



Birth Centre Closures

[AIMS Journal, 2012, Vol 24 No 2](#)

Beverley Beech highlights some of the issues

Over the years, an endless stream of government statements and official reports have stressed the right of women to choose where to give birth. As long ago as 1994 a report by the National Perinatal Epidemiology Unit in Oxford stated, 'For some women, it is possible but not proven that the iatrogenic risk associated with institutional delivery may be greater than any benefits conferred.'¹ Since then research has revealed that the iatrogenic risk is GREATER than any benefits conferred²

As long ago as 1989, AIMS Journals³ were questioning the wisdom of closing local Midwifery Units (then usually called GP units), which, as is common today, were proceeding despite vigorous local opposition. The closures were given impetus by the notorious Short Report⁴ which recommended that home delivery and isolated GP units should be phased out, and the majority of women 'delivered' in large obstetric units. No evidence was offered suggesting that this would improve care or outcomes.

In 1992 the House of Commons Select Committee published its findings, following an extensive investigation into maternity care, and commented that 'the choices of a home birth or birth in small maternity units are options which have substantially been withdrawn from the majority of women in this country.'⁵ It recommended that these be made available.

In 2003 another House of Commons Committee looking at choice in maternity care stated that 'We accept that local configuration of services is a matter for local determination but given that pregnant women are not able to travel long journeys to give birth, if midwife led units are not available local choice is severely constrained.'⁶ Over the years endless groups of parents have protested at losing a much-loved local maternity unit or birth centre, but the juggernaut grinds on; occasionally, a new birth centre is established, but often does not last long. Studies of birth centre outcomes were often dismissed as being too small to provide valid results, but now we do have a study² that shows what most parents have suspected for a very long time: birth in small, local, free-standing midwifery run units have better outcomes for fit and healthy women when compared with similarly healthy women who were 'delivered' in large, centralised, obstetric units.

The BirthPlace study not only demonstrated better outcomes, it showed that there were substantial financial savings too.

On average, costs per birth were highest for planned obstetric unit births, as follows:

- £1631 for planned birth in an obstetric unit
- £1461 for planned birth in an alongside midwifery unit (AMU)
- £1435 for planned birth in a free-standing midwifery unit (FMU)
- £1067 for planned home birth

Cue – a national campaign immediately to establish more of these units and a training scheme to re-educate and support midwives to encourage and support normal birth. So we dream. Instead, in these times of financial cuts the Trusts appear to be determined to close the few free-standing midwifery units that exist, so why worry about a little matter of research evidence?

The latest rash of small Birth Centre closures include: Darley Dale and Corbar in Derbyshire; the Jubilee in Humberside and the Andover Birth Centre in Hampshire So concerned is AIMS about these closures, that on the 16 February we wrote to the Minister of Health, (see www.aims.org.uk/Submissions/letterMinisterHealthFeb2012.htm) pointing out that in view of the evidence, not only are the Trusts losing money by perpetuating large, centralised, obstetric units, (a minimum of £200 additional cost per birth); but they are also reducing the numbers of potential fit and healthy women and babies by maintaining these huge units.

AIMS has asked the Minister to intervene and take positive action to provide a maternity service that is truly responsive to women's and babies' needs. While the Minister questioned the Trusts' decisions, it all boiled down to 'the provision of local health services ... is a matter for the local NHS'. So, no change there then!

References

1. Campbell, R, Macfarlane, A (1994). Where to be Born: The debate and the evidence. 2nd Edition Oxford: National Perinatal Epidemiology Unit, Oxford.
2. Brocklehurst, P et al (2011) Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study. BMJ 343:bmj.d7400.
3. Young, G (1989) In Support of GP Maternity Units. AIMS Journal Vol 1 No 1. p16-17.
4. Short, R chairman (1980) Perinatal and neonatal mortality. Second Report from the Social Services Committee 1979-80. London: HMSO, 1980.
5. House of Commons Health Committee (1992) Second Report, Maternity Services, Vol 1, HMSO. Available at aims.org.uk/Winterton.htm
6. Hinchcliffe, D chair (2003) Choice in Maternity Services, Ninth Report of Session 2002-2003, House of Commons Health Committee, ISBN 0 215 01227 5. Available at www.publications.parliament.uk/pa/cm200203/cmselect/cmhealth/796/796.pdf