



## Ombudsman finds King's Lynn guilty of maladministration

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Queen Elizabeth Hospital (QEH), King's Lynn is notorious for refusing to provide a home birth service. Any woman unfortunate enough to want a home birth within its area has an uphill battle. In 2012 Jeanette Stevens gave birth to her first son at home and described her experience as 'magical'. By 2014, when she was 32 weeks pregnant with her second baby, QEH unilaterally withdrew its home birth service 'temporarily'. Right up to the birth Jeanette fought the Trust and the Care Commissioning Group (CCG), desperately trying to get an agreement that a midwife would attend when called. In the end she had no choice but to engage an independent midwife. (Read her account in the next journal.)

Jeanette was not alone in her experience. Jane Reeve was also fighting to have a midwife attend the home birth of her second daughter; her story [The battle for Cordelia](#) is published in AIMS Journal 28(1). Jane's first baby was born 12 minutes after her arrival at hospital, giving her no time to enjoy her planned water birth. It was sensible, and safer, therefore, for her to birth her second baby at home. She too was faced with QEH's intransigence and they justified their refusal to provide midwifery cover on the grounds that the 'temporary' closure of the home birth service was, allegedly, due to staff shortages. A 'temporary' closure that had been in place for the past three years. Jane Reeve complained to the Ombudsman that as a result of the Trust's decision she had to pay for a private midwife. The Ombudsman upheld her complaint and found that *'the length of time the Trust's Home Birth Service has been suspended without any alternative home birth provision being offered or explored amounts to maladministration'*.

He went on to state that:

*'We accept that Mrs Reeve was not denied adequate maternity care as the Trust explained that she could use their Central Delivery Suite and we have taken this into account when considering our recommendations. Additionally, had the Trust explored the possible alternative arrangements to assist Mrs Reeve with her home birth request we may have arrived at a different view on her complaint. However it is due to the fact that no alternative home birth options were considered by the Trust despite Mrs Reeve's repeated requests that we have decided to uphold this complaint.'*

*'We recommend the Trust pay Mrs Reeve Â£1000 as a consolatory payment in recognition of the failings we have identified.'*

For more information see Parliamentary and Health Service Ombudsman Case Reference: HS-242121

## AIMS Comment

Perhaps now QEH will properly provide an effective and efficient home birth service?

While the Ombudsman's ruling is welcome, his view that Mrs Reeve could use QEH's Central Delivery Suite is questionable. Research clearly shows that had Mrs Reeve given up and birthed in the delivery suite she would have been putting herself, and her baby, at increased risk, not only from the real possibility of giving birth in an ambulance on the way to the unit, but also from the risks in the delivery suite.

It is clear from recent research, and the BirthPlace study in particular, that low risk women birthing in an obstetric unit have worse outcomes that will have an effect on them for the rest of their lives: on their ability to feed and look after their babies, on their ability to become pregnant again, to have another safe and low risk pregnancy and birth. These outcomes include not just instrumental, surgical births and episiotomies, but blood transfusions and general anaesthetics. If care is to be provided on the basis of good research then it is time that the risks of fit and healthy women giving birth in obstetric units are properly addressed.