Civic Offices to consider further requested of co-optees and PR activity.
23 rd September 2004 7.00pm CR 6, Civic Offices	Interim progress report to the Health & Social Care Commission by the Chair of the task group
13 th October 2004 7.00pm CR 3, Civic Offices	Ann Nash, Director of Professional Development and Quality, Swindon PCT
10 th November 2004 7.00pm	7.00 – 8.15 Dr Chris Barry 8.15 – 9.15 Sarah Newman, Malmesbury Maternity Action Group
16 th November 2004 7.00pm CR 6, Civic Offices	Interim progress report to the Health & Social Care Commission by the Chair of the task group
2 nd December 2004	7.00pm Richard Hallett
20 th December 2004	Formulation of Findings and Recommendations
12 th January 2005	Final Report
20 th January 2005	Final Report presented to the Health and Social Care Commission

Evidence Documents

- Deciding where to have your baby, The Pregnancy Book
- Where will you have your baby, at home or in hospital, Midirs
- Choice in Maternity Services, House of Commons Health Committee, 2002-03
- Government Response to the House of Commons Health Committee Reports, Inequalities in Access to maternity Services and Choice in Maternity Services.
- Provision of Maternity Services for Minority and Ethnic Groups, Cllr Chris Shepherd research paper.
- Community Unit Transfers 1997 - 2003 (2004 Report), Maternity Services, West Wiltshire Primary Care Trust.
- National Service Framework for Children, Young People and Maternity Services, Department of Health, 2004
- The Case for a Birthing Centre, Sarah Newman's presentation slides
- Birth Centres as a Mainstream Choice, Richard Hallett's presentation slides.

If you would like to view any of the Evidence Documents please contact the Scrutiny Section on 01793 463412 or email scrutiny@swindon.gov.uk.

Minutes of the Meetings

MATERNITY SERVICES SCRUTINY TASK GROUP TUESDAY, 24 AUGUST 2004

PRESENT:- Councillors Deborah Baylies, Fay Howard, Charles Lister, Philip Sharpe and Chris Shepherd.

Apologies for absence were received from Councillor Ray Ballman.

1. Appointment of Chair

Resolved - That Councillor Charles Lister be appointed Chair of the Task Group.

2. Appointment of Vice-Chair

Resolved - That Councillor Fay Howard be appointed Vice-Chair of the Task group.

3. Project Brief and Terms of Reference

Claire Yeates, Scrutiny Officer, confirmed that the Health and Social Care Commission had established this Task Group in order to review maternity provision within Swindon, following concerns that were raised with regards to the planned closure of Malmesbury Maternity Unit by the Kennet and North Wiltshire PCT. It was agreed that any recommendation from this Task Group would be put in writing to the Swindon PCT and that this would be included in the aims of the Group. The Chair asked for further information to be made available, particularly in respect of statistics regarding the number of women who have used the Malmesbury Unit in the last few years, the facilities available to Swindon mothers other than at GWH (to include capacity and location) and the number of GP's offering ante-natal and intra-partum care at the present time. Concerns were expressed as to what options for ante-natal and intra-partum care were offered to expectant mothers, and were they all offered the same options. The Task Group agreed that it would be helpful to visit both the Malmesbury Maternity Unit and the Great Western Hospital and to speak to staff there in order to source some of the above information. Within the scope of the project brief it was agreed to remove "review of latest developments in alternative birthing".

Resolved – (1) That, subject to the above amendments, the terms of reference for the Maternity Services Scrutiny Review be agreed; (2) that a visit to Malmesbury Maternity Unit be arranged for Wednesday, 1st September; and (3) that a visit to the Great Western Hospital be arranged for Wednesday, 22nd September, to include evidence from a member of the consultant staff from the Maternity Unit.

4. Project Planner - Structure of the Review

Resolved – That, subject to the deletion of GP Units and Birth Centres from Phase 2.3 of Evidence Gathering, the Project Plan for the Task Group be approved.

5. Witnesses

Claire Yeates circulated a list of potential witnesses for the Maternity Services Task Group. Some further suggestions were made which included:

- questionnaire to all staff in the Council (via intranet);
- questionnaire to all members of the Swindon Branch of the National Childbirth Trust;

- copy of data already available from the National Childbirth Trust;
- copy of Dr Tyler's report to be circulated to members of the Task Group;
- a local representative (other than Mrs. Liz Austin) of the Swindon Branch of the National Childbirth Trust;
- the father's perspective.

Claire suggested that a press release could be issued seeking views from members of the public and she agreed to bring a draft to the next meeting of the Task Group.

Resolved – (1) That, subject to the inclusion of above, the list of witnesses be approved; and (2) that the Scrutiny Officer prepare a draft press release for the next meeting of the Task Group.

6. Dates and structure of future meetings

Resolved - (1) That the dates of the next meetings are as follows:

Wednesday, 1st September (visit to Malmesbury Maternity Unit)

Wednesday, 22nd September (visit to GWH)

Wednesday, 13th October

Wednesday, 10th November

Thursday, 2nd December

(2) that all the meetings of the Task Group start at 7.00pm instead of 6.00pm; and

(3) that the title of the Task Group be amended to Maternity Services Task Group instead of Mid-Wifery and Alternative Birthing Task Group.

MATERNITY SERVICES SCRUTINY TASK GROUP WEDNESDAY, 22 SEPTEMBER 2004

PRESENT:- Councillors Ray Ballman, Deborah Baylies, Fay Howard, Charles Lister and Chris Shepherd.

Apologies for absence were received from Councillors Philip Sharpe.

7. Declarations of Interest

The Chair reminded Members of the need to declare any known interests in any matters to be considered at the meeting. No declarations were made.

8. Minutes

Resolved – That the minutes of the meeting held on 24th August 2004, be confirmed.

9. Consideration of draft press release

Claire Yeates (Scrutiny Officer) presented a draft press release that outlined the purpose of the Maternity Services Task Group and which asked for views from local people on the choices available to them for maternity services in Swindon. It was agreed to add another question that asked whether people in Swindon felt that they were offered a choice and also to delete the reference to Malmesbury Maternity Unit and the Greenways Maternity Unity at Chippenham Community Hospital under the question "what do you think about Birthing Centres?" Claire confirmed that she would notify the PCT about this press release and that it would be sent out to all local media in the next couple of days.

10. Consideration of further co-opted members to the Task Group

Two requests had been received recently, from Sandy Bridges and Sian Beautyman, to become involved with the work of the Maternity Services Task Group. Liz Austin advised the Task Group that these two women were currently business partners. It was therefore agreed that the Task Group had capacity for one more co-opted member and that they would both be contacted and asked to decide, between themselves, which one should become the co-opted member. The Task Group also agreed that the non co-opted member would be invited to a future meeting to give evidence. Anne Nash from the Swindon PCT had been invited to attend the next meeting of the Task Group on 13th October and she will be asked to provide information with regards to:

- The National Service Framework and what is happening with maternity services in Swindon
- Reasons for transfers from Malmesbury and the percentage of transfers
- The relative dangers of the various birthing options
- Ambulance waiting times – whether Malmesbury use 999 or emergency service
- What is the protocol for transferring patients/police escorts etc
- Induction rates/Numbers of deliveries and how this compares Nationally
- The capacity of the Great Western Hospital

A number of people had come forward to offer evidence to the Task Group on their birthing experiences and it was agreed that they should be invited to attend a focus group in the near future and it was hoped that this would include both good and bad experiences. The Task Group felt that it was important to seek as much evidence as possible before making recommendations to the Swindon PCT on the future of maternity service provision in Swindon.

MATERNITY SERVICES SCRUTINY TASK GROUP WEDNESDAY, 13 OCTOBER 2004

PRESENT:- Councillors Deborah Baylies, Fay Howard, Charles Lister, Philip Sharpe and Chris Shepherd.

Sian Beautyman (co-opted member) was also in attendance.

Apologies for absence were received from Councillor Ray Ballman and Liz Austin.

11. Declarations of Interest

The Chair reminded Members of the need to declare any known interests in any matters to be considered at the meeting. Ann Nash, Director of Operations for Swindon PCT declared a personal interest under the Code of Conduct in the matter under discussion as she had led the research into Devizes and Malmesbury Maternity Units and one of the outcomes of this research was the recommendation that it was not viable to continue with the two units.

12. Minutes

Resolved – That the minutes of the meeting held on 22nd September, 2004, be confirmed.

13. Evidence from Ann Nash, Swindon Primary Care Trust (PCT)

Ann Nash, Director of Operations for Swindon PCT presented evidence to the Task Group based on information that had been requested at the last meeting. Ms. Nash outlined the following areas of importance in relation to maternity services that appear in the National Service Framework:

- Managed Care Networks;

- Educating people before pregnancy, particularly in relation to health and diet;
- Mental Health Care during pregnancy and after birth, for example being clear about what services are provided locally;
- Choosing the most appropriate place to give birth. The PCT are currently looking at a number of options, including mid-wifery led units;
- Standards around Caesarean Section;
- Post birth – breast-feeding and support.

During the period April 2003 – March 2004, 9 Swindon women gave birth at the Malmesbury Maternity Unit and 1 at Devizes Maternity Unit. With regard to transfers from the Maternity Units to Great Western Hospital (of which there were 25.7% transfers from Malmesbury and 16% from Devizes), the main reasons given were:

- premature labour
- undiagnosed breeches
- foetal distress

Ms. Nash explained that both Swindon and Bath PCT's had strict clinical governance procedures and that the circumstances in relation to undiagnosed breeches would be examined in detail. The guidelines state that the ambulance would be expected to respond within 8 minutes. The PCT were keen to give Swindon women a choice on birthing options and were aware that Malmesbury offered a choice for women only in West Swindon or those who have access to personal transport. The Great Western Hospital does offer a consultant led unit and a mid-wife led unit but it is not apparent that these are two separate units and work needs to be undertaken to make these more physically separate. Currently there is no alternative to the hospital site and the PCT are looking at various options to be provided centrally in Swindon that would be easily accessible and financially viable. From experience, this would suggest a 10 bed unit run at 80% occupancy or maybe to link it with an existing service if the unit were to be open 24/7, or the possibility of a flexible unit accessed by midwives through a Domino scheme. This would necessarily require reviewing the current activity at the Great Western Hospital. G.P.'s are no longer on duty for 24hrs and it is therefore difficult for them to provide maternity support. Currently, Dr Chris Barry is the only GP in Swindon who undertakes obstetrics. Information given to expectant mothers is standard but it is very often the way the information is given by either the GP or the mid- wife that can influence people on the choice taken with regards as to where to give birth. This information is also available in different languages and interpreters are employed where appropriate. The Swindon PCT are keen to work with this Task Group on the review of maternity provision within the Town and are planning to present their interim findings by January 2005.

The next meeting of this Task Group will be held on Wednesday, 10th November at 7pm when Dr Chris Barry and Sarah Newman will be invited to give evidence.

MATERNITY SERVICES SCRUTINY TASK GROUP

WEDNESDAY, 10 NOVEMBER 2004

PRESENT:- Councillors Charles Lister (Chair), Ray Ballman, Deborah Baylies, Fay Howard, Philip Sharp and Chris Shepherd.

Liz Austin (LA)

Sian Beautyman (SB)

Sarah Newman (SN), Malmesbury Maternity Action Group

Dr Chris Barry (CB), Swindon GP

Claire Yeates (CY), Scrutiny Support Officer

Alison Smith (AS), Committee Officer

14. Declarations of Interest

The Chair reminded Members of the need to declare any known interests in any matters to be considered at the meeting. No declarations were made.

15. Evidence from a Swindon GP

- CY would seek clarification on the transfer figures given at the last meeting (25.7% from Malmesbury and 16% from Devizes)
- CB gave evidence relating to Swindon GP's providing maternity support as he is currently the only GP in Swindon who undertakes obstetrics:
 - supported home births for a long time
 - Pro-choice, given that people have an informed choice in the first place
 - Midwives getting more involved, therefore less need for GP involvement.
 - GWH is a mid-wife led unit but people are not aware of this because of how it is publicised.
- CS – where do people pick up information about choices available?
- CB – most go to GP when first pregnant, some go direct to mid-wife. People are so focussed upon going to hospital that they don't always realise they do
- have a choice. "Emma's Diary" is a publication that GP's hand out which
- does mention the various options.
- SB – why aren't GP's more active in promoting alternatives? Is there a risk of litigation?
- CB – most GP's do training in hospitals where they see what can go wrong and don't want to get involved.
- FH – would Swindon women want to use a maternity centre?
- CB – would hope so but there are obviously costs involved and it is possible that it could flounder due to lack of demand.
- CB – a high home birth rate in Bath and Bristol – consultant (Dr Rick Porter) is keen and promotes home births.
- CS – is information given to women at a time when they are already overwhelmed and therefore don't take it in? CB – yes.
- LA suggested that, should this task group recommend a birthing centre, then education and support would need to be provided to midwives.
- CB – community midwives do not need support or information, as they are already very supportive of mid-wife led units.
- OL – very difficult to forecast emergencies. Complications in the average case are very rare – haven't seen any statistics on this.
- CB – transfers in labour are not that traumatic. Those that he has transferred have thanked him for experience of home birth before transfer.
- FH – Swindon women may be more prepared to use a centre in Swindon rather than Malmesbury – feeling that it is too far away from Swindon.

16. Evidence from Sarah Newman

Presentation by Sarah Newman on the case for a birth centre in Swindon (Copy of the presentation is attached)

- SN – Research shows that labour is quicker in midwife led units and even quicker with home births
- SB - postnatal support is very important – midwives at GWH don't always have time for this

- CB – post natal depression is a huge area that is neglected and breastfeeding is not always discussed during the pregnancy.
- SN – PCT have suggested “dominoing” which is about sharing buildings with another service – not always a good idea.
- CB – need to undertake research into potential usage to show the PCT that there would be a demand. Could look at an area similar to Swindon where an independent birthing centre has been established to look at usage.
- SN – will speak to NCT and Richard Hallett to find out if similar units elsewhere
- CY – will find out if there is any similar evidence available from family authorities
- Richard Hallett will be invited to the next meeting on 2nd December at 6pm.
- The next meetings have been agreed as 20th December at 7pm and 13th January 2005 at 7pm.

MATERNITY SERVICES SCRUTINY TASK GROUP

THURSDAY, 2 DECEMBER 2004

PRESENT:- Councillors Deborah Baylies, Fay Howard, Charles Lister and Chris Shepherd.

Mrs Liz Austin and Sian Beautyman were also in attendance.

Apologies for absence were received from Councillors Ray Ballman and Philip Sharpe.

1. Evidence from Richard Hallett

- RH introduced himself and outlined his interest in Birthing Centres. He runs a food manufacturing business and is not a Health Professional but got involved initially with the Crowborough Unit as a user. He has also been involved with the:
 - Crowborough Maternity Unit Monitoring Group (Chair)
 - Eastbourne Maternity Services Liaison Committee (Chair)
 - Birth Centre Network UK (Steering Group Member)
 - User Involvement Sub-group of NSF EWG on Maternity
 - East Sussex clinical services Review of Maternity (Co-Chair)
- The National Service Framework (NSF) was formally launched in March whose rationale is:

“This standard recognises that, for the majority of women, pregnancy and childbirth are normal life events; it aims to promote women’s experience of having choice and control in giving birth to their baby. The standard seeks to improve equity of access to maternity services, which will increase the survival rates and life chances of children from disadvantaged backgrounds. It also aims to ensure that all mothers and babies receive high quality clinical services”.
- The vision of the NSF is to focus on the “vulnerable and disadvantaged”,
- “normality” and “Medical care”. There needs to be new ways of working to ensure that a balance is achieved between these three areas.
- There are 90 Birthing Centres within the UK – 57 in England, 13 in Wales and 20 in Scotland.
- The Crowborough Unit was originally a struggling GP unit, but when GP’s were advised that they may not be insured if they did not undertake a certain amount of obstetrics, many GP’s stopped this type of work which, in turn, forced a decision to be made on the maternity unit.
- Options available for maternity services in Crowborough included:
 - GP’s re-instate medical cover during labour

- Replace with midwife-led home deliveries and delivery
- Midwife-led inpatient maternity unit
- DOMINO unit
- The Health Authority agreed to a two year trial period from April 1997 as a Midwife-led inpatient maternity unit.
- During this time, the number of births increased, proving that women do choose this type of care.
- The increase in activity also meant that the cost per birth dropped, becoming a significant cost saving for the Health Authority – average is £1700 per birth.
- 83% of direct costs are mid-wifery costs.
- Mid-wife led units lead to 85% breastfeeding rates, compared to a National figure of 60%.
- RH suggested that a mid-wife unit could be located in more disadvantaged areas, for example where Sure Start is located.
- Intervention rates at the Edgware Birthing Centre were much lower than those at the local hospital. Labour was also slightly shorter and proved to be cheaper.
- Figures for Wiltshire – 1310 women gave birth in a birthing centre in 1995 - there was a 19% increase during 2000.
- Portsmouth (Gosport) would make a good comparison with Swindon as it is a similar urban area.
- SB - What is the home birth rate in Gosport?
- RH – 1.5/2%
- FH – what is the transfer rate?
- RH – for Crowborough, it is 14/15% - slightly higher for first time mothers
- SB – how many beds are in Crowborough?
- RH – 6 beds – will cover 350/400 births. Capacity of unit depends on number of midwives rather than beds. Currently staffed at 9FTE's.
- SB – what is the transfer time?
- RH – 30 minutes. Most transfers are due to failure to progress. There are very few emergencies.
- CL – are there any statistics on the outcomes of transfer cases?
- RH – There is no evidence that the outcome alters because of the need to transfer.
- RH – Crowborough and Eastbourne were managed together, therefore students trained in both environments. This allows for a more consistent and integrated approach and allows women to access a network of care whether they choose home births, midwife-led units or clinical care.
- The members of the task group thanked Richard Hallett for his presentation.
- Evening Advertiser article entitled “Let mums choose birth place” circulated along with response from CL. CL added that the main issue was to ensure that all mothers and babies should be as healthy at the end of the procedure as at the start.
- RH – Birth Centres are very good at identifying women that should and shouldn't be there.
- Agreed that, at the next meeting, the Task Group would put together recommendations which would be considered by the Primary Care Trust (PCT) during their comprehensive review of maternity services in Swindon to be completed by end of January 2005.
- The next meeting to be held on 20th December at 7pm.

MATERNITY SERVICES SCRUTINY TASK GROUP MONDAY, 20 DECEMBER 2004

PRESENT:- Councillors Charles Lister (Chair), Ray Ballman, Fay Howard and Chris Shepherd.

Apologies for absence were received from Councillor Deborah Baylies.

1. Declarations of Interest

The Chair reminded Members of the need to declare any known interests in any matters to be considered at the meeting. No declarations were made.

2. Findings and Recommendations of the Maternity Services Task Group

- Claire Yeates (Scrutiny Officer) explained that the purpose of this meeting was for the task group to determine its findings and recommendations and to report back to the next meeting of the Health and Social Care Commission on 20th January 2005.
- The Chair expressed concern that the task group had not received evidence regarding the outcomes of transfers from midwife-led units.
- Other members of the task group felt that this information had been available and agreed that the role of the task group was to consider the choice of maternity services for women in Swindon and not to look at the risks.
- The Chair reported that he did not want to see a separate birthing center in Swindon.
- Councillor Ray Ballman would like to see a birthing unit, particularly in a more disadvantaged area of Swindon such as Pinehurst.
- The Task Group considered the strengths and weaknesses of the
- following birthing options:

Consultant Led Units

Strengths:

- Theatre on hand for emergencies
- Women identified during pregnancy as high risk (Screening) referred to consultant unit
- All services on hand
 - Special care
 - All facilities
 - Availability of Paediatric services
- Maternity at GWH is developing
- Some women feel more secure

Weaknesses:

- Women seen as patients immediately
 - Natural environment
 - Intervention
 - Draw on bad experiences (family death)
- Parking and Public Transport (expensive/2 buses)
- Lack of continuity and care
 - Midwives differ
 - Antenatal midwife different to...
- Out puts of patients – quick turn around.

Birthing Centres

Strengths:

- Advantage to the health and equalities of some of the deprived wards that are at a geographical distance from GWH
- People more in control
- More “at home”
- Higher breast feeding rate
- Reduces length and cost per birth of labour
- Better choice
- Midwives – Recruitment, Retention, Morale
- Regular contact with 1 health professional
- Offers an alternative
- Compliant with the National Service Framework (NSF)

Weaknesses:

- No consultants available immediately
- Transfers
 - Time
 - Anxiety
 - Reliant upon Ambulance Service
- Only take women of low risk – importance of screening

General Comments

- Importance of screening
- National standard for transfers (8 minutes)
- Information
 - Different information to different women
 - No standardisation
- Young town that is growing
 - Demand on GWH facilities
 - Pool (area) for GWH has expanded

Recommendations of the Maternity Services Task Group

- The continued enhancement of the Maternity Services and facilities at the GWH
 - Water births
 - Garden
 - Family friendly
- That women are offered a choice of where to give birth - in particular, women are given the choice of a home birth or the services of a birthing centre which has been developed in accordance with the National Service Framework
- That the information given to women on maternity provision in Swindon is standardised and includes all the choices available to ensure equality of service for all women.

The Task Group agreed that these recommendations would be taken to the Health and Social Care Commission meeting on the 20th January 2005 as a majority report. A minority report would be prepared by the Chair that would also go to the Health and Social Care Commission in January. The next meeting of the Task Group would be held on 12th January 2005 to agree and finalise the report and recommendations to the Health and Social Care Commission.

ⁱ Community Unit Transfers 1997 - 2003 (2004 Report), Maternity Services, West Wiltshire Primary Care Trust.

ⁱⁱ Making A Difference: Bringing Normal Birth back into the Community, Bristol North Primary Care Trust, Bristol South & West Primary Care Trust, Proposals for Community maternity centres (birth centres) in Bristol, February 2004.

ⁱⁱⁱ Census Data, provided by Strategic Planning, Swindon Borough Council.

^{iv} The Kennet and North Wilts PCT attended the Health & Social Care Commission on 15th July 2004, to consult on the proposals for Maternity Services and for the Commission to determine whether the proposals represented a Significant Variation for Swindon or not. Following a meeting of the Kennet and North Wilts Board on 27th July 2004 it was determined that all birthing and postnatal inpatient activity at Malmesbury and Devizes will be transferred to the Trowbridge and Chippenham Maternity Units with the earliest implementation date of 1st November 2004.

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