



Blackburn Birth Centre

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Suzanne Unsworth and Caroline Broome share a vision for the future

In line with government policy,^{1,2} East Lancashire consolidated its maternity services and Lancashire Women's and Newborn Centre (LWNC) opened in Burnley in November 2010. As part of this reconfiguration, three birth centres opened across the East Lancashire Maternity Service.

The Blackburn site was previously used as a health facility and was in danger of becoming derelict. After a £900,000 face-lift the Blackburn Birth Centre was ready to open in September 2010.

As of November 2012, more than 2,000 babies have been born at the centre and it is well on its way to being declared a huge success.

Blackburn is an area of significant social deprivation currently ranking 17th in the country. It is a multicultural community where significant proportions of the residents are of Asian heritage. Both birth and death rates are above the national average.³ The location of the birth centre was crucial in order to serve the community it was intended for. It is central, easily accessed from all the surrounding areas and is alongside the M65 'corridor'.

For the first two months, the birth centre operated using a team of midwives who had all expressed a passion and belief for working in a free-standing birth centre, and a clear philosophy was developed.

Once the final stage of the reconfiguration was complete, an integrated community model was developed. Midwives in the community undertake a mix of shifts in the birth centre and in the community. This means that midwives are skilled in all areas, promoting continuity and enabling women locally to make choices. This includes working at the consultant-led unit at the Lancashire Women's and Newborn Centre in Burnley when the birth centre experiences low activity or when women require transfer. Conversely, midwives from the consultant unit work at the birth centre during busy periods to ensure that the place of birth for women is respected. This model offers seamless care for women, with a strong emphasis on collaborative working across East Lancashire Maternity Services.

The birth centre stands in beautiful gardens, sharing parking access with the East Lancashire Hospice. It is a single storey building with four birth rooms. There are three pools and a large four-bedded postnatal area. Each room has a patio with outside furniture where women can move through their labour at their own pace, surrounded by family, friends and very supportive midwives. It is clean and contemporary with a calm, relaxed atmosphere, often compared to a Spa!

Reflecting on the last eighteen months it is important to understand why Blackburn Birth Centre is proving to be so successful. There is growing evidence to suggest that low-risk women benefit from midwifery led care and few would dispute there is no risk-based justification for requiring the birth of all women in hospital.⁴ So why is it that so many midwifery led units and birth centres are under threat? In a recent address to the King's Fund, Cathy Warwick (the then President of the RCM) put the blame with the clinicians, stating that variation in practice is due not to the women but to midwives' reluctance to embrace flexible working practices and to positively promote their service.

The midwives made it so easy for me. Giving birth at the Blackburn Birth Centre was a fantastic experience and it went exactly how we had planned. I would recommend it to everyone.'

Penny, mother

Historically, Blackburn had already adopted a model of integrated midwifery whereby midwives worked both in the community and in the local district general hospital. Philosophies of flexible, skilled working practices were already embodied within the previous model of maternity care and were easily transferable.

The birth centre is managed by two band 7 midwives, who oversee three teams of band 5 and 6 midwives, health care assistants and clerical support. The careful planning of rotas ensures that junior midwives are always supported by more experienced staff. The birth centre welcomes student midwives, medical students and students from out of area on elective placements. All newly qualified midwives spend six months at the birth centre as part of their preceptorship programme.

This inclusivity ensures that the birth centre is seen as part of mainstream services and maintains healthy relationships between the different sites. The support of the obstetricians and neonatologists is invaluable, offering excellent examples of good collaboration. There is a lead neonatologist with whom the midwives regularly discuss practical issues. Excellent communication and a strong ethos of mutual respect have been essential to the safe care of women and their babies. They are crucial for the maintenance of trust and the smooth transfer of care to the consultant unit when appropriate.

'I find that working at the birth centre at Blackburn with women and their families is extremely rewarding. Here I can give one-to-one care and support and preserve normal birth.'

Gwen, midwife

Strong effective leadership is vital in order to maintain the philosophy and ensure consistency of women-centred care. The managers have been instrumental in supporting the midwives in the transition into their new role. It is impossible to meet the challenges of a birth centre without the midwives themselves feeling supported and able to discuss the fears and anxieties sometimes associated with a free-standing birth centre. Developing self-belief and a vision has been crucial. The midwives often discuss how the night skies should be lit with neon 'BC's and not fast food outlet signs!

Central to the birth centre at Blackburn is the preservation of individual choice, dignity and privacy. We believe that every birth matters and the way a woman gives birth has an impact on the rest of her life. Research shows that women want care based upon trust, care and mutual respect.⁵

The Blackburn Birth Centre provides a calm, relaxed birth environment with one-to-one care. The women are not restricted in the number of birth partners and this allows family members to support each other and in turn offer better support to the woman. 60% of the women labour in the pool and 40% give birth in the water. Women are encouraged to eat and drink in labour. There are birthing balls, mats and a birthing stool. Few women choose to give birth on the bed, opting for an active birth with themselves at the centre of their care.

'I had a really pleasant experience at the Blackburn Birth Centre. All the midwives are very friendly and helpful.'

Neelam, mother

Midwives working at the birth centre also meet women at their booking appointment in the community and discuss place of birth at this point. The decision is revisited at various intervals during the antenatal period. This exposure to the staff of the birth centre, with the opportunity for women to come to the centre for antenatal appointments, membrane sweeps, antenatal information sessions etc., means that it is a familiar place to the women and therefore seems a natural place to give birth. This flexible approach facilitates the opportunity for women to choose their place of birth and to change their mind at any point in their pregnancy. It also ensures that the birth centre remains central within the community.

Each week a Supervisor of Midwives runs a session to enable women who do not conventionally fit the criteria to birth at a free-standing birth centre, but wish to exercise this choice, to discuss their care. Choice is respected and care plans devised on an individual basis, often in conjunction with the obstetric and neonatal team and, of course, the woman and her family. This has proved highly successful with women, families and midwives.

There are, without doubt, challenges to face in the future. Increasingly, women are being led to believe that birth is an event to be feared and is a 'dangerous' process. However, midwives working in a supportive environment play a key role in normalising the processes of birth and inspiring women and

their families on their wonderful journey in to parenthood. At Blackburn Birth Centre, midwives have been in the privileged position of watching, quietly and respectfully, a woman transition into motherhood, not fearful but in eager anticipation.

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References

1. Department of Health 2006 : Our Health, Our Care, Our Community - Investing in the future of community hospitals and services.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_413693
2. Department of Health 2007 : Making it better : For mother and baby.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065053
3. Office for National Statistics 2011 www.statistics.gov.uk
4. Hollowell J, Puddicombe D, Rowe R, Linsell L, Hardy P, Stewart M et al 2011: The Birthplace national prospective cohort study: perinatal and maternal outcomes by planned place of birth. Birthplace in England research programme. Final report part 4: NIHR service delivery and organization programme.
www.npeu.ox.ac.uk/birthplace
5. Hodnett ED, Downe S, Walsh D, Weston J, 2010 : Alternative versus conventional institutional settings for birth. Cochrane Database Systemic Review.