AIMS For a better birth...

Midwifery unit closures

AIMS Journal 2017 Vol 29 No 2

Gill George highlights the situation affecting women in Shropshire

On 29th June, the Board of Shrewsbury and Telford Hospital Trust (SaTH) suspended all services at the three Freestanding Midwife-led Units (FMUs) serving rural areas in Shropshire. This affects the towns of Oswestry, Bridgnorth and Ludlow, and the rural communities surrounding them. The suspensions will be for up to 24 weeks, although campaigners fear it will be a permanent move. There has been no consultation with service users. This appears to be an effort to lead to permanent closure.

The service losses are even wider than the loss of the FMUs. Women in rural areas are suddenly no longer being offered the choice of a home birth. The accessibility of local antenatal and postnatal care will be reduced from a 24/7 service to a 9–5 service – and in practice, availability is even less than this. We know of Ludlow women travelling 30 miles to Shrewsbury for antenatal care, and Oswestry women no longer being offered home postnatal checks, and having to travel to hospital a matter of hours after giving birth.

There is no confidence locally that the FMUs will re-open for births. If they do, it is likely to be with a pared down service that midwives regard as unworkable and unsafe; campaigners believe this will itself be a prelude to complete closure.

This is an organisation that struggles to listen to parents. The findings of a recent internal review into the safety of the maternity service were reported to selected 'stakeholders' at a meeting on 27 June. Sadly, the bereaved parents who had lost their babies through avoidable deaths were not regarded as stakeholders, and were excluded from the meeting. They were reduced to standing outside in the rain, lobbying the people going in. One bereaved mother had abuse shouted at her by an official stakeholder – a middle aged man with no interest in or knowledge of maternity care. Another bereaved mother had to sit on wet ground, in the rain, to breast feed her new-born baby. Not an occasion where SaTH covered itself with glory.

There is a current NHS Improvement review of SaTH's handling of at least 23 incidents of baby deaths or cases of avoidable harm. The latest MBRRACE report has identified SaTH as continuing to be an outlier in its high rates of perinatal mortality. Genuinely this is a troubled organisation, with a long way to go to achieve high quality care.

Campaigners are certain that cost cutting underpins the closures, but SaTH has another explanation. The current rationale is that the rural FMUs have to be closed, and their midwives transferred, when there is

staff sickness at the Consultant-led Unit at Telford. (Staff sickness rates are actually low and fairly steady, but nevertheless, this is the explanation from SaTH).

The 'Better Births' aspiration is to offer women increased choice of community settings for birth, and to achieve a substantial transfer of low risk births from Obstetric Units to Midwife Led Units and home births. The solution to SaTH's over-dependence on Consultant-led care cannot be to close Midwife-led Units, and to deny rural women home births, as we are now starting to see. This is not choice, and nor does it provide women with optimum care. Campaigners argue that SaTH must employ enough midwives to provide safe and consistent care across all settings – and that SaTH has to promote its FMUs instead of working hard to undermine them. And if the Consultant-led Unit is so busy, why on earth can women not be supported to use midwife-led units instead?

This is a very rural area. Road networks are poor, and public transport infrequent and expensive (where it exists at all). The stripping back of accessible local care affects relatively small numbers of women and babies, but the implications for their health and wellbeing are profound. Centralisation is superficially cheap – but carries very real long-term costs. In the last few weeks, two women in Ludlow have given birth without midwife support, because it simply took too long for the midwife to arrive. It is close to inevitable, given the distances, that there will be more cases. We can expect, too, to see an explosion in the number of 'lay-by births'.

The brilliant midwifery support available historically at our rural FMUs has, by anecdotal report, achieved good rates of breast feeding and offered excellent support (and referral on where needed) to women with postnatal depression. SaTH has not considered these very important outcomes.

Shropshire campaigners are appealing for help, for maternity experts to use their knowledge and networks to save the FMUs in Oswestry, Bridgnorth and Ludlow. It is a desperate situation, and expectant mothers are very scared and uncertain about what is going to happen to them. This is no way to spend your pregnancy.

Gill George

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