

Item 6: Maternity Services: Background Note.

By: Tristan Godfrey, Research Officer to the Health Overview and Scrutiny Committee

To: Health Overview and Scrutiny Committee, 1 June 2012

Subject: Maternity Services: Background Note.

1. Maternity care pathway

(a) Looking at the entire care pathway, four stages can be broadly identified:¹

1. pre-pregnancy care;
2. antenatal care;
3. care during labour and delivery; and
4. postnatal care

2. Location of birth

(a) Before 1945, the majority of births occurred in the home. By 1970, almost 90% of births took place in hospital. The 1993 report *Changing Childbirth* recommended the availability of more choice in the place of birth. The 2004 *National Service Framework for Children, Young People and Maternity Services*² and 2007 *Maternity Matters*³ actively promoted midwife and home birth services.⁴

(b) A commitment to choice in maternity services was more recently made in the NHS Operating Framework for 2012/13⁵. As part of the NHS Outcomes Framework, an indicator on “Women’s experience of maternity services” will be introduced from April.⁶

¹ Healthcare for London, *Maternity care pathways*, <http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/Maternity-services-care-pathways1.pdf>

² Department of Health, *National Service Framework for Children, Young People and Maternity Services: Maternity services*, September 2004, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089101

³ Department of Health, *Maternity Matters*, April 2007, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074199.pdf

⁴ National Institute for Health and Clinical Excellence, *Intrapartum care*, p.48, <http://www.nice.org.uk/nicemedia/live/11837/36275/36275.pdf>

⁵ Department of Health, *The Operating Framework for the NHS in England 2012/13*, p.30 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131428.pdf

⁶ *Ibid.*, p.16, and Anne Milton MP, Parliamentary Under-Secretary of State for Health, House of Commons Hansard Debate, 17 January 2012, Col. 728, <http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120117/debtext/120117-0004.htm#12011770000002>

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- (c) More broadly, the Department of Health made the following pledges relating to maternity services on 16 May 2012:
- “Making sure the investment in a record 5,000 midwives currently in training means that women will have one named midwife who will oversee their care during pregnancy and after they have had their baby.
 - “Making sure that investment also means that every women has one-to-one midwife care during labour and birth.
 - “Making sure that investment means parents-to-be will get the best choice about where and how they give birth. The Government wants to see more joined up working so women can choose from a full range of services, meaning that choices made are delivered within an integrated, flexible service.”⁷
- (d) The following is a standard listing of the four main options for place of birth:⁸
1. Home birth, supported by a midwife.
 2. Freestanding Midwifery Unit (FMU), separate from an obstetric unit.
 3. Alongside Midwifery Unit (AMU), next to, or integrated with, an obstetric unit.
 4. Obstetric unit, in an acute setting, consultant-led and supported by a maternity team.
- (e) Care in the first three settings is mainly provided by midwives handling low risk births.
- (f) Across England as a whole, in 2008, 93% of births took place in obstetric units, 3% in alongside midwifery units, 2% in freestanding midwifery units and 2% at home.⁹
- (g) In November 2011, the final report of the *Birthplace in England research programme* was published.¹⁰ This report was funded by the National Institute for Health Research Service Delivery and

⁷ Department of Health, *NHS pledges more support for women with postnatal depression*, 16 May 2012, <http://mediacentre.dh.gov.uk/2012/05/16/nhs-pledges-more-support-for-women-with-postnatal-depression/>

⁸ Healthcare Commission, *Towards better births. A review of maternity services in England*, p.31, http://webarchive.nationalarchives.gov.uk/20100813162719/http://www.cqc.org.uk/db/documents/Towards_better_births_200807221338.pdf

⁹ Ibid.

¹⁰ National Perinatal Epidemiological Unit, *Birthplace in England Research Programme*, <https://www.npeu.ox.ac.uk/birthplace>

Organisation and the Department of Health Policy Research Programme¹¹ and was the first study of its type in this country.¹²

(h) The aim of this programme was:

- “To provide high quality evidence about processes, outcomes and costs associated with different settings for birth in the NHS in England.”¹³

(i) The key findings of this report can be found as an Appendix to this Background Note.¹⁴

3. Midwifery and Consultant Staffing Levels

(a) All maternity services in the South East Coast region use the nationally recognised Birthrate Plus planning tool in assessing midwifery numbers. Trusts collect data on a large sample of births and allocate each to different categories relating to complexity and need.¹⁵

(b) “Integral to Birthrate Plus[®] is the classification of case mix by categories I–V:

- Category I and II: Low-risk midwifery care: normal birth, no intervention, good birth weight and Apgar, no epidural.
- Category III: Moderate degree of intervention: instrumental delivery, induction, fetal monitoring, third-degree tear, preterm.
- Category IV: Higher-risk/higher choice or need: normal birth with epidural for pain relief, elective caesarean sections, post-delivery complications, induction and instrumental tear, preterm birth.
- Category V: Highest risk, including emergencies: emergency caesarean sections, medical or obstetric complications, multiple births, stillbirths, severe pregnancy-induced hypertension.

¹¹ National Perinatal Epidemiological Unit, *Birthplace in England Research Programme, Background Q&A*, p.1, <https://www.npeu.ox.ac.uk/files/downloads/birthplace/Birthplace-Q-A.pdf>

¹² Anne Milton MP, Parliamentary Under-Secretary of State for Health, House of Commons Hansard Debate, 17 January 2012, Col. 728, <http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120117/debtext/120117-0004.htm#1201177000002>

¹³ *Birthplace in England research programme. Final report part 1*, p.12, http://www.netscc.ac.uk/hsdr/files/project/SDO_FR1_08-1604-140_V02.pdf

¹⁴ Sourced from: National Perinatal Epidemiological Unit, *Birthplace in England Research Programme, the Birthplace cohort study: key findings*, <https://www.npeu.ox.ac.uk/files/downloads/birthplace/Birthplace-key-findings.pdf>

¹⁵ Healthcare Commission, *Towards better births. A review of maternity services in England*, p.88, http://webarchive.nationalarchives.gov.uk/20100813162719/http://www.cqc.org.uk/db/documents/Towards_better_births_200807221338.pdf

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- Other categories: Other events reflecting additional client needs are also recognised within the Birthrate Plus[®] evaluation; for example, antenatal admissions to obstetric labour ward.”¹⁶
- (c) Standards for the obstetric consultant role have been set by the Royal of Obstetricians and Gynaecologists. The recommended standards for consultant presence on delivery suite units are as follows:
- “Units delivering 2500–4000 births/year should have a 60-hour presence, those delivering 4000–5000 births/year a 98-hour presence; those delivering over 5000 births/year should achieve a 168-hour presence at varying times. Those units delivering less than 2500 births would need to reach a local decision based on availability, financial resource and other clinical demands.”¹⁷

4. Payment by Results (PbR) and Maternity

- (a) Commissioning responsibility for maternity services currently rests with Primary Care Trusts. In the future, responsibility is set to rest with Clinical Commissioning Groups, supported by the NHS Commissioning Board to enable the improvement of quality and extensions of choice, and may involve the proposed clinical senates and networks.¹⁸ The NHS Commission Board may commission specialist neonatal services directly.¹⁹
- (b) Under the current system, there are local contract for community antenatal care and postnatal care. Payment by results applies to hospital/clinic-based care.
- (c) From 2013/14 a maternity pathway payment system will operate. This will bring all maternity care into PbR and will pay for maternity services as a pathway bundle upfront. In the pathway payment system, payment is split into three modules: antenatal care; birth spell to discharge; and postnatal care.

¹⁶ Royal College of Obstetricians and Gynaecologists, *Safer Childbirth*, October 2007, p.64-5, <http://www.rcog.org.uk/files/rcog-corp/uploaded-files/WPRSaferChildbirthReport2007.pdf>

¹⁷ Royal College of Obstetricians and Gynaecologists, *The Future Workforce in Obstetrics and Gynaecology*, June 2009, p.47, <http://www.rcog.org.uk/files/rcog-corp/uploaded-files/RCOGFutureWorkforceFull.pdf>

¹⁸ Department of Health, *Government response to the NHS Future Forum Report*, June 2011, p.22-23, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127719.pdf. See also: Department of Health, *Letter from Earl Howe to Baroness Cumberledge*, House of Commons Deposited Paper, DEP2012-0227, <http://www.parliament.uk/deposits/depositedpapers/2012/DEP2012-0227.pdf>

¹⁹ Department of Health, *Liberating the NHS: Legislative Framework and Next Steps*, p.80, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122707.pdf

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- (d) This maternity pathway payment system will be introduced in shadow form from April 2012.²⁰

²⁰ Department of Health, *Maternity PbR Pathway. Payment System 2012-13*, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132667.pdf. and Department of Health et al., *Maternity Services Pathway Payment System. A Simple Guide 2012/13*, 10 April 2012, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133896.pdf. A full explanation of the current system can be found at: Department of Health, *Maternity Services and Payment by Results*, July 2010, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_118002.pdf