AIMS For a better birth...

Keeping babies 'Born In Salford': an update on maternity provision for Salford women and families

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On the 19th April, as a member of the University of Salford Midwifery Society, I was invited to attend the opening of the Ingleside Birth and Community Centre in Salford. The weather performed its own blessing and the sun shone on Oakwood Park to reveal the hidden greenery of post-industrial Salford. The Ingleside mansion is a Victorian listed building left to the people of Salford in 1936 by the Pilkington family, along with extensive grounds which now function as a public park. Finding a new use for the building has been a subject of concern for local people in recent years, and its conversion into a birth centre has managed to achieve an ongoing public function for the building.

The refurbishment has successfully created modern birthing spaces whilst preserving the building's beautiful original features, most notably the unique and varied windows. Each of the large, airy birth rooms has a generous-sized birth pool, and in the largest room the doors open to reveal the lush trees and birdsong of the surrounding park. The centre also hosts community spaces to enable use of the facilities beyond that of birthing women to other members of the locality, as campaigned for by local people. It is hard not to be impressed by the tranquil rooms and settings, and its potential to be transformative. However, as an individual whose personal history has traced the decline of maternity services in Salford, the day also brought with it a great sense of what Salford has also lost.

Until November 2011, Salford had a full range of maternity services delivered from Salford Royal Hospital, still affectionately known to Salfordians as 'Hope Hospital'. The unit was an early adopter of the UNICEF Baby Friendly standard, and only a year before its closure was listed as one of the Care Quality Commission's top ten maternity units. Babies had been born on the site since 1882, and on hearing of the closure, the people of Salford took up the fight to keep their babies 'Born in Salford'.

Despite the campaign, the maternity unit was closed in November 2011. (See Davies and Rawlinson (2012) for a discussion about the closure of the obstetric-led unit at Salford Royal, as part of Greater Manchester's maternity reconfiguration programme.) However, one positive outcome from the relentless campaigning of women, midwives, and local politicians was the retention of a freestanding midwifery unit, so that the women of Salford were still able to give birth in the city. When this later closed in September 2017, the women of Salford were left with no other choice but home birth if they

wanted to give birth in Salford.

Their only other options were to use four hospitals outside of Salford: North Manchester General Hospital, Royal Bolton Hospital, St Mary's Hospital in Manchester, and Warrington Hospital. The opening of the Ingleside birth centre in Salford thus offers a welcome improvement to this situation. It is notable, however, that at the opening event women travelled from other areas of the region to see the facility, and there have been discussions around the centre being used by women across Greater Manchester and Eastern Cheshire. It remains to be seen whether the centre will focus on serving the people of Salford, or whether the needs of others will begin to overwhelm those of the local community.

My journey into motherhood shadowed these changes to maternity services in Salford. In December 2006, shortly after the birth of my first child at Salford Royal, the 'Making it Better' consultation into maternity services in Greater Manchester recommended the closure of the unit. By the time I had my second baby two years later, an appeal against this decision had failed, and the campaign focused now on establishing a freestanding midwifery unit in Salford, and was successful with this. With my third baby, the fight was to retain this freestanding unit in Salford. Involved in the campaign as part of the Salford Maternity User Group, I forged strong friendships and alliances with my colleagues and was supported by some amazing midwives and midwifery lecturers.

It was painful at times; our low as a user group was finding out about the proposed closure of the freestanding midwifery unit on reading the Manchester Evening News, despite having been part of the consultation. We would have at least expected to have been told of this decision directly! In the pause provided by a series of angry letters to the newly established Clinical Commissioning Group (CCG), the political climate in maternity services had changed enough for plans to start being made for a new birth centre, and with our experience of childbirth deemed too distant, a new group of women were enlisted to provide their views.

There has been a notable absence of discussion about this impassioned fight to retain services in Salford as part of the celebrations opening Ingleside. For some, it seems the campaigns to retain services in Salford were overshadowed by the 'success' of Greater Manchester's maternity and neonatal service reconfiguration (Making it Better). As Dowler, Heritage and Wallis (2012) wrote in the*Health Service Journal:*

"When the neonatal intensive care unit and maternity services at Salford Royal Foundation Trust finally closed in November, it seemed almost to pass without comment. Local papers did not report angry protests. There were no indignant statements in Parliament. You would not have known that a few years previously the closure was so controversial a serving cabinet minister – Hazel Blears – joined a demonstration against it."

However, Salfordians are pragmatic people. In Rebecca Long-Bailey MP's speech at the opening of Ingleside, she was applauded for her iteration of Tony Wilson's famous quote about Manchester, "we do things differently here". The unfortunate truth for Salford is that, shadowed by our more powerful Mancunian neighbours, we have no choice but to do things differently. We did fight, and we did retain

services. However, the fragmentation of care in Salford has had catastrophic consequences for the provision of services. In terms of financial strength, Salford CCG's power is diminished by this four-way split and our Salford voice has become weakened. Alongside the creation of the Ingleside Birth and Community Centre, other services in Salford have slowly ebbed away, passing almost unnoticed: breastfeeding peer support services, the antenatal clinic and scanning services from Bolton Foundation Trust at Salford Royal, and an acupuncture service highly valued by women suffering hyperemesis and pelvic girdle pain.

I am now a Student Midwife, but my enthusiasm for ensuring maternity services are informed by women is not diminished; this surely is the key to ensuring that maternity care is woman-centred. However, this means ensuring that we understand what women want, whether or not they are one of the vocal few who will be part of campaigns. Returning to my letters from the proposed closure, I was reminded that as the Salford Maternity Services User Group, one of our major concerns was that our views as a group of mainly white middle-class women did not represent those of the women of Salford. At the opening of Ingleside, Baroness Cumberlege, who led the National Maternity Review, spoke passionately about harnessing the skills of working women in Maternity Voices Partnerships (MVP). The professional woman invoked by Baroness Cumberlege do exist in Salford, but I would question whether they are representative of Salford. 70% of Salford residents live in areas of significant social deprivation, and only 20% are in professional level employment, compared to 50% of the South East. It is a challenge for a Salford MVP to represent the voices of such a diverse group of women, and a creative approach needs to be given to engagement. The division of care in Salford caused by the 'Making it Better' reconfiguration adds to this challenge. Not only must we work to try and find this voice, we must also try to communicate this to four different NHS Trusts. Should Salford attempt to do this through its own MVP or should Salford women try to represent their voices as part of existing MVPs in these trusts? Whatever way is chosen, ensuring the perinatal needs of Salford women are met seems a formidable task.

In many ways the opening of Ingleside is a triumph; to have retained services in Salford is an achievement which seemed unlikely just four years ago. However, in his speech at the opening, Salford's Mayor, Paul Dennett, claimed that Ingleside will continue to enact the Pilkington legacy for the people of Salford. It is clear the beautiful building will have the power to attract women from outside the area to use the centre. However, to act as a legacy for Salford, Ingleside will need sustainable targets for births and a supportive staff base. It must endeavour to offer services that benefit women from Salford beyond those whose low risk status will enable them to birth there. Having community midwifery services located at Ingleside seems of little added value to local women who have continued to access community midwifery in local GP surgeries and Children's Centres. The possible co-location of perinatal mental health services is a more promising addition. What is clear is that the campaigning zeal of the women of Salford must not end here. We must continue to press for services which meet the needs of Salfordians rather than allowing the marketisation of maternity services to obscure the needs of the most vulnerable.

Amy Prodgers is soon to graduate from the University of Salford, where she was this year's winner of the university's Student Achievement Award for Midwifery Programmes.

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