

## Questions and Answers: Leicester's Hospitals reconfiguration proposals

### Maternity

#### Why are you closing St Marys? How have you tried to get more women using it?

Our plan is to close St Mary's Birthing Centre because it is so under-used and not in the most ideal location in the county to best serve the most mums. There is currently only one birth every 2 ½ days there and this has dropped in recent years.

We have actively been promoting St Mary's to all mums as one of our three birthing units, as is the home birth option. Regrettably, the number of births at St Marys has still continued to fall and we need there to be 500 births a year to make it sustainable.

We also know that it is not in the right location for the majority of mums – again a result of history rather than design

#### When will it close?

If through public consultation the decision is to close the unit, then we would not close until we had opened the new Maternity Hospital at the Royal Infirmary.

However, if there is a material change to the fabric of the building or if there are unforeseen staffing issues, either of which might challenge the safety of the service, or if the number of births dropped further, then we may have to seek support to close it sooner.

If we can't provide a safe service there it could lead to its closure without further consultation, and we would seek support from the Health Overview and Scrutiny Committee (HOSC) to do this. Even if such closure were necessary, then the alternative midwifery led birthing options – home births – birthing centres - would continue to be available.

#### Why are 500 births significant? What have been the figures over the past years and what is projected?

When considering the financial viability and sustainability, looking at births alone is not reflective of the wider value. The model of providing 24 hour cover for 130 births as oppose to 500 is more expensive per birth. In a bigger unit midwives have more opportunity to maintain skills and students will receive a more meaningful learning experience. There is a gap nationally in Midwifery Led Birthing Unit's nationally between capacity (the number of births that can take place) and actual use, all of which are underutilised. If we can care for 500+ women then cost's per birth with the staffing models to support this will prove cost effective and sustainable.

#### How come with the number of births going up that you want to close the birthing unit in Melton?

The number of births at St Marys has dropped every year, last year there were only 131, and therefore this tells us that women are making a choice not to use the centre. However, in the consultation we are proposing to open a Midwifery Led Unit for 12 months at the General Hospital site, if we get over 500 births per year we will know that this is a service women want. At this stage nothing will change until we have been out to consult with the public about our proposals.

#### How many babies are born at St Mary's Birthing Centre each year?

Since 2008:

2008: 237	2009: 277	2010: 260
2011: 254	2012: 252	2013: 240
2014: 195	2015: 162	2016: 181
2017: 127		

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### **There is no evidence that big maternity hospitals provide better/safer care, so why do you want to axe the midwifery led birthing unit in Melton?**

The bigger maternity units are obstetric led with alongside birth centres, in these birth centres 150 choose to have their babies at the Royal Infirmary and 800 at the General Hospital.

Melton Birthing Unit is safe for a certain criteria of women, as is home birth and alongside birth units. If women have risk factors then it is safer to deliver in an obstetric unit. We plan to give the public the option of relocating the stand alone facility to a location that is accessible to a greater number of women in Leicester, Leicestershire and Rutland.

We are not planning to close St Mary's on the grounds of safety or better care, but for sustainability and accessibility as only 131 women chose to deliver there last year.

### **How many women go to St Mary's Birthing Unit for after care, and what will they do if you close it?**

In the last 12 months 384 women transferred into St Mary's Birthing Centre after giving birth in another hospital.

We plan on providing postnatal clinics and breast feeding clinics and the offer of telephone support. With the implementation of better continuity and personalised care the midwife can assess the on-going postnatal care needs. If women identify they need more support at home we have trained support staff that can provide this in their own home. If they have medical needs or their baby needs observation this will be accommodated within the service

### **How do the new reconfiguration plans support Better Births?**

There will still be the same choices for women available; choice is about pathway of care not venue. We know that continuity of care is important to women and it is something we plan on developing further, and many of the continuity pathways are not affected by estate, it is however more likely to be successful with the single site as staff will be on one site and more available to see the women in their team.

We would continue to provide continuity to home births and if the public want the stand-alone unit at the General Hospital the pathway we are developing for Melton will work there as well. Women will continue to have personalisation in their choice of pathway.

### **Will the midwifery led birthing unit you plan at the General provide postnatal and breastfeeding care for mums?**

We are not planning to have post natal beds at the stand alone at the General Hospital as this is not a recognised model nationally for birth centres. We will provide postnatal, breastfeeding clinics and drop in's as part of these planned changes and we are developing models of care for the future.