



Halcyon Days

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Kathryn Gutteridge is extending choices for Low Risk Women in Birmingham

Sandwell & West Birmingham Hospitals NHS Trust has become the proud parents of a new baby – the Halcyon Birth Centre. What a gift for midwives and women alike; it was opened in October 2011 by the newsreader Julie Etchingam. Julie's blog titled Birth Right (Posted 11 October, 2011) states;

'I think I've just been to the most beautiful place in the NHS.

'It isn't in an upmarket city suburb, or a leafy well-heeled part of London. It's in one of the most deprived areas of the country

'The women of Smethwick in the West Midlands now have, on their doorstep, a midwife-led maternity unit which should be the envy of the country. It's called the Halcyon Birth Centre, and aims to make giving birth the most memorable and cherished experience of women's lives.

'There are no bleak institutional corridors, no forbidding desks. The walls are curved and painted in restful lavenders and pinks, there is an aromatherapy room – a garden and a communal area for tea and coffee, shared (crucially) between families and staff to ensure there are no barriers, real or psychological, between the midwives and the women who come to give birth.

'The birthing rooms themselves are beautiful, with furnishings which would be at home in a boutique hotel. Fairy lights twinkle in the ceiling, there are plumped, luxurious cushions on the bed – and each room opens onto a courtyard garden.'

Julie had been involved with the Trust earlier in the year where she investigated the current national situation of Maternity Services and how we have approached our quality and clinical issues. The decision to invest in a brand new build of a freestanding birth centre may seem controversial in today's climate of financial constraints. However, the closure of Sandwell Maternity and its reconfiguration to City Maternity site was the precursor for this. As with any closure of a maternity service the Overview Health Scrutiny Committee (OHSC), made up of local councillors and ministers decided after a period of consultation that Sandwell women should have a place to birth their babies. Therefore the decision to invest in a free-standing birth centre was made supported by local people and the committee. The funding for the venture is an interesting model that was devolved from the primary commissioners of that area - Sandwell Primary Care Trust (PCT). They owned a piece of land that already housed a PCT

building for an Intermediate Care Centre on an accessible route.

Although the preferred location would have been more central to West Bromwich itself, the proposed site actually is on the main bus and rail route and easily accessible. Once the funding model was agreed – which was based upon the birth tariff for each woman, tenders were sent out for construction companies to bid. An interview process selected the successful bidder and the one who met the brief of; 'a small, bijou spa hotel extending our project "Your Birth in our Home"'. The successful company was West Hart and LSP Partnership Ltd. who understood the brief completely demonstrating sensitive and innovative designs. The project team formed: it consisted of head of midwifery Elaine Newell, consultant midwife Kathryn Gutteridge, PCT commissioner for Maternity Janine Brown, PCT project manager Guy Carson and the design team. The clinical focus was based upon the success of the Serenity Co-located Birth Centre and therefore the construction company spent a lot of time understanding how this model works. They went away, coming back with ideas and designs to discuss with myself and Elaine. It is safe to say that the designers were intuitive and insightful and understood what we were trying to achieve and that we wanted to maintain what was successful at Serenity Birth Centre.

As with many projects of this nature the vision does not always match the reality, however, in this case we were not disappointed. Involving a local art college and a well known local sculptor we commissioned some external and internal art work which would feature some of the ideas we were developing based on the name of the birth centre and on birth. We gave the artists the theme of 'The Tree of Life' and they came up with some fantastic ideas which are part of the finished build.

Project Brief

A free-standing facility for the women of Sandwell and surrounding area; with capacity based upon 350 women giving birth annually that is incremental over three years whilst establishing itself. The building itself has three birthing suites which are roomy and built around the courtyard garden. Imagine a spa hotel with your own suite and sensitive décor that has French doors opening into the garden – this gives you some idea of what we have achieved. The designers were told that each room should have its own identity either in colour or shape but there are basic requirements that are non-negotiable. The rooms are named Tranquillity, Harmony and Grace and each has:

- A fixed birthing pool
- Seating for parents and visitors
- A double bed – not on immediate show
- Room for Bradbury mats and other birthing aids
- An ensuite wet room
- A TV, WiFi and iPod docking station
- A changing station for baby
- Storage that is both discreet and practical
- Clinical materials available, but not immediately on show

As demonstrated in the photographs this was achieved. The entrance is similar to a reception area in a hotel with a curvaceous desk and comfortable seating for visitors. Overhead is a specially designed mobile (designed by art college) of different bronze leaves that flutter high above, signifying the 'Tree of Life' and how each tree produces its own unique leaf. Behind the reception area is a sculpted tree and each baby born is represented by parents choosing a leaf and writing their child's name on it to hang on the tree. There is a Therapy room whereby treatments for women can be performed using aromatherapy and reflexology, both before and during labour. All low risk women who use our service are offered aromatherapy during labour ; we have a programme of pre-blended oils that are used throughout the labour process that can make a difference to their experience. Following the rooms around to the dining area is a comfortable seating arrangement and dining table. We encourage the family to look after the labouring woman's nourishment whether that is preparing her food in our family kitchen or just making a pot of tea. The clinical storage is behind the main staffing area with a bay for the resuscitaire to be accessed for emergency use. We have weekly tours of Halcyon with our midwives and maternity assistants giving information about the service and what women and their families can expect. Giving birth in a free-standing birth centre is a decision that takes into account the possibility of a transfer outside of hospital. We are 3.5 miles from the hospital labour suite and this has been a reassuring factor for both midwives and families. The front of the building has an ambulance bay so that the woman can be transferred swiftly. The staffing model has been decided and supported by the established co-located Serenity Birth Centre. All calls come into Serenity and a programme of updating and rotation of community midwives into this facility has supported our community colleagues to participate in this exciting venture. There have been some problems in changing a well established community programme of activity, however they are now much more willing to be instrumental in the development of this service. The PCT has continued to make investments into our community midwifery model and have supported us with increased funding for midwifery.

Basing all of the clinical activity on a very new model such as the Serenity Birth Centre has not been without risks. However after the first year's clinical data outcomes it was evident that this was working and should be adopted as the continued model for our free-standing Halcyon Birth Centre. A brief synopsis of the outcomes for the Low Risk population at SWBH NHS Trust for the year 2010/2011;

- 950 women in labour in Serenity Birth Centre includes women having first and subsequent babies
- 808 actual births
- Transfer in labour rate of 14.9%
- Spontaneous vaginal birth rate of 94.1%
- Caesarean section rate of 3.26%
- Assisted birth rate of 2.63%
- 53.5% of all women labour, birth and have physiological 3rd stage in water

- 100% of women are actively moving during their labour and birth
- Use of Pethidine is 5.3%
- 2.21% of women were transferred for an epidural
- 9.5% women had episiotomies
- 34% of women required perineal repair
- Babies requiring admission to the Neonatal Unit was 3.26%

The overall positivity of the outcomes and the knowledge that the processes and governance arrangements are working is why the development of Halcyon has been possible in such a short time frame. So far we have had 51 babies born at Halcyon and some very happy parents. It is a birth and short stay facility so during the postnatal period, women sometimes stay as little as two hours with some women staying a little longer, but most are home within 12 hours. Midwives are trained to perform the neonatal examination so the parents can have continuity and consistency in their care.

We are attracting women from around the region to see what it is we can offer. It is not just beautiful surroundings, this is about a vision that supports women in our home together with their families. We understand the importance of the family unit, the difficulties women have in leaving behind their children, we make it possible for them to be together. When the birth is over and the baby is in its parents' arms – we all celebrate together. It is time for that baby to plant its feet firmly in the soil; to grow and begin its journey into life knowing that its parents were together through labour and beyond. Halcyon means calm and tranquil, or 'happy or carefree' and is associated with the Kingfisher calming the raging sea before the winter solstice to lay her eggs in her nest on the water. Well we have a serene and calm birth centre with water in every room and our midwife is the Kingfisher who guides the woman through the rolling waves of labour to the calm of her birth. I have a passion for supporting women with birth choices whatever they may be; I believe that women deserve the very best we can provide for the birth of their child; it is after all a unique life event. The care women receive during childbirth will stay in their memory for life so it is incumbent upon us to do the very best we can.

Kathryn Gutteridge

Consultant Midwife and clinical lead for low risk care. Supervisor of Midwives, Aromatherapist, Psychotherapist

Second Midwife

If, instead of sending out two midwives to every home birth, Trusts and Health Boards ensured that, where appropriate, the second midwife was a student midwife they would not only reduce costs, but would also begin to develop a cohort of midwives who had seen normal, straight forward births and are confident at attending home births. Furthermore, if the Nursing and Midwifery Council insisted that student midwives should attend at least three home births in their final year, more midwives would gain a better understanding about the social context of birth, birth physiology, the importance of disturbing the woman as little as possible, and the very real differences between an obstetric delivery and a normal birth, and thus gain a better appreciation of a social model of birth.