

**Shropshire, Telford and Wrekin proposed model of midwifery led care.
Question and Answer sheet
29 November 2017**

Question	Answer
1. Why do we need to change – why can't we keep services as they are?	<p>This review took place as service users and Shrewsbury and Telford Hospital NHS Trust had raised concerns regarding the current way midwife led services are delivered.</p> <p>The review has found that the way the current service model is designed does not match the needs and choices of the women accessing maternity services. This means that the right staff with the right skills are not always in the right place at the right time. In addition, the availability of services across the county varies – different kinds of services are available in different places, so the consistency of provision and equity of access needs to improve.</p>
2. Does this new model meet the requirements of the national maternity strategy 'Better Births'?	Yes. 'Better Births' has been the foundation for the development of the model and how it should be implemented. The proposed model will meet all the requirements of Better Births.
3. Isn't this all just about saving money?	The provider reports that maternity services cost more to run than the income they receive. However, the review has found that finance alone should not be a driver for this review, rather, the recommendations should look at how to get the services working as efficiently as possible, to get best use of funds, staff and assets with the main drive being clinical sustainability, right care, and best value.
4. Will I still be able to have midwife led care close to where I live?	Yes. Community midwives will continue to provide services close to where you live, either through the maternity hubs or other locations in the community such as GP practices as well as in your home. The model has been designed, with mothers and staff, specifically to give more people access to a broader range of services closer to home, for example scanning and CTG monitoring (where the baby's heart rate and movements is monitored).
5. What will be available from the maternity hubs?	<p>Before pregnancy, staff from a range of services in the maternity hubs will offer advice and support about being healthy before and during pregnancy.</p> <p>In addition, women accessing any of the maternity hubs will have access to the same types of services, including:</p> <ul style="list-style-type: none"> - Antenatal and postnatal care from a midwife - Support from women's services assistants (also sometimes referred to as maternity support workers) - Planned antenatal appointments with an obstetrician - Scanning and fetal monitoring throughout pregnancy (not including labour)

	<ul style="list-style-type: none"> - Antenatal assessment including CTG monitoring (where the baby’s heart rate and movements is monitored) - Postnatal day care for women and their families - Support with emotional wellbeing and mental health - Support with long term conditions in pregnancy and postnatally - Healthy lifestyle services, including smoking cessation and weight management classes - Information and advice about pregnancy and parenthood, including antenatal classes/groups, breastfeeding, baby care and life-skills such as budgeting and cooking - Information and advice about birth options - Peer support networks, to share experiences. This could be through ‘drop in’ café’s or online networks for example.
<p>6. Where will the maternity hubs and MLUs be?</p>	<p>It is essential that Maternity Hubs will be located in places that are easily accessible by car and public transport. It is proposed that they will be in at least the following areas; Bridgnorth, Ludlow and Oswestry with the MLUs in Shrewsbury and Telford also potentially acting as the maternity hubs for those areas. The model does not include specific proposals around the buildings in which the maternity hubs will be delivered. This will be decided at a later date.</p>
<p>7. Why did you decide to make Bridgnorth, Ludlow and Oswestry MLUs a 12 hour service without births and postnatal stay?</p>	<p>When we looked at the number of births across the county and the postnatal beds occupied overnight, the numbers in Bridgnorth, Ludlow and Oswestry were very low. Out of around 5,000 births each year across Shropshire, Telford and Wrekin only around 150 (about 3%) happen in Bridgnorth, Ludlow and Oswestry. That is less than a total of three a week across these units.</p> <p>The postnatal beds within MLUs are not well utilised. Wrekin MLU sees more activity, but on average across the other four MLUs, around 21% of the available postnatal beds are used in a year– that’s less than ¼ . Although the women who access inpatient postnatal care at these units value it highly, the majority of women don’t or can’t access it.</p> <p>The new model takes what women have said is most important to them and has made this available in a different way through a broader range of services being more accessible and consistently available for all women and their families close to home.</p> <p>By changing some of the existing MLUs to 12 hour maternity hubs we are confident it will give women and staff more stability and a much more comprehensive and flexible service.</p>

<p>8. I work in maternity services. What kind of hours/shift/on call pattern will I be expected to work under the proposed new service model?</p>	<p>The proposed model doesn't define how the provider organises its workforce. There are lots of different ways that the proposed new model could be implemented with regards to the working patterns of staff. It will be the service provider's responsibility to decide how the proposed service model is implemented. This level of detail will not be known until a later date. However, through the wider work of the Local Maternity System (the group of organisations leading transformation in maternity services) the service provider will be supported to work in co-production, which will mean that you will be fully involved in any decisions relating to this.</p>
<p>9. Lots of women and their families love the services currently provided at the rural MLUs, aren't you ignoring them?</p>	<p>We have worked closely with women and their families throughout this review. We have particularly taken time to understand what women most value with regards to the services provided at MLUs and have included this in the proposed new model where possible.</p>
<p>10. There isn't much detail in the service model about where the maternity hubs will be, during which hours they will be open and how they will be staffed – why isn't this level of detail in the proposed service model?</p>	<p>How the proposed service model is staffed and the specific details around service delivery will be the decision of the service provider. As commissioners, Shropshire CCG and Telford and Wrekin CCG will set out the key principles of the service model and the outcomes that the service will need to meet for women and their families as well as staff. It will be the service provider's responsibility to ensure that an appropriate way of staffing the requirements of the service model is in place in order to meet the needs of those accessing the service.</p>
<p>11.If there are no inpatient beds at the Maternity Hubs and MLUs, where will I go if I need inpatient care when I am pregnant?</p>	<p>The Maternity Hubs and MLUs will offer day assessment during pregnancy. If you need an inpatient stay during pregnancy, you will be cared for on the antenatal ward at Princess Royal Hospital.</p>
<p>12.What if I need urgent help overnight?</p>	<p>Midwives will still be available to give advice and support 24/7. In the new model as well as midwives providing support either in person or over the phone it is proposed that they will also be able to support and advise women via video call, where appropriate.</p>
<p>13.I live a long way from Shrewsbury and Telford, will I have to go all the way there in the middle of the night to have my baby?</p>	<p>You will have a range of options with regards to where you choose to have your baby. Depending on what is safe for you and your baby this may include the consultant led unit at Princess Royal Hospital, an alongside MLU at Princess Royal Hospital, a freestanding MLU in Shrewsbury or a home birth. In addition we are building better links with maternity services outside of Shropshire in order for those living a distance from Shrewsbury and Telford to more easily access services outside of the county which may be closer or more convenient for them.</p>
<p>14.I am worried that I won't be able to get to the hospital on time.</p>	<p>This is an understandable concern. During pregnancy your midwife will ensure that you know what to do if you need advice when you think you're in labour and plan with you your journey to your chosen place of birth. The much more flexible and comprehensive model we are proposing will also improve</p>

	the assessment of women who think they are in labour to help to ensure that women get to their chosen place of birth in time.
15. I am a midwife. If we don't have 24/7 MLUs in Bridgnorth/Ludlow/Oswestry anymore, how can we be sure that women get midwife support in time when they need us urgently?	The proposed model doesn't define how the provider organises its workforce as this is the responsibility of the service provider in delivering the model. The proposed model includes Midwives being available to give advice and support 24/7. In the new model as well as midwives providing support either in person, or over the phone it is proposed that they will also be able to support and advise women via video call, where appropriate. The proposed service model will also improve the assessment of women who think they are in labour to help to ensure that women get to their chosen place of birth in time.
16. Will there be space for me to have my baby, if more women are now going to the same places to give birth?	In developing the proposed model, we have done a lot of work to ensure that the two bigger MLUs will be able to cope with an increase in the number of births. We have calculated how many delivery beds we need for the number of births in Shropshire, Telford and Wrekin and the proposed new model is in line with what we have calculated we need.
17. I am a midwife currently working in a MLU in Bridgnorth/Ludlow/Oswestry – does this mean that I won't be involved in births anymore if I work in the maternity hub?	The proposed model doesn't define how the provider organises its workforce. The way the service provider delivers the proposed model may mean that you are part of a wider midwifery team who rotate, so you may deliver home confinements, work in the alongside MLU or the freestanding MLU or indeed rotate through the obstetric unit.
18. If I have my baby in an MLU at e.g. 4pm, will I be asked to leave 4-6 hours later, as the new model does not include postnatal in-patient beds in MLUs?	The proposed model does not state a set recovery time after your baby is born. Your stay will be determined by what you need. You will be able to stay where you delivered your baby for a period of time after your baby is born. If you need a higher level of care or a longer stay than the MLUs can accommodate, this will be available from the postnatal ward at Princess Royal Hospital.
19. Where will I receive my post-natal care?	<p>After having your baby, you will be able to stay where you gave birth for a period of time before you go home. If you need a higher level of care or a longer stay than the MLUs can accommodate, this will be available from the postnatal ward at Princess Royal Hospital. In the proposed new model the MLUs will not have specific postnatal inpatient wards.</p> <p>Once you are home (or if you had a home birth, once the midwife has left), you can access postnatal care 24/7 from your community midwives. Planned postnatal care will be tailored to your needs and will include care and support delivered through home visits and the maternity hubs. The postnatal care and support available will reflect what women and their families have told us is important to them, including:</p> <ul style="list-style-type: none"> - Support with feeding - Confidence building and help to bond with your baby

	<ul style="list-style-type: none"> - Support and advice around baby care - Time and space away from your home to reflect on your birth experience - Support with emotional wellbeing and mental health - Support with long term conditions - Information and advice about parenthood - Peer Support
20. What if my baby needs neonatal care – where will I stay?	The postnatal ward at Princess Royal Hospital includes space for Mums to be with their babies who are receiving additional care, but don't need to be on the neonatal unit. If your baby needs to receive care on the neonatal unit you may have access to one of the three parent's rooms.
21. Is there a limit to the amount of time new mums can access the hubs? For example, if they want to be there every day for 12 hours a day for the 5 days after birth just to be confident, can they choose to do that? Can they self-refer later on?	This level of detail is not included within the proposed service model. It will be the role of the services working from the maternity hubs to ensure that the needs of new mums are met. This will include a discussion during pregnancy about the kind of support women and their families think they may need/want after the baby is born. This will be included in their 'becoming a family' plan. This will be different for each new mum and the detail of exactly how the needs of new mums will be met will be a decision between the mums and those providing the services.
22. Won't mothers be at risk during the period of transition?	The CCGs will continue to work closely with the service provider to ensure that any potential risks that may be associated with a transition are appropriately managed.
23. Will there be any consultation on the proposed model or has the decision already been made?	A decision has not yet been made. A period of consultation will be required before a decision is made.