



Swansea Bay University Health Board Maternity services- Review of midwifery led settings in light of COVID-19 pandemic.

Options appraisal.

Glossary

AMU=Alongside Midwifery Unit

BBA= Born Before Arrival of a health professional

FMU= Free standing Midwifery Unit

OU= Obstetric Unit

PHE= Public Health England

WAST= Welsh Ambulance Service NHS Trust

Option	Description	Advantages	Disadvantage	Risk identified
1.	All services remain intact, continue to provide intrapartum care for women suitable for midwifery led care in the FMU, AMU and home birth.	<p>Women retain choice of all four birth environments.</p> <p>Remains within best practice guidance, limits the impact of unnecessary risk on women and child health and acuity in the OU.</p> <p>Meets a good practice model of supporting community birth and therefore reducing possible exposure to COVID-19 for women and families.</p> <p>PPE is available for all settings offering staff</p>	<p>Would require full complement of staff to safely meet this commitment.</p> <p>On times care in labour at home birth may be classed as 2:1.</p> <p>Relies on WAST availability to safely meet transfer needs of women who require medical input from home and FMU.</p> <p>Inability to control the environment in homebirth both from cleaning via IPC measures and visitors in the home. May mean unnecessary exposure for staff.</p>	<p>Staffing restrictions may limit the safe provision of these models of care. Leading to care provision outside of the quality measure of 1:1 care in labour.</p> <p>Impact of any delay in transfer where required this may be minor or severe.</p> <p>Additional droplet exposure potential for staff in home settings.</p> <p>Loss of staffing.</p>



		<p>protection in line with PHE.</p> <p>Supports those women considered vulnerable, who are 'shielding' to avoid the risk of attending a health facility.</p>	<p>Limited access to hand washing facility during home birth .</p> <p>Inability to provide breaks during home birth for staff wearing PPE.</p>	
2.	<p>Limit the availability of midwifery led settings to FMU and AMU for women who meet the criteria for midwifery led care.</p>	<p>Remains in line with best practice in offering midwifery led settings.</p> <p>Retains the reduction of risk at the time of birth, seen in FMU's for primips and multips.</p> <p>Maximises use of staffing enabling 1:1 midwifery care to remain the priority.</p> <p>Increases use of FMU and AMU and improves justification of continued provision.</p> <p>Reduces transfer rates compared to AMU alone model. Reducing acuity in the OU.</p> <p>Enables control of relevant clinical areas are retained in line with IPC.</p> <p>Limits midwives</p>	<p>Women do not have full choice in place of birth settings.</p> <p>May expose Multiparous women to additional risk in birth compared to home birth.</p> <p>May increase freebirth/BBA's.</p> <p>Midwives may feel dissatisfied with this restriction.</p> <p>Reliance on WAST for transfers from FMU were medical input is required.</p>	<p>Undermining previous messages around safety of home birth. This may impact public perception. Public dissatisfaction and media response</p> <p>Unknown risk from inadvertent increasing of freebirth or BBA.</p> <p>Impact of any transfer delay from FMU. This may be minor or severe.</p> <p>Staff dissatisfaction and disengagement.</p>



		<p>exposure to droplet contamination in the home.</p> <p>Hand washing facility is always available to staff.</p> <p>Improved staff wellbeing. Increased potential to relieve staff for meal breaks and/or break from PPE.</p> <p>Removes small increased risk of adverse perinatal outcomes seen for Primiparous women planning home birth</p>		
3.	<p>Limit midwifery led services to the provision of AMU service for women who meet the criteria of midwifery led care.</p>	<p>Centralised staffing.</p> <p>Enables safe care where staffing restrictions go beyond 20-30% Minimal risk of transfer delay.</p> <p>Reduces risk to women compared to OU birth.</p> <p>Utilises full capacity of AMU.</p>	<p>Increases unnecessary risk during birth compared with other two models. Particularly risk of LSCS and Instrumental.</p> <p>May increase freebirth/BBA's.</p> <p>Increase in transfers seen in AMU will increase pressure and acuity on the OU.</p> <p>Staff deployment from Neath Port Talbot Hospital.</p>	<p>Loss of confidence in FMU model.</p> <p>Staff retention</p> <p>Unintended exposure to increased intervention during birth seen in AMU compared to FMU.</p> <p>Limited capacity could mean women are admitted to OU unnecessarily.</p>



			<p>Increases distance in access to services for women in Neath Port Talbot.</p> <p>Restricts choice</p>	<p>Increase in travel for populations.</p> <p>Restricted service access increasing BBA.</p>
4.	<p>Provide OU service only for women suitable for midwifery led care.</p>	<p>Centralised staffing.</p> <p>Provides ability to provided limited level of care where staffing levels exceed all previous ratios of safe service.</p>	<p>No midwifery led service.</p> <p>May increase freebirth/BBA's.</p> <p>No choice of midwifery led service outside of the OU for women.</p> <p>Fails to meet any good practice guidance and ignores all evidence base when considering health promotion and risk minimisation.</p> <p>All women are exposed to the increase risk of intervention associated with OU birth.</p> <p>Impact on staff identity.</p> <p>Increasing acuity due to intervention.</p> <p>Limited capacity to accommodate all women.</p>	<p>Women are exposed to additional risk during birth.</p> <p>Additional acuity pressures are generated on midwifery, and medical staff.</p> <p>Loss of staff identity, normality perspective and skills set.</p>



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

			Exposure of well women to areas where COVID-19 may be prominent.	
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17/04/20

Information for Staff and women.

What are we saying to women about the home birth service?

We have made the decision to restrict our home birth service based on our need to protect safe staffing levels and limit exposure of staff to COVID-19 in people's homes.

This move is being done in a response to an increase in requests for home birth and our concerns around maintaining safety in all areas of our service. It is an attempt to safeguard as far as possible the availability of midwifery led areas for women, whilst maximizing the potential care our midwives can safely provide.

What is the legal position on withdrawal of home birth services?

The Health Board can limit choice of home birth but the limitation has to be lawful and for a very good reason. When assessing whether a limitation is reasonable the key is whether the limitation is 'proportionate'.

Women maintain the ultimate right to make decisions about their own body and they cannot be compelled to attend hospital.

However, the Health Board cannot be compelled to continue with their home birth service if they have a lawful and proportionate reason for limiting it.

Whether or not the decision is proportionate depends upon the situation in a specific area covered by the Health Board, including the availability of transfer to hospital in an emergency and staffing levels.

Are midwives obliged to attend home births?

Where a woman understands that we are unable to provide a safe home birth service she may still choose to birth at home.

Midwives are under a professional obligation in the NMC Code to put the interest of women they care for first and make safety their main concern. Midwives should respect a woman's decision to give birth outside hospital and attend a woman at home if requested, regardless of whether they agree with a woman's choice.

If a woman contacts the service in labour and is told that a midwife is unavailable to attend the birth she can contact the maternity manager on call and ask that a midwife is provided. A decision will be made based on a full risk assessment of all resources.

### Free Birthing

Is Free birthing legal?

Yes. Women are not obliged to accept any medical or midwifery care or treatment during childbirth and cannot be compelled to accept care unless they lack mental capacity to make decisions for themselves.

All professional bodies would not recommend planning birth without a health professional, it is the professional opinion of all medical professionals that planning to freebirth significantly increases the potential chance of serious adverse outcome for women and their babies.

Women cannot face any legal sanctions for giving birth without assistance. However, some healthcare professionals may believe that the unborn child is at risk and raises a ‘child protection’ or ‘safeguarding’ issue. Healthcare professionals should not refer a woman to social services solely on the basis that she has declined medical support, as she is legally entitled to do. Social services referrals ought to be based on an assessment of whether there is a significant risk of harm to the child after it is born.

Article 45 of the Nursing and Midwifery Order makes it a criminal offence for anyone other than a registered midwife or doctor to ‘attend’ a woman during childbirth, except in an emergency. This offence is not intended to prevent birth partners or doulas from supporting women, but they must ensure that they do not assume the role of a midwife by performing midwifery functions, such as monitoring the progress of labour. A person convicted for this offence cannot be imprisoned, but they may incur a fine of up to £5,000.