

Maternity Services at Mid Yorkshire Teaching NHS Trust

Report prepared for Calderdale and Kirklees Joint Health Overview and Scrutiny Committee – October 2025

1. Introduction

The NHS England three-year delivery plan for maternity and neonatal services outlines the approach to making maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families (NHS England, 2023).

Personalised care empowers individuals to make informed decisions about how their care is planned and delivered. It is based on evidence, individual needs, risk factors, and what matters most to people we serve

. Personalised care includes choice of place of birth; all women in England are able to choose where to give birth, whether within their local Trust or at another facility.

The BadgerNet Single Pregnancy Record (SPR) enables us to share maternity records with other BadgerNet Trusts—such as Barnsley, York and Harrogate. We no longer need to create new pregnancy records for women who are booking/have booked with another BadgerNet Unit.

This paper provides an update on the staffing position and birth choice provision within the Mid Yorkshire Teaching Hospitals Trust (MYTT) footprint. It sets out the current and future maternity service offer, referencing national standards, evidence-based guidelines, and workforce considerations.

2. Background

All women should have access to clear, unbiased information to support informed choices about maternity care and place of birth (NHS England, 2023). Wherever possible, care should be delivered closer to women's homes to reduce travel burdens and improve accessibility.

Recent developments include the expansion of specialist maternal medicine services, enabling women to receive antenatal care, diagnostic testing, and fetal surveillance locally in Pontefract, Wakefield, and Dewsbury, rather than travelling to regional centres.

Where staffing levels are safe and sustainable, there will be continued emphasis on enhanced continuity of carer models to support the most vulnerable groups. The National Institute for Health and Care Excellence (NICE) provides evidence-based guidance on intrapartum care settings, which underpins local Trust policies.

In support of the equity and equality agenda, MYTT has appointed a Consultant Midwife for Health Equity and expanded the Maternity Befrienders service. These initiatives aim to increase continuity of care for the more vulnerable groups within our footprint.

3. Workforce

3.1 Current Position

MYTT has maintained consistent recruitment activity, including participation in the Local Maternity and Neonatal Services (LMNS) centralised recruitment programme for newly qualified midwives. The Trust has also considered the national allocation of non-recurrent funding for 2025/26 to support the temporary conversion of vacant maternity support worker posts into Band 5 registered midwifery roles, thereby creating opportunities for newly qualified staff. Through this route, the Trust anticipates appointing a further two midwives into the service.

A summary of the current workforce can be seen in the following table:

August 2025	MYTT
Last formal accredited workforce planning assessment (Birthrate Plus)	2023
Funded whole time equivalent (WTE)	244.36
Whole time midwife in post – July 2025	250.46
Current vacancy whole time midwife	0
Current overall vacancy %*	0%
Anticipated WTE October 2025	257.46
Anticipated overall vacancy % October 2025	0%

*The current vacancy position does not consider the additional vacancy created through maternity leave, plus short / long term sickness and includes all midwifery posts including managerial and specialist midwives.

MYTT will see 7.0 WTE graduate midwives commence in post through October – November 2025, which will take the service into an over-recruited position; however, this is based on average attrition rates. Staff retention across MYTT maternity services has significantly improved, with turnover reduced from 15.4% in 2022, to 7.48% in 2025

MYTT has retained 100% of newly qualified midwives from 2023 and 2024 cohorts and recognise this as a huge achievement, demonstrating the effectiveness of our preceptorship programme and retention midwifery role. All new starters are supported by preceptorship midwives through robust orientation and supernumerary period through to completion of their preceptorship programme 12 – 18 months post appointment.

In addition, whilst a national review of training requirements for frontline staff is ongoing, there has already been an expansion of mandated maternity and neonatal safety training alongside core training, with the likelihood of further increases. Should this materialise, it may be necessary to develop additional business cases to support an uplift in the current establishment.

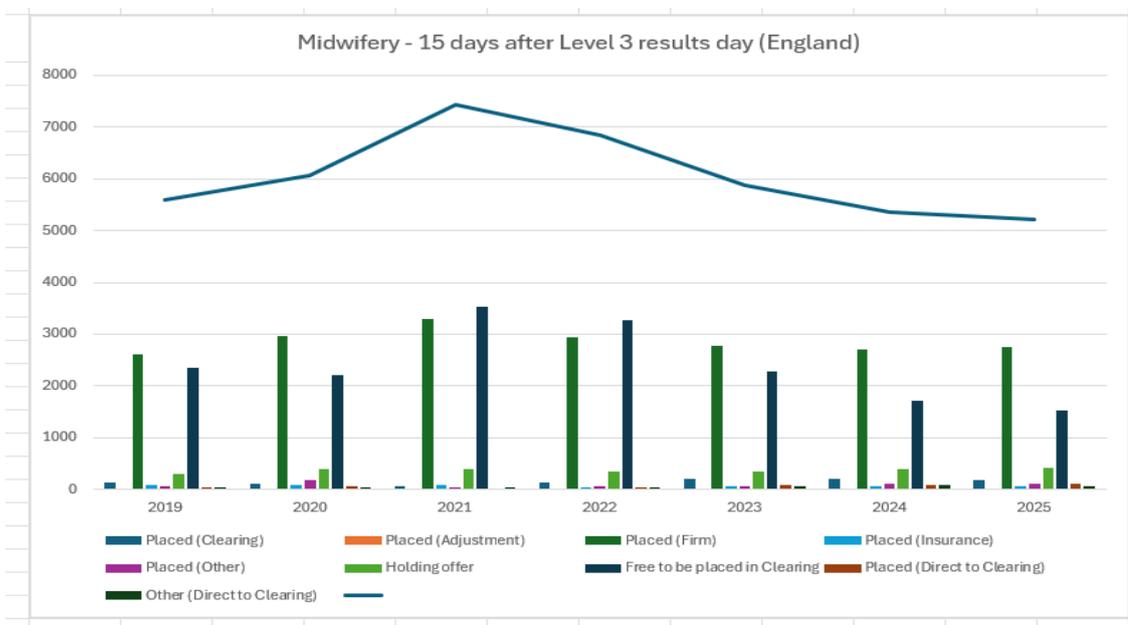
3.2 Recruitment and Retention

MYTT has robust recruitment and retention plans, working alongside West Yorkshire and Harrogate Local Maternity and Neonatal System and NHS England regional teams to grow the workforce through increasing student placements, international recruitment (currently paused), midwifery apprenticeships and shortened midwifery programmes.

This is a medium to long term plan and whilst the anticipated position is now more favourable than in previous years, there remains challenges to secure a sustainable workforce for the future. The service considers the workforce to be fragile and the opportunity for staff to move to a co-located provider always a possibility should organisational models of care not align with their home/work life balance. However, flexible working options at MYTT have been supportive in managing our attrition rates.

UCAS data has shown that in June 2025 the degree level applications for midwifery have continued to be reduced at -2.5%, albeit an improvement from last year of -9%, some considerable disparity with the peak of 23% in 2021. It is therefore vital we continue our efforts across the Calderdale, Kirklees, and Wakefield footprint in partnership with our universities to continue with our recruitment and retention plans and to be employers of choice for students to include the offer of multiple routes into training.

Midwifery - 15 days after Level 3 results day (England)	2019	2020	2021	2022	2023	2024	2025
Placed (Clearing)	140	120	70	130	200	200	180
Placed (Adjustment)	0	0	0	0	0	0	0
Placed (Firm)	2610	2970	3290	2930	2770	2700	2740
Placed (Insurance)	80	90	80	40	60	60	60
Placed (Other)	60	170	40	70	70	110	120
Holding offer	290	390	390	340	350	390	410
Free to be placed in Clearing	2360	2220	3520	3260	2270	1720	1520
Placed (Direct to Clearing)	30	60	20	40	90	90	120
Other (Direct to Clearing)	30	40	30	40	70	80	70
	5600	6060	7440	6850	5880	5350	5220
		8.20%	23%	-8%	-14.20%	-9%	-2.5%



4.0 Birth Choices across Kirklees and Wakefield

Current NICE guidance (2023) is that all 4 birth settings (home, freestanding midwifery unit, alongside midwifery unit and obstetric unit) should be available to all women (in the local area or in a neighbouring area), and that women are supported to make an informed choice to birth in any birth setting. Furthermore, NICE guidance (NICE 2023) suggests when planning delivery of maternity services providers should:

- provide a model of care that supports one-to-one care in labour for all women.
- not leave a woman in established labour on her own except for short periods or at the woman's request.

- benchmark services and identify overstaffing or understaffing by using workforce planning models and/or woman-to-midwife ratios.

From 1 April 2024, all four choices of place of birth have been available and offered to women resident in Kirklees and Wakefield.

Women can access care in any care setting via their midwife or an online self-referral scheme on the MYTT Trust website.

Summary of birthing options within MYTT:

Place of Birth	Kirklees	Wakefield
Homebirth	Yes	Yes
Freestanding Midwife led Unit – low risk women	Yes Bronte Birth Centre	No Neighbouring area Bronte Birth Centre
Alongside Midwife led Unit – low risk women	No Can chose to birth in neighbouring area (CRH, PGH)	Yes Pinderfields Hospital (PGH)
Obstetric Unit	No Can chose to birth in neighbouring area (CRH, PGH) or any other Trust of their choosing (e.g. Leeds, Bradford, Barnsley)	Yes Pinderfields Hospital (PGH)

Capacity data 2016 – 2025:

Year	No. Births at PGH Obstetric Unit	% Births at Obstetric Unit	Total No. of Births
2016-17	5556	89.7%	6196
2017-18	4680	76.6%	6110
2018-19	4835	80.4%	6010
2019-20	5060	85.6%	5910
2020-21	5115	90.1%	5680
2021-22	5170	91.0%	5680
2022-23	4955	92.5%	5355
2023-24*	4719	87.5%	5394
2024-25*	4923	88.7%	5548

4.1 Bronte Birth Centre

The Trust committed to reopening the Bronte Birth Centre following its temporary closure. Successful recruitment of midwives and a dedicated Birth Centre Manager enabled the Trust to reopen the centre on 1 April 2024. Evaluation of the delivery model for birth centre locations will be informed by the ongoing Ockenden work and the revised Trust Maternity Strategy.

Staffing Model

The current staffing model comprises:

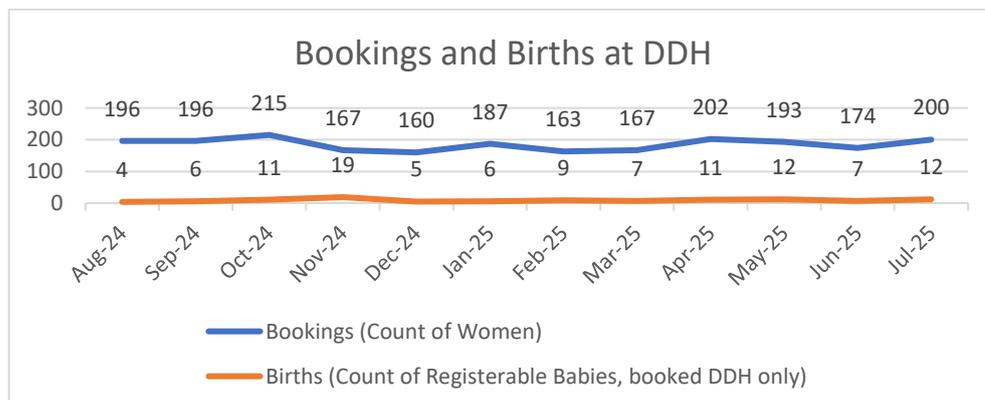
- 1 Midwife and 1 Maternity Support Worker permanently on site
- A second Midwife on call to attend when families are admitted

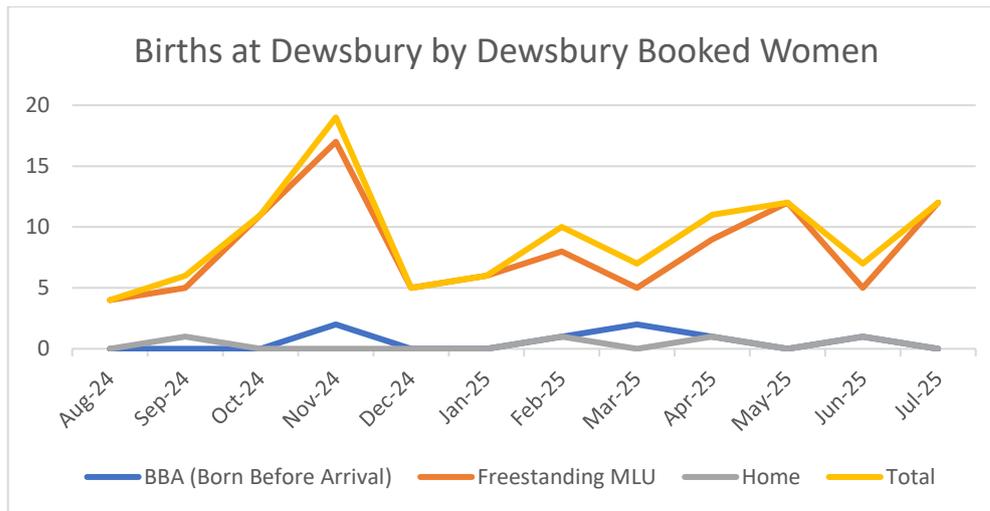
The team has utilised the Midwifery Unit Self-Assessment (MUSA) framework, a national tool designed to guide self-assessment and promote continuous improvement in midwifery-led birthing environments. All staff were inducted following an extensive training needs analysis, with updated guidance, SOPs, and emergency skills drills completed prior to reopening.

Staff are not relocated from Bronte Birth Centre as part of our escalation process during periods of increased acuity at the Pinderfields obstetric unit. Maintaining a consistent midwifery presence at Bronte is essential to provide assurance to women and service users booked to use the service and to uphold confidence in our service provision. Should the maternity services at MYTT be on full divert and closed to all admission, this would include Bronte Birth Centre, however staff would remain at Bronte to support and identify alternative maternity provision to redirect families.

Service Outcomes

Since reopening, the Bronte Birth Centre has welcomed over 180 babies and received extremely positive feedback from families, reflecting safe, high-quality, and personalised care.





The Trust presented the relaunch of the Bronte Birth Centre at the Midwifery Unit Network national event in November 2024 to peers and NHS England on the topic relating to 'Birthplace Choice', describing the journey to reopening which was positive and well received. The regular Maternity Carousel engagement events continue to promote Bronte Birth Centre as an option for birth and the only regional stand alone birthing unit in the area. More recently we are working alongside the Happy Moments charity group within Batley and Dewsbury to support increased engagement and awareness of this service with the South Asian community and a bespoke Carousel family event.

Lastly, a celebration event to coincide with 1st anniversary of the relaunch took place on 3 April 2025 for all families who have birthed there alongside welcoming prospective parents. The team have adopted an open door policy for service users to drop in at their convenience for a walk round in addition to a set open day per month.

As part of the orientation to the Bronte Birth Centre, families are provided with clear information about the model of care including the risk assessments undertaken to ensure safety throughout labour and birth.

Should a transfer to the consultant-led unit become necessary due to early signs that obstetric input is required, this is managed in a controlled and timely manner, following established protocols. This approach ensures continuity of care, minimises risk, and provides reassurance to families that safety remains paramount.

Please refer to Appendix A – Personalised Care Flow Chart from Birth Discussions in Maternity Services (Including referral to Birth Matters Clinic and Personalised Care referral) SOP.

All transfers are recorded on our Datix system and incidents reviewed for appropriateness and outcome, feeding into divisional governance processes for oversight and scrutiny. For Q1 of 2025, all transfers were for clinical reasons and had a positive outcome, none were for additional analgesia e.g. epidural.

Admissions to FMLU and Transfers to Obstetric Unit					
Month	Number of Admissions in Labour	Antenatal Transfers	Intrapartum Transfers	Postnatal Transfers	Total Transfers
Aug-24	11	1	5	1	7
Sep-24	13	2	5	2	9
Oct-24	17	0	6	1	7
Nov-24	19	3	1	5	9
Dec-24	14	1	7	2	10
Jan-25	10	1	2	2	5
Feb-25	12	3	4	1	8
Mar-25	10	0	3	1	4
Apr-25	10	0	0	1	1
May-25	17	0	4	2	6
Jun-25	11	0	5	2	7
Jul-25	13	1	1	0	2
Total	157	12	43	20	75

The sustainability of the Bronte Birth Centre remains a critical component of the service. During periods of escalation, when high acuity at the Pinderfields site requires implementation of the escalation protocol, staff from the alongside birth centre are redeployed within the acute hospital to maintain safety within the consultant-led unit once all other measures have been exhausted. In these circumstances, women and birthing people on low-risk pathways are offered the option of receiving care at the Bronte Birth Centre.

Further work continues as part of the action plan to ensure all community midwives are promoting birth in one of the birth centres where appropriate.

The Bronte Birth Centre's soft launch in April 2024 was a strategic decision, allowing for a phased introduction while considering ongoing consultation planning at the Pontefract site. Extending the evaluation period to 18 months (autumn 2025) was a considered approach, ensuring a more comprehensive assessment that includes both service user and staff experiences, as well as financial sustainability.

4.2 Pontefract Hospital

A public consultation was launched 11 February 2025 by the ICB and the Wakefield Place asking local people to share their views on birth choices in the Wakefield District.

The consultation focused on the future of birthing services at Pontefract Hospital, where births have been suspended since 2019 due to the declining numbers in women and birthing people choosing to birth there. The proposal

was to formally address the current position since 2019 and not reinstate births at Pontefract while continuing to provide extended antenatal and postnatal care. The Wakefield District Health and Care Partnership has led this consultation with support from MYTT to understand how the proposal might affect local families and whether other options should be considered.

This information has been included to demonstrate the full operational picture at MYTT. The outcome of the consultation has concluded that births at the facility will not be reinstated, with the decision made by the Wakefield District Health and Care Partnership on 10 September 2025.

5.0 Summary

MYTT currently has the workforce and capacity to meet local demand, while ensuring service users retain the option to access either a freestanding or alongside birth centre within their locality or a neighbouring area (NICE, 2023). The Birthrate Plus review of MYTT maternity services (2023) identified a reduction in the number of births, alongside an increase in clinical and social complexity compared with previous years. A further review with Birthrate Plus is scheduled for spring 2026, with the expectation that this trend will continue. In anticipation, the Trust recognises that additional midwifery appointments may be required, subject to successful investment in the service.

The Trust is committed to ongoing monitoring of the impact of any demographic changes in the district on the future demand for maternity services to ensure utilisation of our services is being used to optimum effect.

Appendix A

2.2 Personalised Care at Mid-Yorkshire NHS Teaching Trust (Flow Chart)

The flow chart below outlines the process for providing personalised care to women and birthing people at Mid-Yorkshire NHS Teaching Trust. It highlights key stages in the care journey, including the referral process, discussion of birth preferences, and steps for women seeking alternative birth choices or care outside of local guidelines.

