

Our ref: 010.24 TY//VP
Date: 29 October 2024

Councillor Colin Hutchinson &
Councillor Liz Smaje
Co-Chairs
Calderdale and Kirklees Joint Health
Scrutiny Committee

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Dear Councillor Colin Hutchinson & Councillor Liz Smaje

**Re: Report for the Calderdale & Kirklees Joint Health Scrutiny Committee,
Bronte Birth Centre**

Following the meeting of the above Committee on 15 October 2024 whereby the Trust provided a joint maternity report with Calderdale and Huddersfield NHS Foundation Trust, it is understood that several questions regarding the Bronte Birth Centre remain outstanding. The report will endeavour to provide responses to the outstanding queries below.

- Q1.** Please provide an explanation of the difficulties encountered in directing a representative from Mid Yorks to attend the meeting of the Committee on 15 October 2024. The Committee recognised apologies were received, but a substitute was not nominated. Had the Committee been aware of the difficulties in providing a representative, alternative arrangements could have been made to accommodate this.

Please accept our apologies for the lack of representation at this meeting, unfortunately due to the retirement of the previous post holder and the commencement in post of the new Director of Midwifery, the forwarding of a diary invite was shared with minimal notice. In addition, the Chief Nursing Officer had other urgent commitments and the remainder of our senior leadership midwives were needed for clinical service commitments. The trust will ensure representation from Mid Yorks Teaching NHS Trust at future meetings.

- Q2.** Provide further explanation regarding the bar chart which appears in your report, and on page 15 of the agenda pack, particularly in relation to the vastly differing figures for June 2024 and August 2024.

It is difficult to draw any significance in the increased birth rate between June and August 2024. A term pregnancy is considered to be from 37 completed weeks of pregnancy to 42 weeks on a low-risk pathway awaiting the spontaneous onset of labour. Noting we have had 56 births overall at the Bronte Birth Centre since April 2024

Q3. Why is the number of admissions to the birth centre so high compared to the number of births?

In addition to attending in established labour, women attend the birth centre with suspected spontaneous rupture of membranes (water's breaking) or suspected labour for assessment by the midwife, which are also recorded as admissions. There may be a requirement for care to follow a higher risk pathway at the Consultant Led Unit (Pinderfields) or for them to go home and await events until labour becomes more established. Some of the patients in latent (early) labour may also need to follow a different care pathway should labour not establish fully and are directed to Pinderfields for ongoing care. There will always be a larger number of admissions than births recorded for the reasons discussed above.

Q4. Why are there minimal births taking place at the Bronte Birthing Centre and how success is being measured considering the low number?

The service reports monthly through our governance processes from Division to Trust Board, with birth data recorded on the maternity dashboard for oversight. The 'soft' launch of the of the Bronte Birth Centre has enabled the service to be re-established as a further option for birth with service users and staff fully cognisant with the service, mindful of the sensitivity of this decision to recommence in the geographical footprint. There are a range of engagement events already in place with plans to expand the Maternity Carousels (bespoke antenatal events to showcase options for women and families) at Pinderfields and Bronte Birth Centre, a celebration event following our 50th birth, plus utilising capacity within the estate for antenatal sessions for active birth, breastfeeding workshops, aromatherapy and relaxation sessions for consideration.

The Trust will continue to promote the Bronte Birth Centre as the only regional (Northeast and Yorkshire) stand alone birthing unit, working in partnership with the Maternity and Neonatal Voices Partnership (MNVP) in Wakefield and Kirklees. A strong focus is on the equity and equality agenda, a recent event was the Happy Moments Group supporting Asian women in the Kirklees area during Ramadan and breaking their fast together at the Bronte Birth Centre.

Q5. Regarding transfer services, the Committee would like to understand how this works in practice.

Midwives are the specialists in normality and low risk care pathways, should the clinical complexity change and following discussion with the Consultant Led Unit, a category 1 ambulance is requested to take the woman accompanied by the midwife on a time critical ambulance transfer to Pinderfields Obstetric Unit, the average time frame for attendance of the ambulance is 7 minutes.

Q6. In relation to the sustainability of the Bronte Birthing Centre, given the 56 births that have taken place, how does this correlate with the staffing required, the revised maternity strategy and plans to expand the service?

The staffing model for Bronte Birth Centre is 1 Midwife and 1 Maternity Support Worker 24/7, with a second Midwife on call. The flexibility of this model is conducive

to ensuring the Birth Centre is always open for women to access and increases credibility of the availability of the service, to ensure families feel confident in booking for care there. The only barrier to service would be the Bronte Birth Centre at capacity and all rooms occupied, however the low risk pathway of care lends itself to families requesting an early discharge, usually within 3-6 hours of birth and has not been an issue we have experienced.

The model will be re-evaluated biannually as part of the workforce review. Individual workforce models would not be written into the Maternity Strategy.

Q7. How will the staffing model remain robust, considering the local and national difficulty in the recruitment and retention of midwives?

MYTT are fully recruited to its midwifery establishment and have seen a 34% reduction in attrition in the last year. The decision around staffing models and on call duties for Bronte Birth Centre were made collaboratively with the staff. The staffing model across the whole of Maternity Services is in line with Birthrate Plus recommendations and reviewed biannually against staffing vacancy and any required changes to service delivery. We pay constant attention to maintaining and retaining the current workforce to ensure services can be maintained.

Q8. Has the criteria for giving birth at the birth centre changed over the period of time the centre has been open?

There have been no changes to the criteria for giving birth at the Bronte birth centre. There are some occasions when a woman may choose to birth outside of guidance, when this happens an individualised birth plan is put in place to support her requirements following detailed discussion to ensure women/families can make fully informed decisions.

Q9. Is the picture at Bronte Birthing Centre similar to comparable birthing units across the country?

Anecdotal evidence suggests this is similar to other birthing units, Mid Yorks is fortunate to follow the gold standard of choice by having both a free standing and alongside birth centre available for use. Anxiety may arise in relation to ambulance transfer times and availability from a free standing birth centre, but the Bronte Birth Centre mitigates this as the Yorkshire Ambulance Service base is in close proximity to the birth centre.

Q10. When will the birthing centre be operating to full capacity, and what is the anticipated demand at this time?

There has not been a limit to operating capacity, however given the previously mentioned 'soft' launch. We anticipated a greater amount of activity with the scheduled promotion of both birth centres. The model will be re-evaluated biannually as part of the workforce review.

Q11. Given that the reopening of the Bronte Birth Centre has not been widely publicised, is the Trust receiving a realistic picture of interest in using the Centre?

It is possible that we do not have an accurate picture of interest at this point, however we will be benchmarking against the promotion events and place of birth requests from booking appointments to see the impact of our increased promotion of these birth locations.

Q12. Has the opening of the birthing centre had an impact on the demand for home births i.e. have these reduced or have numbers remained static?

Our data shows there has been no detrimental effect on homebirth rates, both Dewsbury and Pinderfields' homebirths have exceeded the 2023 number, 11 and 29 respectively in the first 8.5 months of the year.

		2019*	2020	2021	2022	2023	2024**
Homebirth	Dewsbury & District Hospital	5	10	12	5	7	11
	Pinderfields General Hospital	8	41	35	33	21	29
	Pontefract General Infirmary	6	41	25	15	15	9
	Mid Yorks Teaching NHS Trust	19	92	72	53	43	49

We hope this detailed report answers the questions of committee members. We are available to discuss as required.

Yours Sincerely



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Director of Midwifery and Women's Services



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Chief Nursing Officer

CC Keith Ramsey, Chair Mid Yorkshire Teaching NHS Trust