

# What you need to know about our proposal to transfer Birthing Services from Inverclyde Community Maternity Unit



## Introduction

NHS Greater Glasgow and Clyde is proposing to transfer the birthing service from the Inverclyde Community Maternity Unit to the Community Maternity Unit, Royal Alexandra Hospital Paisley.

The purpose of this leaflet is to:

- Explain our reasons why and how this will affect women
- Describe what services will not be affected at the Community Maternity Unit
- Provide information on how you can tell us what you think about our proposal

## What services are currently provided at the Community Maternity Unit?

### Antenatal and postnatal care

The Community Maternity Unit at Inverclyde Royal Hospital provides a wide range of ante and postnatal care on an outpatient basis, between the hours of 8am to 6pm, Monday to Friday. This is a facility staffed and managed by midwives, with support, where required from consultants and other healthcare staff.

Every year, these services accommodate approximately:

- 2500 consultant appointments
- 8200 midwife contacts or appointments
- 1600 day care attendances

During their pregnancy, women can expect to see a midwife eight to nine times, either in clinic or in a home visit. We aim to ensure no more than three or four midwives are involved in the care of an individual mother-to-be as we understand that continuity of care is important to women.

The choices women have for their birth plan are discussed from the outset with their midwife and are revisited throughout the term of pregnancy. Women are assessed according to evidence based clinical criteria to guide their choices for place of birth and placed on a pregnancy pathway. Often, as the pregnancy progresses, clinical circumstances may change that can lead to a change in the plan for place of birth.

Just less than half of women assessed will be considered 'low risk' and placed on the green pathway. A Midwifery Led Birthing Unit will be the option of choice for many of these women.

The red pathway is where women are assessed as 'high risk' and factors taken into account include: any existing medical or social factors such as diabetes; the woman's weight; if she is expecting more than one baby; her age and her lifestyle. This means they would not be suitable for delivery in a Midwifery Led Birthing Unit.

### Midwifery led Birthing Service

The service at Inverclyde Royal Hospital is a freestanding unit which is separate from a Consultant Led Maternity Unit with obstetric consultants, anaesthetic and neonatal medical staff. Because of this, midwives provide a labour and birthing service for women who are assessed as low risk and no anticipated need for medical intervention during labour.

The unit provides one to one labour care in a relaxed, homely setting with the support of birthing aids such as birthing pool, aromatherapy and pain management using tens and pain relieving injection.

The midwifery team provide 24 hour staff availability to respond to demand at all hours to the birthing unit or to women in their homes choosing a homebirth.

## What do we want to change?

Our proposal is to transfer **only** the labour and birthing services from the Inverclyde Community Maternity Unit.

The Inverclyde Community Maternity Unit will remain open and continue to provide a wide range of antenatal and postnatal care to all women in Inverclyde.

This means that for the majority of women who attend the Community Maternity Unit there will be no difference in their care. The proposal only affects women who are on the low risk pathway and assessed as suitable to birth at the Community Maternity Unit as they will no longer have the choice of having their baby at the Inverclyde Community Maternity Unit. The choice offered to this group of women will be:

- Community Maternity Unit at the Royal Alexandra Hospital, Paisley
- Home Birth

Consultant Led care is an option for all women.

## Why do we want to make this change?

### Declining numbers

The Midwifery Led Birthing Service was originally planned to accommodate around 300 births per year. However the number of births at the Inverclyde Community Maternity Unit never reached this volume. For example the highest number of births was 120 in 2009 but in 2015 this had decreased to 22 and this year 13 women have delivered in the unit in line with the trend.

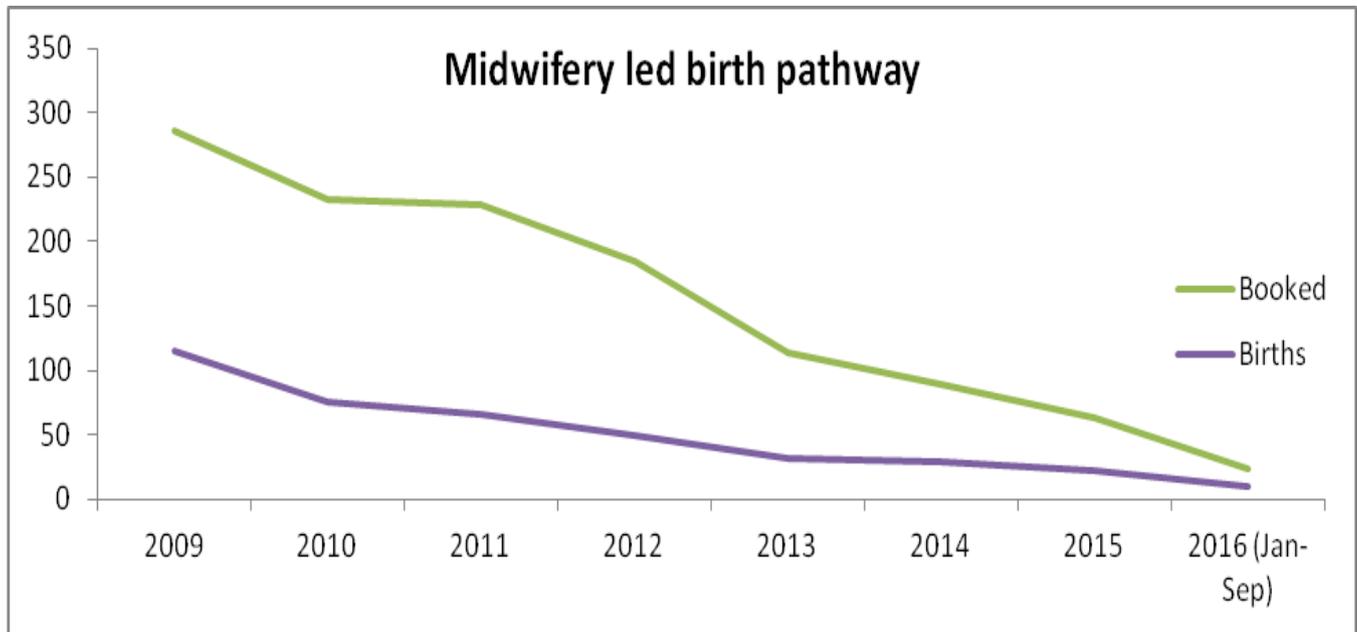
The numbers have declined despite marketing efforts by the Community Maternity Unit. Following extensive public consultation in 2007, it was decided that the Community Maternity Unit should remain open with an extensive marketing programme to raise awareness of the unit to try and increase the numbers of women opting to give birth there.

Over the last eight years, the birthing service at the Inverclyde Community Maternity Unit has been promoted in a variety of ways. We continue to actively promote the option to birth at the unit to women who are suitable. At the booking visit all women are:

- Invited to discuss their choices of place of birth
- Options reinforced with an information leaflet
- The decision about place of birth can be left open until later on in the pregnancy, ensuring women have time to make informed choices

## Why do we think the number of births has fallen?

The chart opposite shows the decline in the number of births at the Inverclyde Community Maternity Unit from 2009 up to the 14<sup>th</sup> October 2016.



The upper line shows the number of women who were suitable for a midwife led birth and had chosen this option following discussion with their midwife. The lower line then shows the number of women who had chosen this option and went onto give birth at the Community Maternity Unit.

We believe the reasons for this decline are:

Demographic	Since 2009, there has been a fall in the annual number of births in this area.
Choice	Despite both a one to one discussion and being provided with an evidenced based patient information leaflet, less women are choosing the Midwifery Led Birthing Unit. In 2009, half of all 'low risk' women made this choice. In recent years, this has continued to fall year on year. Most women give birth within the Royal Alexandra Hospital, Paisley, with some choosing to attend a Glasgow hospital.
Clinical suitability	Since the introduction of these units, new clinical guidelines have been published which have tightened the criteria reducing the number of women who are suitable to birth at the Midwifery Led Birthing Unit.
Complications during pregnancy	Should the mother go to two weeks past her due date or should complications occur in pregnancy, care will be transferred to the obstetric team and birth planned in the Consultant Led Unit. This has further affected the number of women who have delivered at the Midwifery Led Birthing Unit.

### Why does this matter?

As a result of declining numbers, the ability to deliver a safe, person-centred and effective service is becoming increasingly more difficult.

#### Safe

Due to the reduced number of births midwives now require to rotate through the busier Community Maternity Unit at the Royal Alexandra Hospital, Paisley to maintain their labour and delivery skills.

- Person Centred** Continuity of care within a team of three to four midwives requires a consistent team of midwives to be based in the locality at all times. As we rotate staff to Paisley to maintain skills, this continuity of care is more frequently diluted resulting in a less person-centred service.
- Effective** Our midwives need to live within 50 minutes travel time of the unit to support their on-call commitments. The ability to recruit midwives in recent years is becoming harder for smaller units particularly as midwives need two years experience to work in a free standing Community Maternity Unit.

## Tell us what you think

We welcome your thoughts and comments on our proposal to transfer Birthing Services from the Inverclyde Community Maternity Unit.

There are a number of ways that you can get involved to have your say as an individual, group or organisation by:

**Email:** [Public.Involvement@ggc.scot.nhs.uk](mailto:Public.Involvement@ggc.scot.nhs.uk)

**In Person:** We are holding a Public Event on Tuesday 8<sup>th</sup> November 2016 between 4.00pm and 7.00pm. If you would like to attend this event **please get in touch with us using the details above.**

**Writing to us:** Patient Experience Public Involvement and Quality, 4<sup>th</sup> Floor West Glasgow ACH, Dalnair Street, Glasgow, G3 8SJ

You can also contact Laura Nixon, Patient Experience Public Involvement Manager if you would like to discuss or comment on the proposal by:

**Email:** [laura.nixon@ggc.scot.nhs.uk](mailto:laura.nixon@ggc.scot.nhs.uk)

**Telephone number:** 0141 201 0369

**Mobile number:** 07795 666592

More information on the background to the proposal including the reasons for change and our engagement activities can be found here:

[www.nhsqgc.org.uk/inform-engage-consult/IRHbirthing](http://www.nhsqgc.org.uk/inform-engage-consult/IRHbirthing)

## Next steps

The closing date for all comments on this proposal will be Monday 5<sup>th</sup> December 2016. We will then collate all the feedback we have heard during the engagement process and provide a report on the findings to the Board of NHS Greater Glasgow and Clyde. They will use this report to inform their decision on the proposed changes to birthing services at the Inverclyde Community Maternity Unit.

If you require this leaflet or the more detailed document in an accessible format, such as large print or Braille, or in a community language, please telephone 0141 201 0369.