

1. Introduction

The NHS England three-year delivery plan for maternity and neonatal services sets out how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families (NHS England 2023).

Personalised care gives people choice and control over how their care is planned and delivered. It is based on evidence, what matters to them, and their individual risk factors and needs. Personalised care includes choice of place of birth; all women in England can choose where to birth their baby. This may be in their local Trust or elsewhere.

This paper provides an update on the current service delivery and birth choice provision at Calderdale and Huddersfield NHS Foundation Trust (CHFT)

Background

All women should have clear choices about maternity care and place of birth, supported by unbiased information and evidence-based guidelines (NHS England 2023) and where care can be safely delivered closer to women's homes.

There has been an expansion of specialist maternal medicine services enabling women to receive antenatal care, diagnostic testing, and fetal surveillance in their local hospitals rather than having to travel to regional centres.

NHS England require local organisations to focus on enhanced continuity of carer models of care to support our most vulnerable groups once staffing levels are sustainably meeting the minimum requirements in line with birth rate plus. The National Institute for Health and Care Excellence (NICE) provides evidence-based guidance to commissioners and providers about intrapartum care settings. This guidance underpins local Trust guidelines.

2. Midwifery Workforce

2.1 Current Position

CHFT has continued to undertake consistent recruitment activity including participation in the Local Maternity and Neonatal Services (LMNS) centralised recruitment programme for newly qualified midwives.

A summary of the current data (August 2025):

August 2025	CHFT
Last formal accredited workforce planning assessment (Birthrate Plus)	2024
Funded whole time equivalent (WTE)	195
Whole time midwife in post – August 2025	173.16
Current Vacancy whole time midwife	21.84
NQM (WTE) due to commence in post October 2025	15
Anticipated Whole time in post – October 2025	188.16
Anticipated overall vacancy % October 2025	3.5%

*The 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.

CHFT's vacancy position has seen significant improvement with a reduction from a maximum of circa 30% in August 2023 to 3.5% in October 2025.

CHFT retained 100% of newly qualified midwives (NQM) from 2022 and 2023 cohorts and was one of only two organisations in the LMNS to achieve this.

All NQM are supported by dedicated clinical practice education midwives through a robust orientation and supernumerary period prior to completion of their preceptorship programme after 12-18 months.

Currently the large cohort of NQM employed across October 2024 and April 2025 are now 11 and 6 months respectively into their preceptorship period.

Additionally for consideration, whilst there is a national review of training requirements for frontline staff, there is already an increased amount of maternity and neonatal safety training required in addition to essential training and the potential to see further increase in this. Should this occur further business cases may be required to support additional uplift to the current establishment.

2.2 Recruitment and Retention

CHFT and MYTT both have robust recruitment, and retention plans and have worked with West Yorkshire and Harrogate Local Maternity and Neonatal System and NHS England regional teams to grow the workforce through increasing student placements, international recruitment, 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.

UCAS data has shown that in both June 2024 and June 2025 the degree level applications for midwifery were at their lowest levels for more than six years. This is a circa 10% decrease in 2023 and circa 34% lower than the 2021 peak. It is therefore vital we continue our efforts in partnership with our universities to continue with our recruitment and retention plans and to be an employer of choice for students and to offer multiple routes into training.

CHFT is supporting existing maternity support workers onto the midwifery apprenticeship programme, has offered the shortened programme in partnership with the University of Bradford and continues to support degree level students on placements across the spectrum of maternity clinical services.

2.3 Obstetric Workforce

The obstetric consultant workforce has also seen significant investment over the last 2 years. This investment, once all posts are recruited to, will enable a separation of the rota to enable consultant level cover dedicated to obstetrics and to gynaecology rather than the combined cover provided currently.

3. Birth Choices and personalised care.

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 (home, freestanding midwifery unit, alongside midwifery unit or obstetric unit. Furthermore (NICE 2023) 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 are available and offered to women resident in Calderdale, Kirklees, and Wakefield.

Women can access care in any care setting via their midwife or an online self-referral scheme on both CHFT and MYTT Trust websites.

Summary of Birthing options:

Place of Birth	Calderdale	Kirklees	Wakefield
Homebirth	Yes	Yes	Yes
Freestanding Midwife led Unit – low risk women	No Neighbouring area Bronte Birth centre	Yes Bronte Birth Centre	No Neighbouring area Bronte Birth Centre
Alongside Midwife led Unit – low risk women	Yes Calderdale Royal Hospital (CRH)	No Can chose to birth in neighbouring area (CRH, PGH)	Yes Pinderfields Hospital (PGH)
Obstetric Unit	Yes Calderdale Royal Hospital (CRH)	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)

Choice of place of birth is a continuous discussion between a woman and their midwife / consultant and is revisited at routine antenatal appointments. Written information is provided in leaflet format and there is information shared on place of birth choices including Bronte birth centre via social media channels as part of a regular cycle of information provision. Choice of place of birth forms a part of personalised care planning.

Community Midwifery leaders have now commenced undertaking monthly audits of random sets of clinical records to assess the following:

- Evidence of continuity of midwife in antenatal period (< 3 midwives seen)
- Evidence of personalised care planning in antenatal period
- Evidence of personalised care planning in postnatal period
- Evidence of continuity of named midwife in postnatal period

A discussion takes place at 36 weeks gestation, and this is when women will usually form their preferences for birth, pain relief, positioning, environment, infant feeding etc into a birth plan.

Women may choose a preference for care that is outside of recommended guidance / clinical advice. All women are supported in this with robust risk and benefit discussions to ensure they can make a fully informed decision. This is supported with the provision of evidence-based data on the risks, signposting to validated resources or research and the development of a personalised care plan. CHFT has a birth choices forum where a multi-disciplinary team will review the clinical records to ensure there is evidence of robust discussion to support women make choices and to ensure any staff needs in providing the care plan can be addressed. This forum is not in place to provide permission for the care plan but to safeguard informed choices.

3.1 Huddersfield Birth Centre – Free standing midwifery led unit.

The Huddersfield Birth Centre remains suspended for labour care.

Re-opening to provide intrapartum midwifery led care is contingent not only on enough staff in post but also in consideration of the skill mix and experience of midwives.

Whilst the recruitment position for CHFT has improved, the skill mix and experience of the workforce has changed. The preceptorship package is a 12–18-month programme and the skills and experience acquired during this programme are essential to contributing to the overall workforce needed to safely staff a free-standing birth centre. CHFT has supported the development of skills in low-risk midwifery led care by reintroducing in October 2024 a rotation into the community as a core area in the preceptorship package as well as to Calderdale Birth centre. This is supported by ensuring there is clearly identified support from experienced community and Calderdale birth centre core midwives.

CHFT continues to collaborate with colleagues at MYTT to establish pathways to access the Free-standing Bronte Birth Centre. CHFT has actively promoted all birth options available to women across Calderdale and Huddersfield and shares this information via social media channels as part of a cycle of standardised information provision.

3.2 Calderdale Birth centre - Alongside Midwifery Led unit.

Due to the challenges in staffing, Calderdale Birth centre (CBC) adopted a responsive model in July 2023 with staff re-deployed to support other clinical areas when no labouring women were present in the unit. The level of staff shortages meant that it was not possible to robustly maintain this responsive model with intermittent closure of the unit required to maintain safe intrapartum care provision in a consolidated area. Calderdale Birth centre has been robustly delivering a 24/7 operating model since 18th November 2024.

In the 16-month period from commencing the responsive model in July 2023 to up to November 2025, CBC saw 140 births take place providing an average of 8.75 births per month.

There have been 299 births in CBC between 1st January 2025 and 30th September 2025. This is an average of 33.2 births per month during this period.

Of the 299 women who have birthed in CBC during this period, 254 women live in a Halifax (HX) or Huddersfield (HD) postcode. The ratio of those in an HX or HD postcode is 46% and 54%, respectively. The remaining women have predominantly been from Bradford and Oldham.

A further 208 women have attended CBC but have transferred during their labour or for immediate post birth treatment. The following table is a summary of reasons for transfer:

Reason	No.
Additional pain relief	48
Delay in first / second stage of labour	58
Complications in labour requiring continuous fetal monitoring	61
Perineal repair in theatre / manual removal of placenta	4
Other reasons including maternal choice	37

There have been 6 occasions since January 2025 where there has been a need to redirect intrapartum care to the labour ward for a short period following acute absence of core staff, the length of this has varied between 1 hour and 12 hours, with one full overnight closure in January 2025 due to adverse weather conditions to support accommodation for staff who were stranded.

3.3 Calderdale Royal Hospital Maternity Reconfiguration

Reconfiguration plans to relocate the Calderdale Birth centre from the ground floor at the front entrance of the hospital to the second floor alongside the labour ward and to build two bespoke dedicated obstetric theatres are progressing.

A communications plan has been drafted and has been co-designed with the Maternity Neonatal Voice's Partnership (MNVP) to inform women and families of the work taking place once a start date has been confirmed.

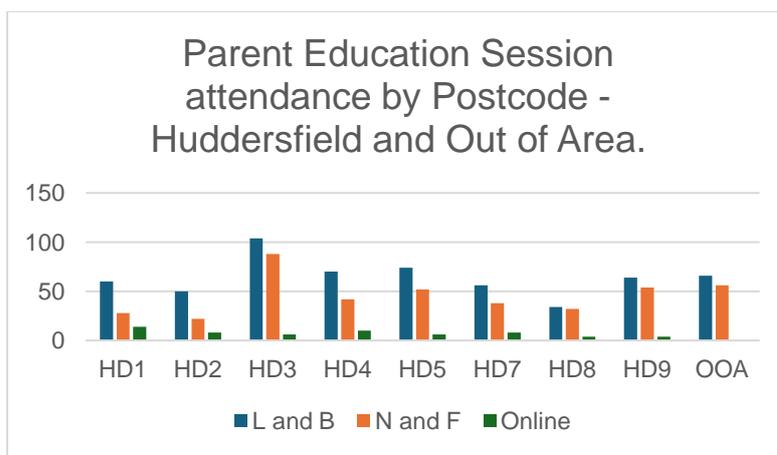
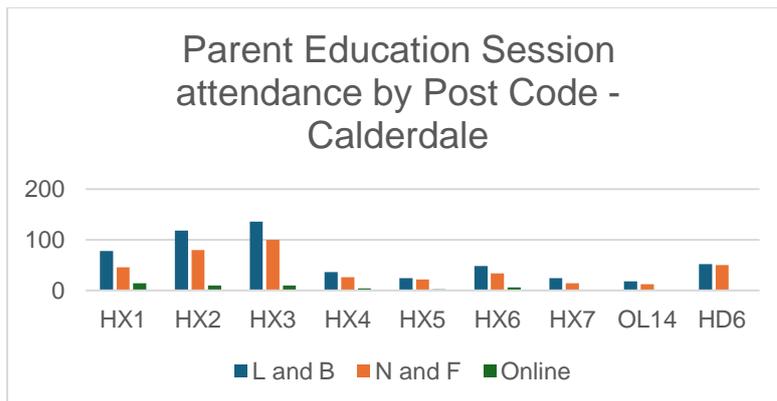
The work is currently anticipated to commence in Winter 2025. As this work is taking place in an area of estate that has now been vacated there will be no disruption to the availability of the birth centre or the current obstetric theatre whilst the build takes place. There may be some noise disruption to some areas of the labour ward, but this has been discussed with the contractor and measures will be taken to minimise this as much as possible.

4.0 Antenatal Education

CHFT are providing a range of antenatal classes both in person and virtually covering general pregnancy, birth, and postnatal advice as well as focussed classes such as infant feeding or multiple pregnancy.

CHFT work closely with the family hubs in Calderdale and with voluntary sector organisations across Calderdale and Huddersfield. Along with the ICB, CHFT are working with some local community groups and a mosque to develop a plan to deliver health information in a more informal manner such as through craft sessions to women who may not access more formal classes.

The education sessions are being delivered both face to face and virtually with virtual options proving popular with women and families.



*L&B - Labour and Birth; N&F – Nurturing and Feeding

Some antenatal education sessions are now being delivered from the Huddersfield Royal Infirmary site with additional locations for face-to-face sessions being explored. CHFT have been liaising with Kirklees Active leisure however there is a cost pressure to hire the room spaces and therefore funding to support this will need to be identified.

5.0 Addressing Health Inequalities

CHFT has dedicated workstreams across the organisation as well as specifically in maternity services to support closing the gap in health inequalities.

A tool to help identify women who have increased vulnerability has been developed in conjunction with the business intelligence team and public health registrar at CHFT. This tool incorporates demographic and social complexity data assessment and will transfer a flag onto the clinical records to alert staff that additional support may be required.

CHFT is working with system partners such as local authority to develop mechanisms to support women with identified vulnerabilities to access transport to appointments through the provision of a bus pass.

There are additional actions related to translation and provision of information in alternative languages, supporting women with accessing urgent / emergency care through direct access pathways and cards to help non-English-speaking women describe their concern on attendance.

CHFT has secured funding to implement the Janam app, a bespoke platform to support South Asian women with pregnancy, birth, and postnatal information.

A key component in reducing health inequalities will be the introduction of midwifery continuity of carer where a small team of midwives will provide all antenatal, intrapartum, and postnatal care to women. This is a priority action for CHFT and remains a national maternity programme priority.

Community midwives are supported to make autonomous decisions on how best to support women to access antenatal care and will provide this in the home environment if required.

6.0 Maternity Service Assurance

Maternity Services have a robust oversight structure both internally and externally to assure services. Internally the service holds a bi-monthly maternity and neonatal transformation board delivering the requirements of the perinatal quality oversight model. This is attended by external stakeholders including the LMNS and ICB quality. A monthly report on services is submitted to the Trust Quality Committee and bi-monthly to the Board of Directors presented by the Director of Midwifery and Clinical Director. The Trust integrated performance report includes a comprehensive section for maternity and neonatal services data.

There are five maternity and neonatal safety champions., three are Board level champions and two local service champions:

- Executive Director Safety Champion: Lindsay Rudge Chief Nurse
- Executive Safety Director Champion: Neeraj Bhasin Medical Director
- Non-Executive Director Champion: Vanessa Perrott
- Local champion: Fi Shamsudin Consultant Obstetrician
- Local Champion: Pamela Ohadike Consultant Neonatologist

CHFT has had regular LMNS assurance visits in 2023 and 2025, these consisted of a team of assessors including LMNS, ICB, region and service user representatives. CHFT has also actively participated in peer review visits from other services and the neonatal operational delivery network supporting sharing learning and good practice.

A CQC inspection took place in June 2023 with an overall rating of good. Further CQC engagement visits have occurred in 2024 and 2025 updating on progress within the service.

Following the coroner's inquest in June 2025 the service continues to assure on the availability of a second theatre. This done through review of the emergency theatre standard operating procedure on a regular schedule and the arrangement of multi-disciplinary teams' skills drills to assess the process. All maternity staff delivering antenatal and intrapartum care undertake annual fetal monitoring training including a competency assessment.

CHFT has been compliant with the maternity incentive scheme in Year 3,5,6 and is currently on track for compliance against year 7. Declaration of compliance with the programme requires board level approval with Trust chief executive and ICB responsible officer confirmation.

The service has a strong working positive relationship with the maternity and neonatal voices partnership, engaging with families across Calderdale and Kirklees and has a co-designed workplan that is responsive to all sources of feedback. The service proactively brings lived experience into key forums through patient stories and videos.