

Cumbria Health Scrutiny Committee

Date of Meeting	26/02/2018
Title	Helme Chase Standalone Midwife Led Unit
Report of	University Hospitals of Morecambe Bay NHS Foundation Trust
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BACKGROUND

As an organisation and maternity service we have been concerned with a drop in births at our stand alone maternity unit which started in around 2012/13. Indeed in 2013/14 the births had fallen from 280 to around 190. This had been caused by the implementation of robust clinician guidance nationally across all maternity services including at University Hospitals of Morecambe Bay (UHMBT), resulting in a larger number of women being unable to meet the safe criteria for birth in a standalone midwife led birth centre.

Due to this considerable drop in births occurring at Helme Chase the decision was taken to continue to provide 24 hour care but as an on-call service from 8pm to 8am, as an interim change. This was implemented in December 2014 and fully supported by the Clinical Commissioning Groups of both Cumbria and North Lancashire. In February 2017 the Cumbria Health Scrutiny Committee agreed that the interim changes could be made permanent.

NATIONAL PICTURE FOR MATERNITY SERVICES

The national maternity and perinatal audit report that was published this month identified that less than 50% of pregnant women achieved a healthy BMI range which would exclude them from birth in a stand-alone midwife led unit. There are more women with a higher maternal age across England and Scotland who would also be unable to birth in a stand-alone midwife led unit.

We do accept that birth numbers have continued to drop, however we do not believe that this is due to changes made at Helme Chase. Overall, our bay-wide services have seen 162 fewer births this year than in the same period last year. The National Office for Statistics are due to publish a report at the end of this month that demonstrates a national trend and the data below provides a position in relation to other stand-alone midwife led units that are distant from the main maternity and obstetric unit. As you can see, the reduction in birth numbers is common across other standalone MLU's that are distant from the obstetric unit.

Trust	Stand Alone MLU	Deliveries by Fiscal Year			% Fall between 2014/15 & 2016/17
		2014/15	2015/16	2016/17	
RA3 - WESTON AREA HEALTH NHS TRUST	RA301 – WESTON GENERAL HOSPITAL	200	184	135	32.50%
RTR - SOUTH TEES HOSPITALS NFT	RTR45 - FRIARAGE HOSPITAL SITE	686	285	253	63.12%
RTH - OXFORD UNIVERSITY HOSPITALS NFT	RTH21 - WANTAGE COMMUNITY HOSPITAL	66	57	37	43.94%
RDE - COLCHESTER HOSPITAL UNIVERSITY NFT	RDEE2 - CLACTON AND DISTRICT HOSPITAL	138	176	127	7.97%
RJE - UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	RJE09 – COUNTY HOSPITAL	297	127	137	53.87%
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHSFT	HELME CHASE	190	120	123	35.3%

Birth Figures for Helme Chase 2017

Month	Care in labour at HCMU	Birthed at HCMU	Transferred for clinical reason
Jan	11	10	1
Feb	8	6	2
March	7	6	1
April	11	7	4
May	11	9	2
June	9	9	0
July	9	5	4
Aug	6	5	1
Sept	10	9	1
Oct	7	6	1
Nov	13	10	3
Dec	8	6	2
Jan 2018	13	13	0
TOTAL	123	101	22

SAFER MATERNITY CARE AND NATIONAL STANDARDS

The implementation of the Saving Lives Care Bundle and the Secretary of State's national initiative to reduce stillbirth by 50% by 2030 has been implemented in full across our services and we have already seen a 20% improvement in our detection of small for gestational age babies across the services, helping to inform care to reduce the risk of stillbirth.

Since implementing the bundle, we have seen an increase in the numbers of scans and inductions of labour as a result of the four elements of care put in place to reduce the risk of still birth. The four elements are monitoring foetal movements and ensuring women are supported and well informed of the importance of this; undertaking carbon monoxide monitoring in pregnancy to support smoking cessation; improved monitoring of the baby in labour either by intermittent auscultation or cardiotocography as well as customised growth measurements of the baby antenatally that aligns to the mothers height and weight to ensure baby is growing in accordance with what would be expected for her. It is important to note that where baby's growth is detected to be small for gestational age, mum will not meet the criteria for birthing in a midwife led birth centre. Mums will also not meet the criteria if they are expected to require an induction of labour or any obstetric or paediatric input either at birth or immediately after.

CREATING A COMMUNITY HUB

Whilst the criteria for moving women to a consultant-led unit has widened, we believe that there are still women who could safely birth at Helme Chase but currently choose not to. We are working hard to promote this option to women and would like to assure you that we will continue to promote Helme Chase as the first choice for women who could safely give birth at this excellent facility.

As a service we are working hard to encourage women to use the service as much as possible and we are looking at even more innovative ways to encourage them to see Helme Chase as their preferred choice to birth. On the maternity website there is a virtual tour of the unit that women and families can watch to review the excellent facilities we have to offer at Helme Chase when they first become pregnant or at any point throughout their pregnancy.

We continue to proactively promote the unit through open evenings, listening events, evening clinics and tours of the unit. In response to what we have heard at our listening events, we now run an infant feeding café at Helme Chase where mothers can get advice and support whilst meeting other local families as well as an evening antenatal clinic. We have service users involved in developing services including development of information leaflets to promote the unit. Our midwives have joined mums and babies in promoting services through walks, social media and the introduction of parent education sessions at our unit. The introduction of infant feeding and parenting skill sessions for parents-to-be; complements the re-introduction of parent education sessions.

In addition many of our service users and midwives have developed a Positive Birth Group which is held monthly at Helme Chase and is working to support women to make Helme Chase their birth centre of choice if they have no clinical risks or complications.

We continue to work in partnership with the Maternity Services Liaison Committee (MSLC), now known as the Maternity Voices Partnership (MVP), Chair, Mel Guard and a service user who have facilitated service user drop in sessions and groups in Milnthorpe and at Helme chase itself. There was also an open day at Helme Chase on Saturday 2nd December 2017 which provided an opportunity for local people to see the facilities and services (including water birth, aromatherapy, hypnobirthing, safe active birth). There were refreshments and time to talk with team members about the opportunities for them to be supported throughout their pregnancy and birth at this excellent facility. The day was very well attended with over 40 women and families attending from across the Morecambe Bay area, not only women of Kendal.

As a maternity service provider and commissioners of those maternity services we are committed to ensuring that Helme Chase remains a real choice for women to give birth at and will continue to encourage women who meet the clinical criteria to use this facility to do so, whilst respecting their choices, their wishes and needs.