Review of Maternity Services in Hertfordshire

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and

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December 2008
Maternity services in Hertfordshire are provided by the West Hertfordshire Hospitals NHS Trust and by the East and North Hertfordshire NHS Trust. In West Hertfordshire maternity services are centred at the Watford General Hospital, including the Alexandra Birthing Centre (a midwife led birthing unit) and the Hemel Hempstead Birthing Unit, which opened in 2003 but was closed in 2005, mainly due to staffing difficulties.

When the new Birthing Unit at Hemel Hempstead was set up, it was always recognised that its role and function would need to be reviewed and this was the primary purpose of the current review. At the same time the opportunity was taken to review other aspects of Maternity and Women’s services within Hertfordshire, such that the scope of the current review was to advise on the following:

i Whether the stand alone midwifery unit at Hemel Hempstead should be re-opened and if so in what format?

ii Whether there are implications from the outcome of (i) above on what should be considered for the local general hospital at Welwyn Garden City

iii To recommend what antenatal and postnatal services could be provided in local general hospitals and in other community settings

iv To recommend what gynaecological services could be provided at the local general hospitals

v To recommend what action should be taken to enhance clinically sustainable choices for women in respect of home births

The review team was appointed by the National Clinical Advisory Team (NCAT) and consisted of Professor Allan Templeton, Consultant Obstetrician and Gynaecologist, and Mrs. Angela Canning, Head of Midwifery Services. The review team had access to several current documents listed in the Appendix, and also had the opportunity to speak with user representatives, service providers in both West and East and North Hertfordshire, as well as commissioners. The review team was very grateful to the many individuals who met and spoke with them. Throughout we were impressed by the commitment from all participants to develop and support maternity services of the highest quality in Hertfordshire and of the determination to get the right balance of quality, choice, safety and accessibility.

Background

A considerable amount of work has been carried out in recent years to address maternity services in Hertfordshire. Reports published in 2002 had addressed the issue of the establishment of a low risk midwifery led unit in Hemel Hempstead following the move of the neonatal, obstetric and anaesthetic services to Watford General Hospital. These were very considered documents, which addressed staffing, training, choice, resources and costs as well as quality issues. In particular, the crucial issue of the number of deliveries and the recruitment of suitably trained staff were recognised as key elements in the viability of the proposal. More recently two substantive reports were made available. The first, published in June 2006 was entitled: Review of Maternity Services at West Hertfordshire (Korkodilos and Halpin). This work was carried out on behalf of Bedfordshire and Hertfordshire SHA. The second report, completed in July 2008, was the Business Plan for Maternity Services in East and North Hertfordshire and addressed the agreed merger of the Lister Hospital in Stevenage and the Queen Elizabeth II Hospital in Welwyn Garden City on the Lister site. The first document recommended that the Hemel Hempstead Birth Unit remained closed (in order to contribute towards the necessary reduction in maternity costs at West Hertfordshire Hospitals Trust). The Business Plan for East and North recognised the importance of choice, as
outlined in *Maternity Matters* (the DH Publication) and supported the case for a co-located midwifery led unit within the new development at the Lister Hospital in Stevenage. We were also provided with a position paper on Maternity Services in Hertfordshire, dated March 2008 as well as data relating to deliveries, activity and staffing in both Trusts. The NCT publication, *Maternity Services in West Hertfordshire. What do local women think?* was also extremely useful as was the Health Care Commission Review of Maternity Services, and more particularly details of the developing response from both Trusts, based on recognised areas of good practice as well as areas of concern.

**What do women in West Hertfordshire think?**

In August 2005 the Chief Executives of the four West Hertfordshire Primary Care Trusts and the West Hertfordshire Hospitals NHS Trust (WHHT) requested the Bedfordshire and Hertfordshire Strategic Health Authority to convene a review of Maternity Services in West Hertfordshire. As part of that review the SHA Maternity Review Group asked the National Childbirth Trust to help gather women’s feedback using a postal survey and discussion groups. In early 2006 the NCT carried out a comprehensive piece of work, surveyed 820 women, completed 99 interviews and arranged 16 discussion groups with 119 parents. Overall 70% of the women that were surveyed gave their views making the findings likely to be generalisable and representative.

A key finding was that women were largely happy with the many services provided by West Hertfordshire NHS Hospitals Trust during pregnancy, labour and in the days after birth, although there was also much room for improvement. The most important things to women were: continuity of care from a small team of midwives during pregnancy, labour and after delivery; local facilities in which to give birth so that they did not have to travel far while in labour; and having a choice of different types of delivery environment including home, midwife units and consultant led services. Access to emergency surgery and specialist care for sick babies was also very important. Those women who had given birth in the Hemel Hempstead Birthing Unit prior to its temporary closure in 2005, and those who had given birth at the Alexandra Birthing Centre (ABC) at Watford General Hospital, praised the care and the environment. While nearly half the women surveyed lived closest to Watford, 28% lived closest to Hemel and 24% to St Albans. Ninety per cent of women who lived near to Hemel and 70% of women in St Albans would consider using the Hemel Hempstead Birthing Unit if reopened. Similarly 90% of women near Watford said they would consider giving birth at the Watford ABC. Of those surveyed, 91% were white, 5% were Asian, 2% black and 2% other groups.

Women were asked to rate the quality of the care they received when pregnant and around 9 out of 10 thought the information and support they received was good, or very good. They were also happy with the location of the pregnancy services, valuing pregnancy appointments in local Health Clinics. Although the majority of women said that giving birth at a midwife led centre had been discussed with them as a positive option, only 29% indicated that home birth had been discussed in this way. Overall the Watford ABC was prioritised by the large portion of women throughout the region, followed by the Hemel Hempstead Birthing Unit and then the Watford General Hospital. The main factor influencing women’s choice appeared to be where they lived. Of women giving birth at Watford ABC, the birth environment was important, but its location in a hospital that offered emergency care was a key factor. Of those who chose the hospital the main reasons were the perceived safety and perhaps problems in previous births. Thus women wanted to be within easy reach of a birthing centre or hospital, and overall 97% said that it was important to be able to reach the place of birth within 20 minutes by car. However the women surveyed also said that it was also very important to be provided with a range of options and while most women wanted Birth Units to look homely rather than clinical, many also said they wanted access to Special Care Baby Units (90%) and emergency surgery (85%) on site, so they did not have to be moved if there were any problems.
Care in the immediate postnatal period appeared to be the source of most dissatisfaction. Many felt that the care was insufficient and ineffective and were particularly dissatisfied by the attitudes of staff at night. Similarly postnatal care in the Community was found wanting by many.

This was an extremely important survey and provides a clear indication of the preferences and needs of women living in West Hertfordshire. For these women the 10 most important things in maternity care can be summarised as follows:

1. Small team of midwives in pregnancy, birth and thereafter
2. Able to get to place of birth within 20 minutes by car
3. Special Care Baby Unit on site
4. One-to-one support with first baby feed
5. Able to have caesarean section at place of birth
6. Immediate access to an epidural
7. Choice of places to give birth eg Birthing Centre
8. Able to contact midwife day or night
9. Not having to move in labour if there are problems
10. Homely looking room to give birth in

Review of Maternity Services in West Hertfordshire, June 2006

As described above, this review was convened by Bedfordshire and Hertfordshire SHA in 2005. The major purpose of the review was to assess how current maternity services met best practice and provided safe and cost effective care, as well as making recommendations for the future. The key issues identified by the survey were:

1. The need to develop and retain a motivated workforce with appropriate skill mix
2. Recognition of women’s desire to have continuity of care ensured by small midwifery teams
3. More flexibility and care by midwives during the antenatal period, including classes and access to information
4. The importance of the environment and the facilities available at the time of birth with the need to balance a supportive environment closer to home, with access to surgery, analgesia and neonatal facilities
5. The need to improve postnatal support and to focus on practical advice, including breast feeding as well as the sense of social isolation that many women seemed to experience

Furthermore, although limited financial information was available, it was clear that the service at that time cost more than the income received from PCTs, and that the introduction of Payment by Results had the potential to increase this gap. Nevertheless it was hoped that PCTs could use commissioning strategies to ensure a higher proportion of normal births and fewer births that needed medical intervention. The Maternity Service in West Hertfordshire was then 23% more expensive than the national average. The review team recognised the dilemma caused by their recommendation to develop the quality of services and at the same time balance the books.

Furthermore this review of services (on the basis of a majority decision) recommended that the Hemel Hempstead Birthing Unit remained closed. Although there were a number of reasons for this, the team felt this was an important contribution towards the necessary reduction in maternity costs at WHHT. Other measures recommended included the need to reduce the number of antenatal appointments to the level recommended by the NICE guideline on antenatal care, and also a reduction in the number of caesarean sections.
The review team also found that despite recent successes in recruitment, the midwife staffing levels at WHHT did not meet Birth Rate Plus standards, and there would be insufficient Consultant Obstetricians to meet the 2009 Working Time Directive. Similarly Neonatal Nurse staffing levels and Consultant Paediatrician levels were deficient.

**Delivering Quality Healthcare for Hertfordshire**

The *Maternity Services Outline Business Case* to develop maternity services in East and North Hertfordshire on the Lister Hospital site was published in July 2008. This followed a wide consultation completed in December 2007, which supported the development of acute services on one site. The Business Case identified and demonstrated the preferred option to consolidate maternity services in East and North Hertfordshire and the capital investment required. Centralisation of Women’s and Children’s Services on the Lister Hospital site was seen as one of the key initial projects in the DQHH strategy (Delivering Quality Healthcare in Hertfordshire). This was based on principals of patient safety, viability and improved clinical outcomes. It was agreed that it would be necessary to extend the existing Lister Maternity Unit adding new delivery suites, including both consultant led and midwife led accommodation. At the same time neonatal services would be consolidated and developed on the Lister site while the provision of antenatal and postnatal care would be provided in a variety of community care settings, including the vacated QE II site. The case for preferring the Lister site is developed in the Business Case and relates primarily to better opportunities for development compared to the QE II hospital. Opportunities to develop and enhance staff provision, including meeting the Working Time Directive, relevant particularly to medical staff, are clearly explained in the document.

All previous reports and reviews relevant to the issues of service provision, safety, quality and choice have been clearly considered by the authors of this report. A key element in the plan is the development of a co-located midwifery unit aimed at improving the likelihood of normal birth and offering women choice of delivery in a homely and supportive environment (a major issue identified by women themselves in the NCT survey carried out in West Hertfordshire). Capacity and staffing has been estimated on the basis that the new facility will have approximately 5,500 deliveries, although the assumptions on which that is based and the uncertainties and possible fluctuations are freely discussed and audited. Concerns have been expressed elsewhere about underestimating the eventual number of deliveries, as a result of possible housing developments and immigration into the area.

**Meetings in Hertfordshire**

The review team met representative interested groups in Hertfordshire on the 15th, 16th and 23rd of May, 2008. These three days were entirely occupied with meetings as well as the opportunity to tour the relevant hospitals and clinical sites.

On the 15th July we met with Gareth Jones, Director of Strategic Planning, Catherine Pelley, Assistant Director, and Julie Juliff, Children’s Commissioning Manager (all of West and East and North Hertfordshire PCTs) at Charter House, the PCT Headquarters. We discussed the plans for the day and were provided with a position paper on Maternity Services in Hertfordshire authored by Julie Juliff and dated March 2008. This paper described the key issues and indicated that the Commissioners were hopeful that the two Maternity Services Liaison Committees (West and East and North Hertfordshire) would merge. It also described the Healthcare Commission’s Report into Maternity Services in Hertfordshire, identifying the strengths and weaknesses of both Trusts and the work in progress to address areas of concern. This included work aimed at increasing normal births and reducing caesarean section rates. At the same time there was considerable work being undertaken to anticipate the merger of the Lister and QE II hospitals on the Lister site at Stevenage. Recruitment and retention of midwives was recognised as a challenge in both Trusts and several strategies were evolving to address this crucial issue. In addition the need for midwifery leadership, particularly in the West Hertfordshire Trust, was underlined. Antenatal screening, in
particular for Down’s Syndrome, was known to be deficient and would be addressed in the coming year’s commissioning intentions.

Following a tour of Watford General Hospital and the delivery units, including the Alexandra Birthing Centre (ABC), we met with medical staff including obstetricians, paediatricians and anaesthetists, as well as the clinical and medical directors. They were universally of the view that they wished to see services further developed at Watford General Hospital with more use being made of the Alexandra Birthing Centre. They were also very supportive of developing antenatal and postnatal services at both St Albans Hospital and at Hemel Hempstead, but were universally opposed to the reopening or development of a Birthing Unit at the Hemel Hempstead Hospital. This view was expressed strongly by the Obstetricians and particularly by the Neonatologists. They were concerned not only about standards of service provision, but also about training issues. Many felt that access to the co-located ABC Birthing Centre at Watford General Hospital addressed the issue of choice for women, and increased the likelihood of more women having a normal birth. The obstetricians acknowledged that there was a need for yet more consultant presence within the Labour Ward and recognised the importance of midwifery leadership in developing and improving access to the Alexandra Birthing Centre.

In the St. Alban’s Civic Centre, we met representatives of the NCT and the Maternity Services Liaison Committee. Most had been recent users of the services and had their babies with them. There was strong support for the stand alone unit at Hemel Hempstead and for home birth, although concern was expressed about transfer and the distances. It was recognised that transfer in established labour, particularly in emergency situations, would be considerably more dramatic than travelling through Hertfordshire, for example from Hemel Hempstead, or St. Albans to Watford in the early stages of labour. Some questioned whether there was any real difference between delivery in a free standing midwife unit and delivery at home, without access in both situations to immediate medical backup where needed. Overall there was strong support for normal birth and to reduce caesarean section rates, although several present, who had been delivered by caesarean section, indicated their appreciation of the circumstances and the support they received. There was also very strong support for the co-located Birthing Unit at the Watford General Hospital. However Watford General Hospital itself received a number of negative comments relating to the care and facilities, one woman describing the hospital as “grubby”. At the beginning of the discussion there appeared to be strong support for the Hemel Hempstead Birthing Unit, but at the end it emerged that there were also real concerns about medical backup and transfer in labour. At the same time it was recognised that intervention was much less likely in such a unit. The best compromise would be the co-located unit, although not meeting all the needs of those living some distance away. This was a mature discussion which recognised that maternity services could not meet every individual’s needs and wishes.

We then met representatives of the West Hertfordshire PBC groups. The key issues in the provision of maternity services were widely discussed, including choice, safety, national priorities and the current shortage of midwives, particularly locally. There was recognition of the same issues for neonatal nurses. Concerns were expressed about patients choosing to deliver in other geographically more convenient locations, particularly several that had acquired a good reputation. However there appeared to be little support for the reopening of the Hemel Hempstead Birthing Unit, although it had clearly enjoyed a good reputation, and many felt that the services within Hertfordshire could be developed to meet the need. There was strong support for the role of the midwife in the GP Surgery and the continuing interest of GP’s in the provision of maternity care was confirmed. (A letter was subsequently received from DacCom PBC Ltd representing Dacorum GP’s indicating that all 19 practices still provide both antenatal and postnatal care as well as hosting midwife sessions on their premises).

We then met with the Director of Nursing, the midwives and paediatric nurses at Watford General Hospital. They indicated that their first priority was to provide a safe service, and they indicated their pride in the Alexandra Birthing Centre. They were very much aware of
criticisms about the service provided at Watford General Hospital, but seemed determined to address these criticisms and improve the quality of service. There had been particular issues about the quality and organisation of postnatal care, also raised in the HCC Report and by individual women. In this respect, staffing and facilities were identified as the main issues, coupled with a lack of effective midwifery leadership. Almost all the midwives and neonatal nurses present supported the closure of Hemel Hempstead Birthing Centre, the reasons most commonly cited being staffing, safety and also a sense of isolation amongst those who had worked there. On the other hand, they were very proud of what had been achieved at the Alexandra Birthing Centre and seemed willing to build on this experience and expand the facility for normal birth. They accepted that there was a high caesarean section rate at Watford General Hospital, but we heard no criticism of the obstetric staff in this respect. The midwives were very keen to move on, indicating that there was a degree of uncertainty and unsettlement over the future of Hemel Hempstead and that once this was settled they could more effectively concentrate on developing the services at Watford General Hospital.

Particular concerns were expressed about the staffing issues, including the age profile of current staff and the lack of new blood, as well as the absence of a Head of Midwifery (although an appointment had just been made). Also the proximity to London had a negative effect on recruitment and remuneration. They also indicated, perhaps surprisingly, that there should be more information on what the women of Hertfordshire wanted and more work on models of care to meet their particular needs.

In the evening we met with representatives of GP’s from across Hertfordshire. These included five GP’s and the Chair of the LMC. Collectively their view was in favour of the proposed merger of the Lister and QE II hospitals. They did not support the development of the midwife unit at the QE II hospital following the move to the Lister. They supported closure of the midwife unit at Hemel Hempstead, but wanted expansion of the Alexandra Birthing Centre at Watford. They indicated that they were keen that the Hertfordshire strategy moved on and that the necessary decisions were taken swiftly, although they said that some patients would go elsewhere because of perceptions of better care in hospitals just outside the boundary. They indicated that they had heard critical comments from their patients on aspects of care at the QE II.

On Friday 16th May we drove around Eastern and North Hertfordshire and then met with the Consultants at the Lister Hospital in Stevenage. We first met with two obstetricians, two neonatologists and the General Manager. They were supportive of the proposed merger, and there was strong support for the alongside unit being proposed at the new development on the Lister site. Similarly when we met with a large group of midwives, working in East and North Hertfordshire, including Lecturers and Tutors, there was strong support for a move to normal birth and for the proposed midwife unit at the Lister, for which there was much enthusiasm. Some also felt there should be an increase in home births and in the use of Birthing Centres, but without specifically supporting the development of such a Centre on the QE II site.

We then met with representatives of the local Maternity Services Liaison Committee, and NCT groups, consisting of approximately 20 mothers and babies. They regretted the proposed closure of the QE II and expressed worry about the travel to the Lister either in labour or in an emergency. They indicated that transport arrangements to the Lister Hospital would have to be much improved for those currently living in the QE II catchment area. Several expressed their doubts that the Lister Hospital would have the capacity to cope with the proposed merger and that this would be compounded by proposed housing developments bringing more young people into the East and North Hertfordshire area. However, the balance between location, choice and medical availability was understood, and the co-located birthing unit model was very much supported as the most comfortable option. Some felt that with the development of the new unit, home birth might be supported less and that there was still a need to develop and enhance community midwifery.
On Friday 23rd May we met with three local councillors, who indicated differing priorities in the development of maternity services in Hertfordshire. However, all were agreed on the need to both rationalise services to improve quality and for Hertfordshire to move on in this respect. Concern was expressed regarding the transport of mothers to hospitals, particularly in labour, as well as the facilities for families to visit and support. They were very appreciative of the alongside midwifery unit at Watford General Hospital.

We then met the current consultant staff at the QE II Hospital, who did not see the need for a midwife led unit, when the QE II moved to the Lister site. However there was concern that the proposed development on the Lister site might not be big enough to cope with the merger of the two hospitals, as well as the possibility of a further influx of patients if proposed housing developments were realised. They also expressed the desire to be involved in planning the merger, avoiding the problems that had been seen with mergers elsewhere. But at the same time they recognised the opportunities presented by an enhanced consultant staff complement and the possibilities of a much enhanced service in obstetrics, as well as gynaecology.

In Hemel Hempstead later that day we met with representatives of the Dacorum Action Group and LINK representatives, who not only wished that the Midwifery Unit was reopened, but were campaigning to re-establish an obstetric unit, along with other acute services, at Hemel Hempstead. They expressed their concern about the very real travel problems from Hemel Hempstead to Watford and indicated that they were hearing many complaints about the services at Watford, pointing out particularly a lack of postnatal support. They wished to see more antenatal education which they felt should take place at Hemel Hempstead and better postnatal care, again centred at Hemel Hempstead. They also expressed concern about the higher than national average caesarean section rate at Watford General Hospital. They indicated that nothing less than the provision of services previously enjoyed at Hemel Hempstead would be appropriate.

Then finally Angela Canning met with a Consultant Midwife who was involved in the development of the Birthing Unit at Hemel Hempstead. Her views echoed those of the midwives and obstetricians at Watford General Hospital. She supported further development of the ABC at Watford General Hospital and indicated that from a safety and financial perspective the reopening of the Hemel Birthing Unit was not a realistic option. Furthermore she expressed the view that if anything the more appropriate area to establish a birthing centre would have been in St Albans but that opportunity had been lost.

In summary, these meetings were both useful and informative in clarifying the issues. In general there was strong support, particularly among clinical staff, for the strategic direction of maternity services in Hertfordshire. There appeared to be limited support for the reopening of the Hemel Hempstead Birthing Unit, but strong support and admiration for what had been achieved in the co-located midwifery unit in Watford. There was general support for the proposed merger of the maternity services at the QE II and Lister Hospitals and for the development of a co-located midwifery birthing unit on the Lister site. However there was concern about the planning and development of adequate facilities. In all the meetings the problems of transport around Hertfordshire were highlighted, and particularly the problems associated with emergency transfer and transfer in labour. However it was also clear that the Dacorum Action Group in particular, felt that the services currently provided at Hemel Hempstead were inadequate and that continued travel to unsatisfactory services in Watford was less acceptable.
Whether the stand alone Midwifery Unit at Hemel Hempstead should be re-opened and if so, in what format

In 2001 two primary care trusts (Dacorum and St. Albans and Harpenden) were asked to lead a feasibility study into the provision of low risk maternity services in West Hertfordshire. This was separate from the Acute Services Review, but at the same time the then Health Minister, Lord Hunt, requested an independent review of the decisions prompting the move of all deliveries, as well as operative gynaecology, into the Watford General Hospital site.

This Review Group spent some time defining and evaluating low risk maternity services, describing in detail a number of exemplars. They assessed the possible number of low risk deliveries that might be undertaken in Hemel Hempstead, given that the Alexandra Birthing Centre, a low risk midwife led unit, was now established at Watford. They estimated that there were around 700 potential low risk deliveries in the catchment area, of which approximately 140 (3% of all deliveries) were at home. Taking into account local and national estimates of antenatal transfer rates, this would leave approximately 500 potential low risk deliveries, including home births. Of these, it was recognised that a proportion, not quantified, may choose to deliver in the Alexander Birthing Centre because of the proximity of emergency care for mother and baby. The level of midwife support for such a low risk unit was also carefully considered and thought to require 12 WTE midwives and 6 WTE Health Care Assistants at the appropriate grades, as well as support by the on-call community midwife to cover transfers. The importance of a Consultant Midwife to lead and develop the team was also recognised. At that time there were 42 vacancies among the establishment of 160 midwives across the whole Trust. Furthermore, for a variety of reasons, it was felt that this vacancy rate would increase to 35%, rather than decrease. At the same time it was recognised that the delivery unit at Hemel Hempstead was in good order and could be readily adapted to a low risk facility, whereas development of a new unit at St. Albans would be much more costly.

The establishment of a low risk obstetric led unit was also carefully considered and, although meeting many of the criteria considered by the Review Group, including choice, finance, estates, clinical governance and fit with the wider health community, failed to meet the staffing criteria given the difficulties in securing appropriate medical cover. The most recent acute services review has indicated that this alternative is now no longer considered an option and will not be revisited.

The Project Group reported in 2002 and concluded that there was validity in developing a low risk midwife led birthing centre to serve North-West Hertfordshire, but at the same time they recognised there would be significant difficulties in identifying the revenue and capital funding to make this a reality, and that there may well be difficulties in sustaining adequate staffing. It was felt that North-West Hertfordshire had a well developed community midwifery system with a high proportion of home confinements, which would be enhanced by the development of the midwife unit. However, in implementing the recommendation the significant issues of clinical accountability and governance had yet to be agreed and the development and training of midwives undertaken. It was also recognised that the low risk unit would need to be managed as an integral part of the whole service and that the long term viability would need to be kept under review. In 2002, the Dacorum Primary Trust also gave support in principle to the development of a midwife led unit in Hemel Hempstead, but was concerned at the risk of causing destabilisation of the maternity services in Watford as well as a possible diminution in community midwifery staffing. Some concerns were also expressed about the service being clinically isolated from obstetric and neonatal facilities.

The Hemel Hempstead Birthing Unit was opened in 2003 and quickly attracted an excellent reputation based on feedback from women and from clinical staff. However the use of the unit was not as high as anticipated and there were continual problems finding trained staff. These staffing problems, which to some extent may have inhibited better use, came to a head in 2005 when mainly on these grounds but also for financial reasons, the Unit was temporarily closed and not reopened. For the Unit to reopen then, first and foremost, there
would have to be a clear indication that recruitment and training could attract a cadre of sufficient midwives, who would be willing and able to work in the birthing unit and our discussions placed doubt over this, particularly in the short term. We did not sense there was sufficient support among clinical staff, but particularly midwives, to work in that environment, rather than their current posting. Part of the reason for this was the continued problem of understaffing, which could of course be resolved in the longer term, but also the sense of isolation, with a lack of medical and emergency backup. On the other hand, the enthusiasm of midwives working in the co-located Alexandra Birthing Centre was tangible and underlined the desire of Hertfordshire midwives to encourage and embrace normal birth and the choice agenda.

The strongest voice in favour of reopening the Hemel Hempstead Birth Unit was from local women themselves, although several raised the issue that birth in a hospital, even in a low risk midwife led unit, prompted the belief that emergency backup was available and some expressed concern that this was not the case. Furthermore some queried whether the option of home delivery with a midwife (Hertfordshire has a higher than average home delivery rate), was in practice a very different option from delivery in a free standing birthing centre.

The NCT survey was extremely important and indicated that the most important issues included a small familiar team (97%), birth place within 20 minutes travel (97%), access to a special care baby unit (90%) and immediate caesarean section availability (85%). This view appears to be increasingly shared by women regardless of geography. For example, in a survey of rural women where longer distances become increasingly relevant, it was suggested that women in the catchment areas of stand alone midwifery units highly value their local units, because of familiarity and one-to-one with the midwives, but also suggested that for actual delivery, they preferred hospital, which they associated with safety and “having everything there” (Pitchforth et al, 2008).

What is clear is that there is an understanding among women in West Hertfordshire that no service can provide everything and there will be in most locations a trade-off between environment, choice, travelling and a comfort zone (including safety). The important issue for women in Hemel Hempstead and St. Albans is that they do have choice, although not on their doorstep. They can choose home delivery (there is a well developed community midwifery service), delivery in a midwife led unit (which is co-located within an obstetric hospital) or delivery in a consultant led unit. The one problem is travel and that problem; we were told by many women, is a very real worry in Hertfordshire. However even that problem is not straightforward. For example there is the inconvenience for all low risk women travelling in early labour to the Birthing Centre at Watford, versus some low risk women (around 15% or so) travelling as an emergency perhaps in the second stage of labour, perhaps with fetal distress.

There is no ideal solution. The best solution is the one that offers choice and safety to the largest number of low risk women, while at the same time catering adequately for all women whatever the level of risk. The national priority in maternity services is to promote normal birth and maximise choice, while at the same time minimising risk and inconvenience. We believe that the evolving strategy in West Hertfordshire has very much embraced this agenda.

However, it has to be emphasised that surveys and audits have shown how highly community based midwife units are valued by women for antenatal and postnatal care, including support, education and counselling (SPCERH, 2007). The opportunity to meet this need and indeed enhance the core skills of midwives in these settings (for example scanning, prescribing, routine examination of the newborn) is presented by the facilities at Hemel Hempstead and St. Albans. Women value these settings and much can also be achieved in networking and mutual support.
In conclusion, it would appear that maternity services in West Hertfordshire are evolving to provide choice, promote normal birth and ensure safety. At the same time many aspects of maternity care, including antenatal and postnatal care can be provided closer to home. For intrapartum care the clear preference expressed by women is for normal delivery, but with immediate medical availability. This can only be provided on the Watford site given the way acute services in Hertfordshire have evolved. The case for a free standing midwife unit at Hemel Hempstead was never compelling, except in meeting the geographical consequences of centralising facilities at Watford. But most tellingly the continued midwifery staffing problems meant that such an option was not viable and is unlikely to be so for the foreseeable future. We also understand that there were financial reasons for closing the unit at Hemel Hempstead and that there is a continual need to bring the maternity services in West Hertfordshire within budget. However we have chosen not to dwell on these, examining rather the issues from the consumer and provider perspective.

Thus on balance the best decision is to remove the uncertainty over the future of the Hemel Hempstead Unit which may be impeding plans to develop the quality of services elsewhere in West Hertfordshire. We would therefore support the decision to close the free standing birthing unit at Hemel Hempstead, but at the same time encourage the enhancement of midwifery led community antenatal and postnatal services on that site.

ii Whether there are implications from the outcome of (i) above and what should be considered for the local general hospital at Welwyn Garden City

With the proposed merger of the maternity units at the Lister Hospital, Stevenage and the Queen Elizabeth II Hospital, Welwyn Garden City on the Lister site, the question of what maternity service provision should still be provided at Welwyn Garden City has been considered in detail in the Outline Business Case published in July 2008. In our discussions we found almost no support among those we talked to for a midwife led unit on the QE II site, but considerable support for a new alongside co-located unit on the Lister site as indicated in the plan described above.

There was some regret however, among Welwyn Garden women, that they would lose their maternity delivery unit, which will be only partly tempered by the creation of a new alongside birthing unit in Stevenage. Had we supported the re-opening of the Hemel Hempstead Birthing Unit then it might have strengthened the case for a stand alone birthing unit in Welwyn Garden City. However the same arguments in relation to choice, safety and staffing apply and furthermore it would almost certainly have meant a new build on the Welwyn site, as the current structure is felt to be inadequate and nearing the end of its lifespan.

Just as for West Hertfordshire, the same geographical difficulties arise and Welwyn dwellers expressed concern about access and transport to the proposed birthing unit at the Lister Hospital. Work needs to be done, therefore, to see if travel and passage for women in early labour to the Lister can be improved. On the other hand the possibility of developing community services, both antenatal and postnatal on the Welwyn site, on the same principle as that recommended for Hemel Hempstead, is strongly supported and is indeed described and anticipated in the Business Plan.

Furthermore careful thought needs to be given to the size and amenity of the midwifery led unit on the Lister site, with flexibility to expand or indeed create a further on site unit should the number of deliveries and demand increase as the experience and reputation of the unit grows, as is happening at the Alexandra Birthing Centre in Watford. Thus on grounds of resource, staffing and sustainability we do not recommend the establishment of a birthing centre, but rather a community based, midwife led service on the QE II site.
iii  To recommend what antenatal and postnatal services could be provided in local general hospitals and in other community settings.

To a great extent this issue has been addressed in (i) and (ii) above. Although for delivery most women wish to deliver in a homely environment with access to medical backup if needed, they value highly the continuity of care during pregnancy that can be provided by small teams providing one-to-one advice and support. The opportunity to develop community based midwifery care should be taken, particularly on the Hemel Hempstead and Welwyn Garden City sites and also at St. Albans, at the least. Selection and referral criteria should be further developed to ensure clear clinical and consumer pathways for maternity care throughout the County. Experience elsewhere indicates that community based midwifery units can make an enormous contribution to the quality of maternity care. In due course the development of core skills may enhance the extent of service provision while maintaining the supportive nature of such care closer to home. At the same time the opportunity to develop and improve access to antenatal classes, education and mutual support among pregnant women is much enhanced.

iv  To recommend what gynaecological services could be provided at the local general Hospitals.

In East and North Hertfordshire the anticipated merger of the two departments presents an opportunity to enhance and develop gynaecological services, particularly specialised services. It is important that at an early stage, the consultant body consider themselves as one department planning and providing services to all women of East and North Hertfordshire, such that services are not duplicated and where possible enhanced. It may be that both general gynaecological and certain specialised clinics could be provided on the Queen Elizabeth II site, but it is important that the whole service across East and North Hertfordshire is seen as comprehensive. This will also enhance training opportunities for specialists.

Similarly in West Hertfordshire the provision of general gynaecology and perhaps, without duplication, the development of specialist services at Hemel Hempstead and St. Albans should be considered. The importance of developing care pathways and referral strategies will be important in this respect.

Now that the strategy for the future provision of maternity services in both West and East and North Hertfordshire is clearer, it would be opportune to consider the future provision of Women’s Health Services throughout the whole County, such as is happening for gynaecological cancer care on the Watford site. However the current disposition and possible future development of gynaecological services in Hertfordshire was outside the remit of this review and our only recommendation is that it is now timely to review the provision of specialised gynaecological services across the whole County.

v  To recommend what action should be taken to enhance clinically and sustainable choices for women in respect of home births.

Home birth rates in both West and East and North Hertfordshire are higher than the national average and have been so for some years. In West Hertfordshire home confinements had reached 2.7% of all deliveries in 2005, and this had risen to 3.7% by 2007. It is possible that this slight increase was associated with the closure of the Hemel Hempstead Birth Unit. However in North Hertfordshire there was also an increase in 2005/6 from 3.4% in 2003 to 4.5% in 2006, with a further increase in 2007 to 4.8%. These figures would indicate that home delivery continues to be promoted within Hertfordshire and that low risk women have access to this option. We did, however, hear from women that home delivery was not always
discussed or encouraged during the antenatal period and this may reflect the reservations that many clinical staff have about delivery at home, despite the Department of Health wishing to promote this option. At the same time we did not get a sense that there was a significant unmet need in terms of home delivery and certainly no indication that those requesting home delivery appropriately, had been denied the option. Thus it is likely that home delivery will continue to increase slowly in Hertfordshire and continue to be offered as an option. Presumably the higher rate in East and North Hertfordshire relates to the lack of a midwife led birthing unit, but time will tell when this option becomes available.

Community midwife services in Hertfordshire appear to be able to cope with the current proportion of home deliveries, but if this were to increase there would have to be some review of staffing and service requirement in this respect. The DH publication “Maternity Matters” indicates that home births should be offered to women and indeed encouraged. The relative safety of home delivery in Holland is cited as important with further evidence recently published (Amelink-Verburg et al, 2008) although recent concern has also been expressed about outcomes in those women who are transferred from home to hospital as emergencies (Mori et al, 2008). Recognising this DH has funded a large prospective study called Birthplace in England, which is being co-ordinated by the National Perinatal Epidemiology Unit in Oxford. The study will examine outcomes among women delivered at home as well as in midwife led birthing units. The results, however, will not be available until 2010.

In short, there continues to be an increase in home births in the whole of Hertfordshire. Further increase will prompt review of community midwifery service provision. The effect of the midwife led birth unit in Stevenage on home delivery rates is uncertain but awaited with interest.
Summary and Conclusions

A considerable amount of work has been carried out in recent years to develop maternity services in Hertfordshire. This recently completed review is supportive of the general strategy now being proposed. It is clear that current proposals embrace the key issues of choice, quality and safety, while at the same time encouraging normal birth. The women of Hertfordshire have made their views clear. They want birth units to be homely rather than clinical, but they also want immediate access to medical care if required. Our discussions with users recognised that maternity services could not meet every individual’s choice and needs in their immediate locality. This means that many women will have to travel to their place of birth and it was clear to us that the issue of travel in Hertfordshire, particularly in labour, was of concern to many.

In West Hertfordshire, birthing services are developing on the Watford General Hospital site. We were not convinced that a free standing midwife unit in Hemel Hempstead was a viable option, and certainly not one that was sustainable in the longer term. However the importance of developing the use of the (highly valued) Alexandra Birthing Centre was clear to all. Furthermore we saw considerable merit in basing community midwifery services, including antenatal and postnatal care, at both Hemel Hempstead and St Albans.

In East and North Hertfordshire we were supportive of the centralisation of birthing services on the Lister Hospital site at Stevenage, and in particular the development of a co-located midwifery led unit. We anticipate high eventual use of that facility, and encourage consideration of the need for flexibility in the new development. At the same time we support the plan to provide community based midwifery services in Welwyn Garden City, on the QEII Hospital site.

Home birth rates in West and East and North Hertfordshire are higher than the national average and have been increasing in recent years. Thus low risk women clearly have access to this option and the community midwifery service appears to cope. A further increase in home births may require a review of current staffing. The effect on home birth rates of the availability of the midwife led birthing unit in Stevenage is awaited with interest.

Finally the relocation of Women’s Services in Hertfordshire is clearly an opportunity to review and enhance the provision of gynaecological services, particularly specialised services. A detailed review of such services was outwith our remit, but it may be timely to consider the provision of specialised gynaecology services across the whole county.

Finally we wish to take this opportunity to thank the considerable number of individuals who contributed to this review and to record our appreciation of the clear commitment to the development of maternity services of high quality in Hertfordshire.
Appendix

Papers referred to in this Report

1. The Report of a feasibility study into the provision of low risk maternity services in North-West Hertfordshire, February 2002.
2. Discussion of the case to develop a low risk midwife led unit at Hemel Hempstead Hospital, Dacorum Primary Care Trust, October 2002.
3. Review of maternity services in West Hertfordshire, Bedfordshire and Hertfordshire NHS Strategic Health Authority, June 2006.
5. Position paper on maternity services in Hertfordshire, Julie Juliff, Children’s Commissioning Manager, March 2008 (including data relating to deliveries and clinical activity in Hertfordshire).