



Working with you to Transform Acute Maternity Services

Consultation Document
November 2022

Foreword



We are proud of our maternity services but we need to make some changes to improve the service we provide for women and their families. We want everyone across the Northern Trust area to benefit from safe, effective and high quality acute maternity services. We must carefully plan how to meet that growing need and ensure we make best use of our resources to provide excellent care. Our clinical teams are proud of the great care that they provide to families, however, we acknowledge that to ensure excellent outcomes, these services need to adapt and develop to meet new guidelines and changing population needs.

To achieve this, we have developed options for consultation to address the challenges we have in acute maternity services. These options are the focus of this public consultation. The options have been shaped by the staff who deliver our acute maternity services, including our Obstetricians and Midwives and we are confident that they give us the best opportunity to meet the challenges we face to provide the best quality care now and for years to come. We hope you will take the time to join us in this work and help to shape the way we support our patients and families across our local communities.

Thank you for taking an interest and we look forward to hearing your feedback to this consultation.

Suzanne Pullins

Director of Paediatrics, Women's Services
and Corporate Support & Executive Director of Nursing

About the Trust

The Northern Health and Social Care Trust provides a range of health and social care services to a population of approximately 479,000 people across a geographical area of 1,733 square miles (2,773 square km) making it the largest geographical trust in Northern Ireland. The Trust has an income of around £809 million and employs approximately 12,000 staff across a full range of medical, health and social care disciplines.

We deliver services from over 150 facilities including two major general hospital sites, a mental health hospital, local community hospitals, health centres, social services, and a significant network of community services as well as provision of care in the home.

The Trust covers four local council areas – Antrim and Newtownabbey, Causeway Coast and Glens, Mid and East Antrim and Mid Ulster. The population profile indicates that the Trust has the largest older population and the largest child population, when compared to other health and social care trusts in Northern Ireland.

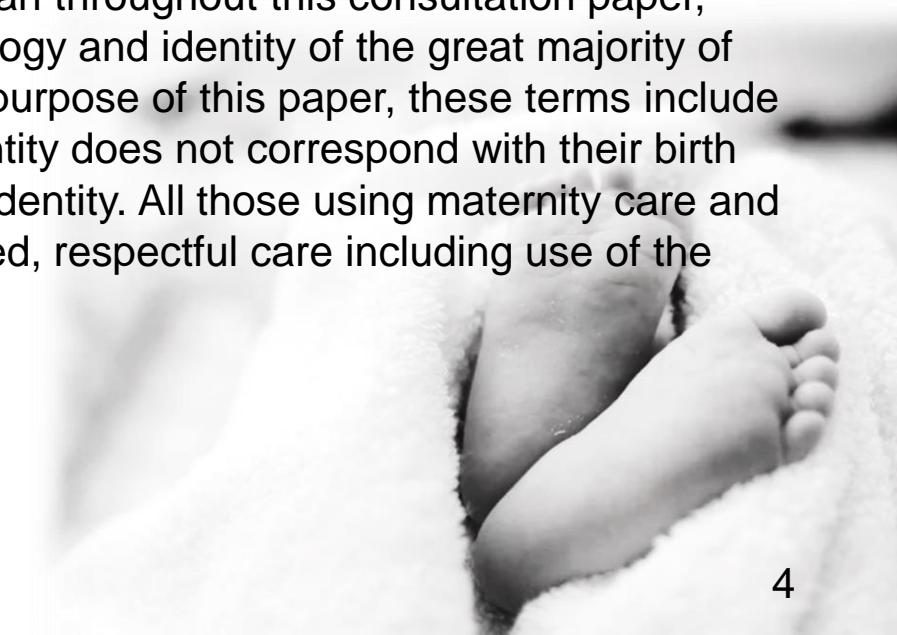
Our vision is **‘to provide compassionate care with our community in our community’**. In delivery, planning and reforming services, all staff are guided by the Health and Social Care Values for All – Working Together, Excellence, Openness and Honesty, and Compassion.

Introduction

We support approximately 4000 women and families each year during pregnancy, birth and up to 28 days in the postnatal period. We provide maternity services at two acute hospitals, Antrim Hospital and Causeway Hospital, and from a number of community based settings including people's own homes.

This consultation document explains why we need to transform our acute maternity services and describes two options for future services. It does not represent a commitment to any particular course of action. Its aim is to support a conversation and to gather feedback on the two options we have identified.

We use the words women and woman throughout this consultation paper, recognising that this reflects the biology and identity of the great majority of those who are childbearing; for the purpose of this paper, these terms include girls, and people whose gender identity does not correspond with their birth sex or who may have a non-binary identity. All those using maternity care and services should receive individualised, respectful care including use of the gender nouns and pronouns.



Why our acute maternity services need to change

There are a number of strategic documents that influence the delivery of hospital services including Systems not Structures (The Bengoa Report) and Health and Well-being 2026: Delivering Together (2016). The Strategy for Maternity Care in Northern Ireland 2012-2018 (DHSSPSNI 2012) provides guidelines for Maternity and Gynaecology services. It states

“Maternity policy must focus on as much care as possible being delivered close to home, but at the same time recognise that if more specialist care is needed this should be provided within a unit that meets NICE recommendations.”

The trends in the population show a projected decline in the number of women in the 20-44 age range, which will have an impact on the number of births in the future. Over the next 20 years, the number of births in the Causeway area is projected to fall by 11% and the population of older people (over 75 years) is expected to grow by 65% (NISRA).

Over the past 30 years, there has been a downward trend in births per 1,000 women for ‘younger’ mothers and upward trend for ‘older’ women. Fewer women are having children and those who are, are having them later in life and having fewer of them.

The number of pregnant women with complex conditions has also increased. Approximately 1 in 4 pregnant women are classified as obese and the percentage of women with diabetes in pregnancy has increased by more than 10%.

We must consider how we meet the changing needs of the local population and how we deliver a service that has the best health outcomes for our population and can adapt to future challenges.

Why our acute maternity services need to change

Safety

A small maternity unit is considered to have less than 3500 deliveries per year. The numbers of births in Causeway Hospital have been decreasing each year and we expect them to fall below 900 by the end of 2022. This means there are approximately 2.5 births per day, which raises concerns about how medical and midwifery staff can maintain their skills in relation to complex care.

Causeway Maternity Unit is currently a consultant-led unit. As Causeway does not have a neonatal facility, any pregnancy or birth which has a higher risk of the baby requiring admission to a neonatal unit is transferred to Antrim for intrapartum care and birth. However as a consultant led unit, Causeway still receives unscheduled attendances where women may not meet the risk stratified criteria for birth in Causeway. Transfer of the baby to an acute hospital site with neonatal facilities means separation of a mother and her baby. This may create issues with bonding and attachment, establishment of breastfeeding, anxiety and post-partum depression.

The Northern Ireland Specialist Transport and Retrieval Team (NISTAR) transfer the baby to Antrim Hospital. Occasionally if these services are not available, the Northern Ireland Ambulance Service (NIAS) provides an ambulance and a midwife and paediatrician accompany the baby during transfer. This removes a paediatrician from acute inpatient paediatrics and requires a second paediatrician to be available to cover.

NISTAR has recently escalated concerns regarding transfer cover for paediatrics and neonates and highlight they are currently experiencing significant gaps in their rota. This has a specific impact on the safety of services in Causeway in relation to the ability to provide safe and timely transfers of babies to a unit with neonatal facilities.

Why our acute maternity services need to change

Workforce

Providing comprehensive maternity services on both Antrim and Causeway sites is a significant workforce challenge, further complicated by difficulties with recruitment and retention of both Obstetricians and Midwives. Resident ST3+ doctors or equivalent in obstetrics, paediatrics and anaesthetics should support a consultant-led obstetric unit. ST3+ doctors are in the final stage of training before obtaining CCT (Certificate of Completion of Training) which grants entry to the Specialist Register.

Meeting this standard in Causeway is a challenge as medical rotas are heavily dependent on locums and temporary staff. This reliance on locum medical staff impacts on patient safety and makes it difficult to guarantee a well-trained, multi-professional team of clinicians who work and train together effectively.

Causeway has trainees up to the level of ST2 and only for a six-month period making it impossible to train permanent staff to a middle grade level. This also means our permanent medical and midwifery team do not benefit from learning from senior trainees.

Why our acute maternity services need to change

Workforce

We know that 75% of obstetric trainees are female and a large proportion of trainees and consultants work less than full time. The modern obstetric Consultants are required to work in teams rather than act as isolated independent experts; this replaces the traditional model in smaller rural maternity units where consultants with very broad skills and experience provide all services. Recruitment of new consultants must offer a modern team based approach with on call frequency and job plans that facilitate less than full time working and enhances work life balance.

One consultant has retired and another consultant has left Causeway Obstetrics Department resulting in 40% of consultant on call activity relying on locum cover. A recent advertisement to recruit two new consultant obstetrician/ gynaecologist posts to the Causeway site, failed to attract any applicants. This is unprecedented and anecdotal feedback suggests that medical recruitment to Causeway is an unattractive option, in terms of both on-call frequency and skill enhancement. This means that any unplanned absence may result in an inability to provide 24/7 consultant cover.

Whilst all Trusts have a number of midwifery vacancies, Causeway has historically struggled to recruit and retain midwives. Feedback indicates that the lack of opportunity for learning and the lack of activity in the Causeway Maternity Unit is unappealing to midwives.

Why our acute maternity services need to change

Lack of choice for women

The Strategy for Maternity Care states that

“Women will be supported to make an informed decision about their place of birth by providing a balanced description of the benefits and risks of the different types of maternity settings. This will include information on midwife-led units, homebirth and consultant-led units.”

Freestanding Midwifery Units (FMU) provide midwifery care for women assessed as having low-risk births. They tend to serve smaller communities that may be remote and rural where the maintenance of a consultant-led obstetric and/or paediatric service is impractical for both workload and training purposes. They provide a choice for women and have long and short-term health benefits to healthy women. Perinatal outcomes for planned births in FMUs are similar to planned births in obstetric units.

To date, we have not been able to provide a dedicated Midwifery Led Unit on either Antrim or Causeway sites due to lack of physical estate and capital funding.

A message from our Midwives



It is a privilege to work with families during one of the most memorable and emotional times of their lives. Our vision for maternity services is to provide safe and compassionate care for women, babies and families as well as a positive pregnancy, birth and early parenting experience.

As midwives, being 'with woman' is at the heart of what we do. It's part of our identity – it's the literal meaning of midwife. Being with woman means ensuring that she has the right information, including risks and benefits of choice, to make the decisions that are right for her and her baby.

We have a committed team that works together to make sure that women and families who need our service receive the best possible care through the antenatal, intrapartum and postnatal period.

We are also aware of the challenges in how we provide the best possible care. One of the biggest challenges is using our skilled staff and our environments in the best way we can and we all want to make sure that we are in line with national best practice. We want to ensure our maternity service is safely staffed, with skilled and confident midwives so women can have the right birth at the right time in the right place.

Caroline Diamond

Interim Assistant Director of Women's Health and
Head of Midwifery & Gynaecology

A message from our Obstetricians



Our Obstetrics and Gynaecology doctors strive to provide the highest standard of care to our women and families. We can only do this when the system in which we work supports and facilitates our teams.

The ability to continue to provide safe, high quality obstetric care and training is going to be compromised by challenges outside of our control. These challenges are related to recruitment within our specialty, training requirements and the need for different working patterns.

Replacing senior doctors who have retired or left the Trust has been unsuccessful. Retirement of other senior colleagues is anticipated. Modern labour ward teams require different models of working that cannot be delivered in our Trust as it is currently configured.

Change is required to enable us to attract new consultant colleagues to join our team. Without this, our ability to provide high quality care will be adversely affected.

We believe change will not only reduce avoidable harm but enable us to provide even better care than is currently possible.

Dr David Morgan

Consultant Obstetrician & Gynaecologist

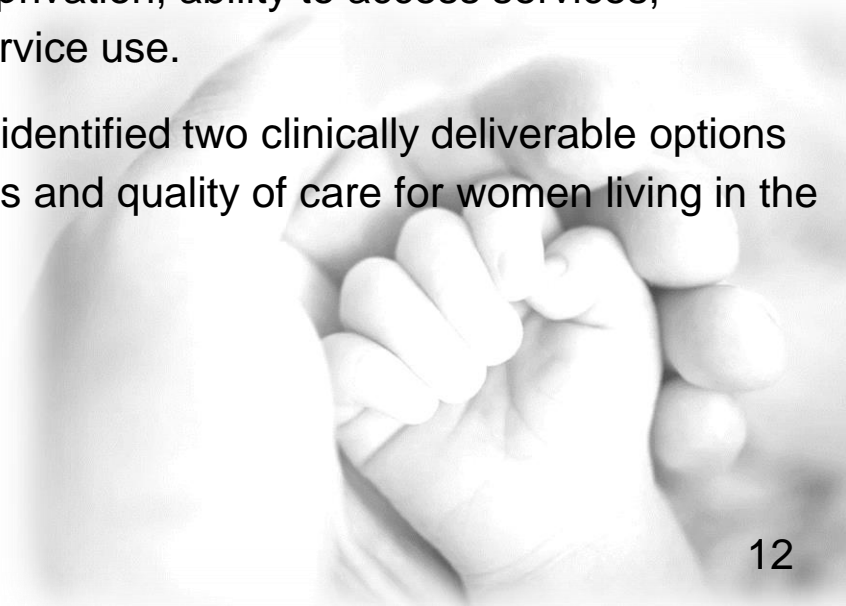
Clinical Director Obstetrics and Gynaecology

Our proposed clinically deliverable options for future acute maternity services

We developed a list of options for our future acute maternity services. For full details of all the options we have considered please see [‘Considering our Options’](#) paper.

We have considered the links and dependencies with other specialities on the Causeway Hospital site, in particular the Emergency Department (ED) and paediatrics. We have also considered information about the Northern Trust population including issues such as deprivation, ability to access services, demographic trends and patterns of service use.

After considering all of the options, we identified two clinically deliverable options that we believe provide better outcomes and quality of care for women living in the Trust area.



**Our proposed
clinically deliverable
options for future
acute maternity
services**

Option 3. Consultant-led births move to Antrim site which would provide intrapartum care for an additional 600-700 births per annum. Development of a Freestanding Midwifery Led Unit (FMU) in Causeway for approximately 200-300 women suitable for low intervention midwifery-led care and birth. Retain and enhance early pregnancy assessment units, antenatal and postnatal clinics and scheduled ambulatory services on Causeway site.

The deliverability of **option 3** will be subject to the outcome of the Coroner's recommendation for a comprehensive review by the Department of Health of staff numbers, training and policies within FMUs.

Option 4. Move all births to Antrim site which would provide intrapartum care for an additional 900 births per annum. Retain and enhance early pregnancy assessment units, antenatal and postnatal clinics and ambulatory services on Causeway site.

In **options 3 and 4**, the Trust will also explore the possibility of providing an interim Midwifery Led Unit in Antrim Area Hospital pending the development of the new purpose-built Women and Children's Unit.

Our proposed clinically deliverable options for future acute maternity services

For both of these options the full range of high quality antenatal and postnatal care will continue in Causeway Hospital.

We will continue to provide antenatal care locally, however for some women this may mean combining antenatal care locally with additional care at hospital if their clinical condition requires this.

There will be a discussion about place of birth and the choices available, depending on clinical condition. Women assessed to be low risk for problems during pregnancy and birth are eligible to give birth at home, in a midwifery-led unit or they may choose to give birth in a medical-led unit.

Women who have risk factors identified at booking or during the pregnancy are advised to give birth in a medical-led unit. Some women change their mind during their pregnancy or sometimes their clinical condition changes, which means that a home birth or a midwifery-led unit birth is no longer an option. The choice a woman makes will always be in discussion with the professionals who are supporting her to ensure that this choice is informed and the safest option.

For women who choose to have a midwifery-led birth, if any complications arise during the labour or delivery, or if their labour does not progress as it should, they will be transferred to the medical-led unit on the Antrim Hospital site.

Once women have had their baby they will be discharged home to have their postnatal care and support in or close to their home provided by community midwives.

How we considered our options

We have engaged inclusively and constructively with our internal stakeholders to consider the options we would like to consult on for the future of acute maternity services. We considered the regional strategic direction and national best practice. Involving and listening to staff to identify and develop good practice has been important when developing our options for consultation. The staff who deliver our acute maternity services, including our Obstetricians and Midwives, have developed the options.

Impact on staff

We value and respect our staff and will keep them informed at every stage. The principles of the Trust's Management of Change Human Resource Framework provide a robust and transparent process for proposals that impact on our staff. We have systems in place to support staff through the changes such as the availability of retraining opportunities and eligibility for excess travel allowance payments.

A communication strategy will make sure that staff are kept fully informed of any proposed action and developments. Staff will also have regular communication meetings with their managers to discuss plans, influence the planning process and air their concerns. The Trust will work in partnership with trade unions to assess the impact on staff and to put robust mitigating measures in place.

Promoting equality and considering rural needs

We are committed to promoting equality of opportunity, good relations and human rights in all aspects of its work. In keeping with our legislative requirements, the Trust has completed and is consulting on an [Equality Impact Assessment \(EQIA\)](#) on the options which is available on the Trust's website.

We are also committed to understanding the impact the options are likely to have on people in rural areas. We have completed a [Rural Needs Impact Assessment \(RNIA\)](#) on the options which is available on the Trust's website.

We invite views on these assessments and will consider all feedback received during the consultation process

Tell us what you think

We are consulting with you on the two clinically deliverable options for future acute maternity services in the Northern Trust area.

The feedback on this consultation will help us to provide local people with better care, in the most appropriate place. Please take the time to read this document. There is additional supporting information online and you can complete the [consultation proforma](#).

We wish to consult as widely as possible on the proposals within this document and the findings of our Equality Impact Assessment (EQIA) and our Rural Needs Impact Assessment (RNIA) over a 14-week period commencing 25 November 2022.

During the consultation period we will hold listening events. These events will be publicized and will provide the opportunity to ask further questions and give feedback. If you would like to attend please contact equality.unit@northerntrust.hscni.net or telephone 028 2766 1377.

Tell us what you think

To facilitate your feedback, a consultation proforma is available on the Trust Website at <http://www.northerntrust.hscni.net>. To request a copy of the proforma for you to fill in at home or to arrange to complete it with a member of staff, email equality.unit@northerntrust.hscni.net or telephone 028 2766 1377. We welcome your feedback in any format by 3 March 2023.

If you have any queries or comments regarding this consultation document, EQIA or RNIA and their availability in alternative formats (including Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English) then please contact

Equality Unit

Route Complex

8e Coleraine Road

Ballymoney

Co Antrim

BT53 6BP

Tel: 028 2766 1377

Fax: 028 2766 1209

Textphone: 028 2766 1377

E-mail: equality.unit@northerntrust.hscni.net

In compliance with the legislation, when making any final decision the Trust will take into account the feedback received from this consultation process. A consultation feedback report will be published on the Trust web site.