NHS
Oxfordshire
Clinical Commissioning Group

Maternity Fact Sheet

- The NHS Five Year Forward View has given us an opportunity to look at maternity services across Oxfordshire and to identify how they will need to change in order to be safe and affordable for the next few decades.

- It is acknowledged that pregnancy and childbirth are a normal life stage for women and their families but it is also well recognised that pregnancy is not risk free.

- The table below shows the number of births that took place in each location in 2015/16:

Unit	Births in 2014/15	Births in 2015/16
Obstetric units		
John Radcliffe Hospital	5,647	5,847
Horton General Hospital	1,494	1,436
Total Obstetric	7,141	7,283
Midwife led units		
John Radcliffe Hospital	844	846
Chipping Norton	130	129
Wallingford	214	198
Wantage	67	62
Total MLU	1,255	1,235
Home births		
Banbury	37	34
Cotswolds	15	12
Oxford	64	71
Wallingford	38	19
Wantage	20	30
Total Home Births	174	166
All births total	**8,570**	**8,684**

- To enable women to make genuine choices and provide effective personalised care there must be consistent quality of service and assessment of individual risk throughout pregnancy, labour and birth.

- Historically the main focus of maternity care has been designed around the end of pregnancy and care in labour (known as intra partum care) but this is changing with new innovations and changes in practice. There is a real need to focus on pre-conception care and screening in early pregnancy when there is an opportunity to improve outcomes for women and babies.

- There are robust, evidence-based, national standards of care for women with more complex pregnancies (www.nice.org.uk/guidance)

- There is national evidence that for women with complex pregnancies more effective care is delivered by specialised/dedicated services such as for twin pregnancies, morbidly obese women, perinatal mental health and women with diabetes (www.rcog.org.uk).

- The biggest challenge for Oxfordshire in delivering best practice is ensuring the required maternity and obstetric workforce both now and in the future. This is a national, as well as a local issue. In 2013, the Medical Deanery removed training recognition for middle grade doctors working in obstetrics at the Horton General Hospital predominantly due to the low number of deliveries, as this was not considered enough exposure to clinical procedures to provide a good obstetric training experience. This was also in the context of a national reduction in the number of training places and therefore a focus on providing training places at larger centres.

- The Trust responded to this by developing a number of innovative staffing solutions in order to maintain obstetric births at the Horton. This has included posts such as Clinical Research Fellowships, which offered middle grade posts with an academic research element (supported by the University of Oxford). and supported an obstetric service. However, recruitment remained problematic with middle grade doctor vacancies at both the Horton and John Radcliffe.

- The current recruitment problems are not just affecting Oxfordshire. The Royal College of Obstetricians and Gynaecologists published a report on workforce issues that recognise the shortage of middle grade doctors as a national problem and that '*the ability to provide care is increasingly under strain*'[1]. In the Thames Valley region, there is a 24% vacancy rate in middle grade training posts.

[1] Royal College of Obstetricians and Gynaecologists (RCOG). Providing Quality Care for Women Obstetrics and Gynaecology Workforce. 2016

- The Royal College of Obstetricians and Gynaecologists recommends that in obstetric units supporting relatively few births (less than 2500/year), a consultant continually present on the labour ward may be difficult to justify. However, this document strongly recommends 40 hours of consultant (or equivalent) obstetric presence and this should be mandatory if the unit accepts high-risk pregnancies (e.g. Caesarean Sections). As it is no longer possible to recruit and retain sufficient doctors for the Horton it is not possible to meet this recommendation.

- The projected increase in births across Oxfordshire, over the next ten years is 8%. This equates to between 0.5 and 1.0% per year. Across the whole of Oxfordshire the increase is estimated to be fewer than 600 births. The change in number of births by single year peaks in 2018 (at 93 additional births) and decreases thereafter. The biggest projected areas of growth are around Didcot and Bicester.

Year	Change in number of births in Oxfordshire by single year
2017	9
2018*	93
2019	89
2020	78
2021	71
2022	69
2023	61
2024	57
2025	57
2026	57

- At the same time the clinical evidence base now clearly demonstrates that women with a low risk pregnancy can be managed well in a midwifery led unit (MLU) with less unnecessary intervention and better outcomes. Low risk women in obstetric led units are more likely to have a medical intervention such as induction of labour, emergency caesarean section and other interventions in labour.
- MLUs offer women a choice of place of birth and provide a safe option for birth as detailed in the findings from the Birthplace Study. Therefore, women with a low risk pregnancy should be encouraged to birth in an MLU setting. This is based on the study, conducted by the National Perinatal Epidemiology Unit (NPEU) at

the University of Oxford, which examined the impact of intended place of birth on maternal and perinatal outcomes for mothers with no complications during pregnancy (www.npeu.ox.ac.uk/birthplace). It was also reaffirmed in Baroness Cumberlege's National Maternity Review published in 2016.

- With the emergency closure of the obstetric unit at the Horton, it was predicted that an additional 700-1000 women would give birth at the John Radcliffe. The range is wide because it is the woman's choice as to where she gives birth. Analysis suggests that up to 500 of the 1,466 births in 2015/16 at the Horton would have been assessed as low risk and therefore eligible to deliver at the Horton as an MLU but it is unclear how many women would actually choose this option.

- The 300 women from Warwickshire and Northamptonshire who currently deliver at the Horton may choose to give birth in Warwick or Northampton rather than the John Radcliffe or the Horton Midwifery Led Unit (MLU). Some women, may choose to give birth in the Spires MLU, which is alongside the obstetric unit at the John Radcliffe, so the contingency plan, published in August 2016, is based on up to 1000 births that may need to take place at the John Radcliffe instead of the Horton.

- It is important to note that epidurals are not available in a freestanding MLU. For women who choose to labour and birth in an MLU Meptid and Entonox (gas and air) as well as other forms of pain relief such as TEN's Machines, aromatherapy and water therapy are available for women to use in labour. Epidurals (and spinal blocks) are not available because they are administered by anaesthetic medical staff.

- Availability of pain relief would be discussed as part of the woman making a fully informed decision about her choice of place of birth. Nationally up to 40% of women have an epidural and this includes most women who have a caesarean section. Very few transfers from Midwifery Led Units are for pain relief (7% last year from Oxfordshire's freestanding MLUs)

- The central and most important aspect of the proposed changes is about providing a safe, high quality maternity service to every pregnant woman and her family, offering choice and continuity of care. All women would receive personalised care from the team supporting and caring for them and Oxfordshire will continue to offer the full choice of birth options; home birth, freestanding MLU, alongside MLU and an obstetric birth.