North Central London
Integrated Care System

NHS

START WELL

Edgware Birth Centre addendum to the maternity and neonatal pre-consultation business case

December 2023

Purpose of this addendum

This addendum has been written as part of the NCL Start Well programme. It sets out the case for change and proposed changes at Edgware Birth Centre (the Centre). These proposed changes are independent of the proposed changes being set out for hospital-based maternity and neonatal services in North Central London (NCL), which are outlined in the full pre-consultation business case (PCBC).

This paper sets out the detailed context, case for change and rationale for this proposal, alongside the benefits, impact and any mitigations that may be required. The main PCBC document outlines the wider context of the Start Well programme, as well as how we plan to consult on and quality assure, and the next steps in relation to the proposed way forward described in this document.

Context

The Centre is situated in a purpose-built unit in Edgware Community Hospital. On the site there is a standalone midwife-led birthing unit staffed by midwifery teams from the Royal Free London NHS Foundation Trust. As well as supporting births, other maternity services are also provided at the site. The Centre is located in a deprived area in Edgware, which is on the border of the London boroughs of Barnet and Harrow.

Edgware Birth Centre is situated in a purpose-built unit in Edgware Community Hospital

Edgware Birth Centre (the Centre) comprises seven clinical rooms which are multipurpose, three of which are used to support intrapartum care and have ensuite bathrooms and birthing pools.

The Centre is the base for three teams:

- The Edgware community midwifery team, who are based in the unit and look after the caseload of women who intend to deliver at the Centre. The Edgware team also runs antenatal and postnatal clinics for women and people who live in the local area, as well as pregnant women and people who plan to deliver at the Centre and at home.
- Mill Hill community midwifery team, who run a home birth service. The Mill Hill team also run antenatal and postnatal clinics for women who live in the local area, as well as women and people who plan to deliver at Edgware Birth Centre or in a home setting.
- A core antenatal team which supports antenatal and postnatal clinics every day and occasional multi-disciplinary team clinics. The core antenatal clinic team is a satellite clinic from Barnet Hospital. The team cares for pregnant women and people who reside out of the Barnet community area who wish to deliver their baby at Barnet Hospital.

Out of hours (outside 09.00 - 17.00), the Centre is closed and only pregnant women and people who have already been booked to deliver their baby at the Centre are admitted if in labour.

There is an ultrasound service at Edgware Community Hospital in the outpatient department, which is shared with other services. There is a scan list in the ultrasound department on Monday mornings for growth scans, as well as a consultant clinic on Thursday afternoons which takes place in the main Edgware Community Hospital outpatients department, and which is supported by the core midwives.

The Edgware Birth Centre supports pregnant women and people who are considered to have low risk pregnancies to give birth

There is a standalone midwife-led birthing unit located within the Centre. Standalone midwife-led units are staffed by midwives and support pregnant women and people who are at a lower risk of complications during childbirth to give birth. They specialise in providing care in an environment which supports pregnant women and people to give birth without medical intervention, on a site separate to a main hospital. At standalone midwife-led units, pregnant women and people give birth without the support of other clinical staff that would be available in an obstetric unit (e.g., obstetric doctors and anaesthetists).

If pregnant women and people experience complications during labour, or require additional pain relief (e.g., epidural) they are transferred by ambulance to an obstetric-led maternity unit. For the Centre, pregnant women and people are transferred during labour to Barnet Hospital (which is around a 20-minute journey by ambulance) if additional support is needed for them or their baby.

Only pregnant women and people who are at lower risk of complications during pregnancy are supported to deliver at the Centre. Those that are deemed more likely to have complications during their labour (e.g., due to an existing health condition or one that develops during pregnancy) are not recommended to give birth at the Centre.

Midwives who are part of the Edgware community midwifery team offer 24-hour on-call care for pregnant women and people planning to give birth at the Centre. Each day there are two on-call midwives (08:30-21:30) and two night on-call midwives (20:30-09:30). Pregnant women and people planning on delivering at the Centre are given an on-call mobile number to ring when in labour and this phone is diverted to the on-call midwife.

Edgware Birth Centre is on the border of NCL, situated within a deprived area

The Centre is in a deprived part of the borough of Barnet, close to the neighbouring borough of Harrow.

Figure 1 outlines the deprivation profile of all LSOAs within 35 minutes of the unit.

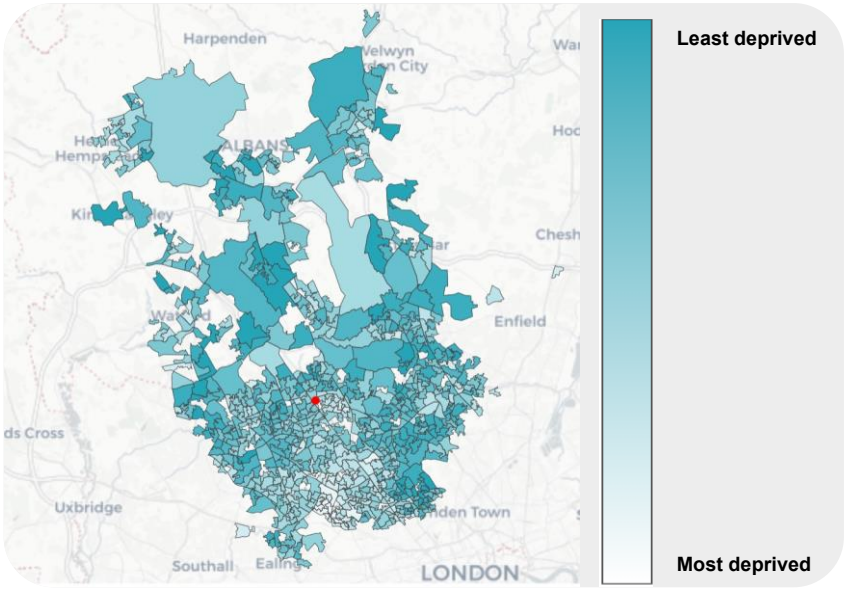


Figure 1: Location of Edgware Birth Centre

Those giving birth at the Centre in 2021/22 resided in areas across the spectrum of deprivation as shown in Figure 2. Evidence shows there is a strong relationship between social determinants of health (including deprivation) and poor maternal outcomes, including an increased risk of maternal death[1].

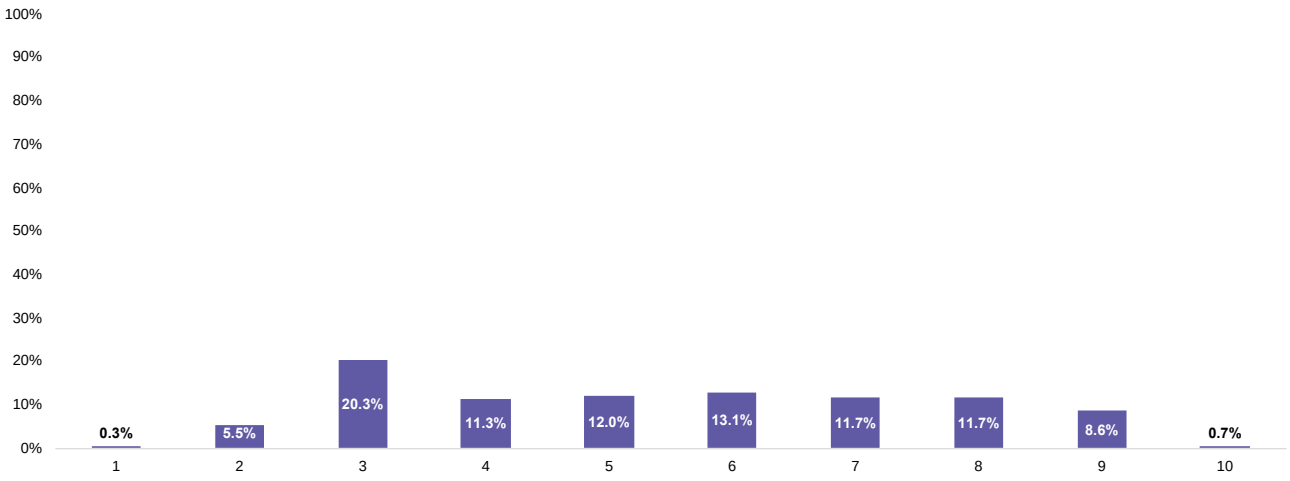


Figure 2: Deprivation profile of Edgware Birth Centre users

Women and people living in difficult social circumstances tend to have worse maternal health outcomes compared to the general population. This can be driven by several factors, including pre-existing health conditions such as obesity, use of substances such as alcohol and tobacco during pregnancy, deprivation, living in temporary accommodation and those at risk of abuse[2]. In NCL, for

[1] https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/1471-0528.17044

[2] https://www.rcog.org.uk/sip67

example, 7.8% of mothers in the 40% most deprived areas were smokers at the time of delivery, compared to 3% of mothers in who live in the 40% least deprived areas.

These additional complexities make it less likely that the pregnant women and people who live near the Centre would be eligible to give birth there. The pregnant women and people who do give birth at the Centre are from a much wider geographical area, as shown in Figure 3.

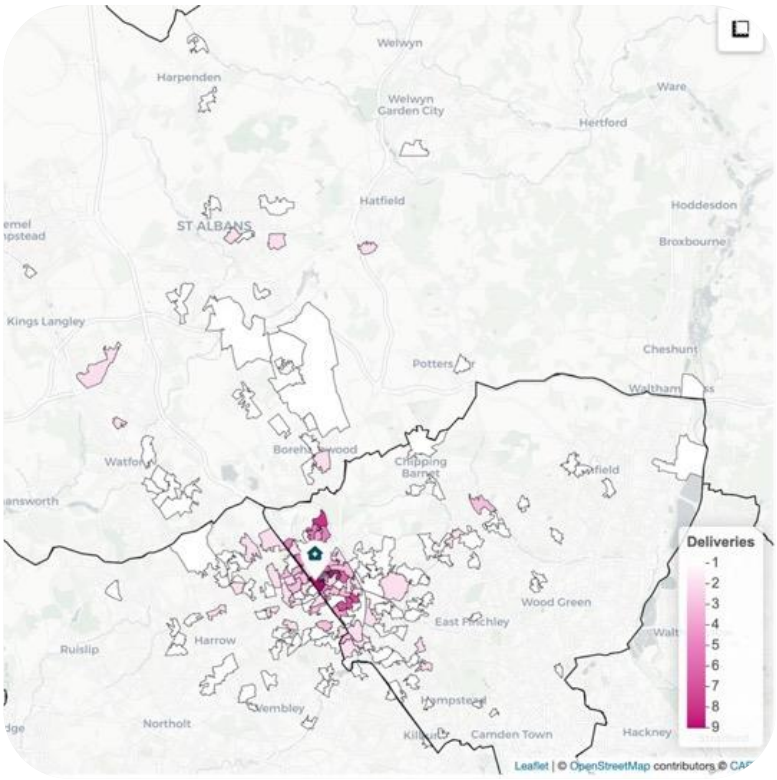


Figure 3: Deliveries at Edgware Birth Centre by LSOA, 2017/18 to 2021/22

Engagement

Engagement has been undertaken around the future of the Centre as part of the wider Start Well programme. During the engagement on the case for change we heard from local populations that:

- When choosing maternity care, there were three main factors that influenced their choice of birth setting - recommendations from friends and family, proximity to home and familiarity with the hospital.
- Pregnant women and people wanted to have the right specialist available on site, should they need them.
- Safe and compassionate care were paramount in maternity care. Information needed to be offered by health professionals at the right time without patients having to ask a lot of questions. It was important that health professionals took care to understand them and their needs and wishes - for example, when first languages were not English and when women and people had learning disabilities.

- The Edgware Birth Centre provided continuity of care and a personalised experience, which they felt contributed to high-quality patient experience. This has been considered and captured in the proposed mitigations.

Case for change

Demand for the unit has been falling and is likely to fall further

The total number of births is declining across all NCL boroughs**.** Since 2019/20, the birth rate has declined by 10% and by 2031/32 the total projected deliveries at NCL units is anticipated to have declined further. Over the past six years, where the data is available, birth numbers at the Centre have also been declining (Figure 4). In 2017/18, there were 87 deliveries at the Centre; this has decreased by more than 50%, with only 34 deliveries in 2022/23, just over one every two weeks.

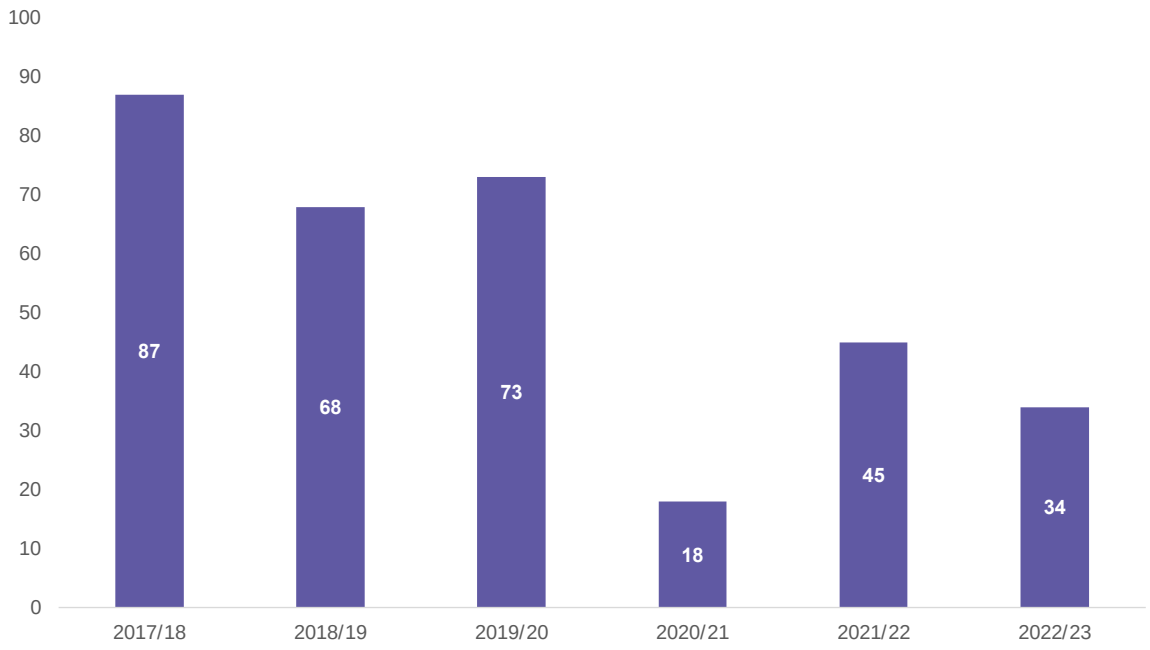


Figure 4: Number of births at Edgware Birth Centre between 2017/18 and 2022/23

***Numbers of births in 2020/21 impacted by the birth centre being temporarily closed for some periods due to the COVID-19 pandemic*

In addition to the falling birth rate, the number of births at the Centre is likely to decrease further due to the demographic characteristics of the local population and increasing complexity during pregnancy.

The demographics of pregnant women and people giving birth in NCL (as shown in section 0 of the maternity and neonates pre-consultation business case document) means it is unlikely that there would be an increase in the number of women with low-risk pregnancies who would be eligible to give birth at the Centre. Maternal health prior to, and during, pregnancy has a significant impact

upon a mother's risk profile, and therefore what type of setting they may be clinically recommended to deliver in.

There is also a trend towards pregnant women and people having babies later in life. With increased age there is a higher likelihood of complications during pregnancy and childbirth, meaning women and people are less likely to meet the clinical profile of those eligible to give birth at the Centre. Since 1990, the age of mothers nationally has increased by over 10%, from 27.7 to 30.7[3] . This increase has been mirrored in NCL, and the latest data shows that 5.5% of mothers who give birth in NCL are over the age of 40. Modelling of births in NCL in 2021/22 suggests that only around 30% of them would have been eligible to give birth at the Centre.

Edgware Birth Centre is one of the smallest standalone midwife-led maternity units in the country

Clinicians agree that the number of births in recent years is too low and poses questions about its future sustainability. In 2022/23, the Centre was the sixth smallest in England, and the smallest in London, as shown in Figure 5.

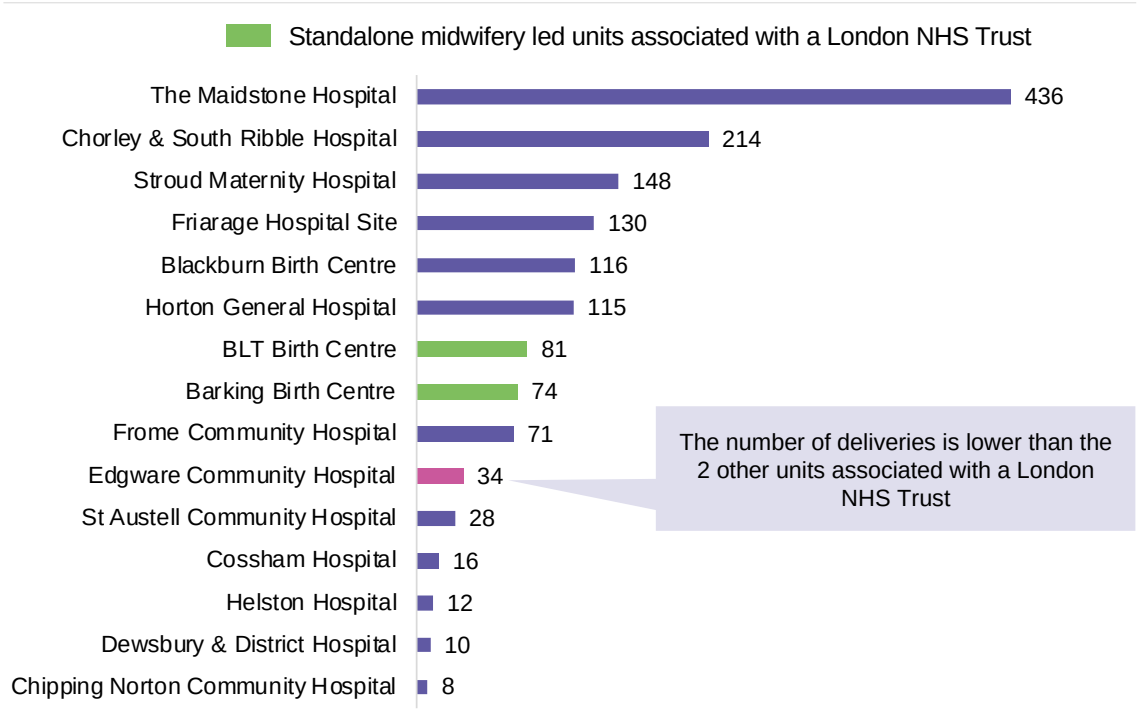


Figure 5: Total number of deliveries at standalone midwife-led units in 2022/23

[3] ONS. Birth characteristics in England and Wales: 2020.2022.
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthcharacteristicsinenglandandwales/2020

Evidence[4] shows that standalone midwife-led units need to deliver 350 births a year to be economically viable, which would require an additional 300+ births at the Centre.

Fewer than 50 women and people a year give birth at Edgware Birth Centre

Fewer than 50 women and people a year (less than one a week) gave birth at the Centre over each of the last three years, with 45 births recorded in 2021/22 and 34 births recorded in 2022/23. There have been fewer than 100 births every year since 2017. Higher numbers of pregnant women and people are booked to go to the Centre, but these numbers significantly reduce as pregnancies progress and women are assessed to be too high-risk to birth at the Centre and so are recommended to give birth at a hospital as an alternative.

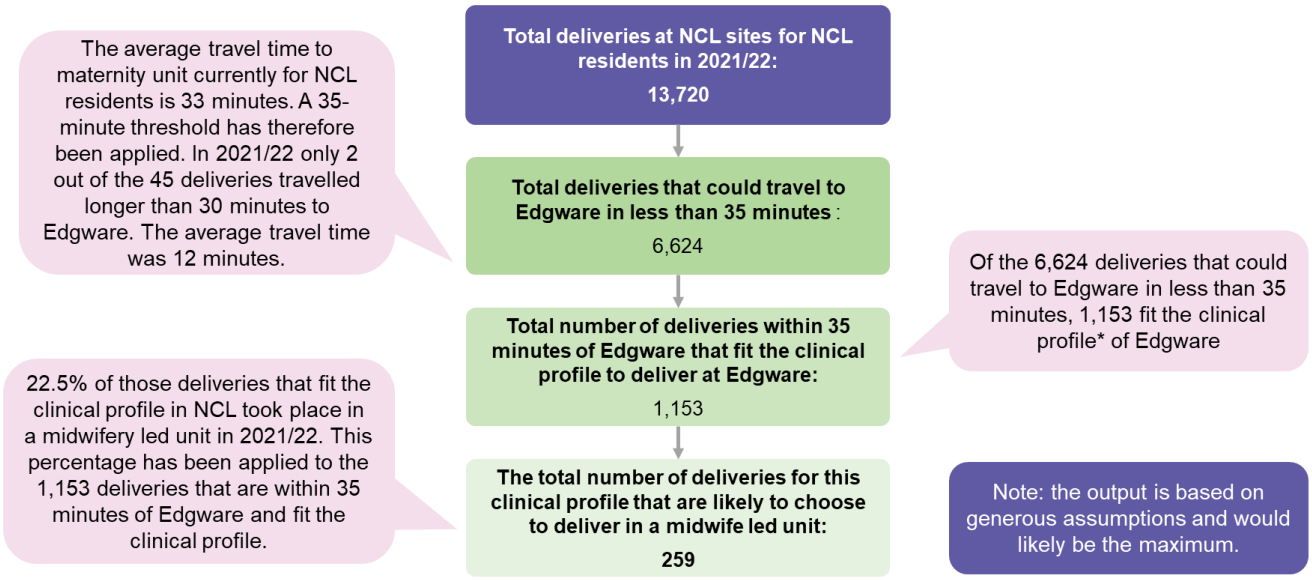
The Centre has three birthing suites, each with ensuite bathrooms and birthing pools, which are used on average once per month each. The NHS needs to make the best use of its resources to ensure our services are efficient, sustainable and can support the changing needs of our local population. Having a Centre that is delivering less than one baby a week, and birthing suites that are used once a month, does not represent a good use of resources.

It would be difficult to significantly increase the number of people using the Centre

We have considered whether we could increase the number of eligible women and people in NCL choosing to use the Centre if the unit was made available to everyone who lives in NCL. However, during a 10-week engagement period on the case for change, when we asked people what they based their choices of maternity care on, it was availability of specialists in case they are required, recommendations from friends and family, proximity to home and familiarity with the hospital. Given those answers, the fact that very few people use the Centre and that it is based within a community hospital, it would seem unlikely that we could significantly increase the numbers of people using the Centre.

To explore this further, we estimated the potential number of women and people in NCL who might be eligible to deliver at the Centre, by analysing the number of women who had births that would be considered as low complexity (without significant medical interventions) living within NCL and within a 35-minute travel time of the Centre. This analysis is shown in Figure 6.

[4] Insights from the clinical assurance of service reconfiguration in the NHS: the drivers of reconfiguration and the evidence that underpins it – a mixed-methods study, Imison et al, 2015



Note: Clinical profile has been defined as normal delivery with CC score 0, normal delivery with CC score 1 and normal delivery with CC score 2+*

Figure 6: Analysis to assess the likely maximum number of pregnant women and people who could give birth at Edgware Birth Centre

This analysis shows that there was a potential pool of up to 259 eligible women in NCL who might have been eligible to give birth at the Centre, based on the risk profile and choices of the women and people who gave birth in NCL in 2021/22.

It should be noted that this modelling is based on generous assumptions and that service users who could potentially give birth at the Centre would bypass another maternity unit (which all have alongside midwife-led units) to deliver at the Centre and opt not to have a home birth. There also may be a number who develop additional complexities during their pregnancies, making them ineligible to deliver at the unit.

Even if significant efforts were made to promote the use of the unit, given the increasing complexity of births in NCL, and the pattern of declining birth numbers at the Centre, it is likely that over time the maximum number of pregnant women and people who would use the Centre would decrease further, making it even more of a challenge to increase utilisation of the Centre.

There are insufficient midwives to staff the unit, leading to short-term closures

The community midwives who work in the Centre are part of the team across Barnet Hospital and are deployed flexibly depending on the requirements of the alongside midwife-led unit at Barnet Hospital. The community midwives may be diverted to Barnet Hospital, if required. Between January 2022 and December 2022, Edgware Birth Centre was temporarily unavailable on 34 occasions due to staffing challenges and capacity with the London Ambulance Service (LAS) to be available to transfer women and babies for immediate transfer to an obstetric-led unit. This means that some women and people may have been diverted from the Centre at late notice when they had planned to deliver there. This can be very stressful for the pregnant woman or person once they have an expectation of their choice of birth location.

There is a national shortage of midwives in the UK[5], and in NCL there is a significant number of midwife vacancies. Given this, it would not be possible to recruit sufficient midwives to keep the Centre open more often, nor would it be a good use of resources, given the low number of births at the Centre.

Proposed way forward

In November 2023 the Start Well Programme Board agreed with the programme's recommendation that the proposed model of care would not include a standalone midwife-led birthing unit, for the reasons outlined in this addendum and summarised below:

- The declining birth rate in NCL
- Changing demographics of women and people giving birth, where women and people who are having children are older and less likely to fit the risk profile for the Centre
- The low numbers of women and people who have used the Centre over recent years.
- Falling demand for standalone midwife-led care
- The difficulty in significantly increasing the number of people using the birthing suites at the Centre
- Challenges with recruitment of midwives across NCL sites, sometimes meaning the service is temporarily unavailable

Our proposal is therefore to close the birthing suites at Edgware Birth Centre and offer a choice of home births, midwife-led births in an alongside birthing unit, and obstetric-led births to women and pregnant people in NCL. The proposal to close the birthing suites at the Centre is subject to public consultation and is being considered independently to outcome of the public consultation on the hospital-based maternity and neonatal services set out in this document.

We propose that outpatient activity would remain on site at Edgware Birth Centre and there is an opportunity to expand this capacity, improve the efficiency of the space at Edgware and provide more maternity services at the site that meet the needs of the local population. This would allow us to use space more efficiently and would offer the opportunity to expand other ante - and post-natal services offered at Edgware Community Hospital.

Impact and benefits of our proposal

As a consequence of our proposal, around 35 pregnant women and people each year would need to give birth at an alternative location. This does not have a material impact on any other unit or home birth services. Given the very low number of people, and the fact that they would have a choice to have a home birth instead, our work to date suggests the proposals are very unlikely to impact on access or inequalities.

[5] Royal College of Midwives. 2022. https://www.rcm.org.uk/media-releases/2022/june/midwife-numbers-drop-by-600-in-the-year-since-minister-admitted-england-was-2000-midwives-short/

There is evidence that for pregnant women and people with the right clinical profile, giving birth in midwife-led settings (both standalone and alongside midwife-led units) leads to improved outcomes, with fewer medical interventions when compared with an obstetric-led unit[6]. The benefits include significantly fewer interventions in labour, including a lower chance of a caesarean birth, a lower chance of an episiotomy or birth assisted by forceps or ventouse, and a higher chance of breastfeeding when compared to women and people who plan to give birth in an obstetric-led unit[7]. Evidence shows that there are no significant differences in outcomes for babies who are born in an alongside or standalone midwife-led unit. By continuing to offer women the choice of an alongside midwifery-led unit, we will maintain access to the known clinical benefits of midwife-led care.

There will continue to be a focus in NCL on improving the utilisation of the alongside midwifery-led units, which are currently under-utilised. We need to better understand the reasons for this underutilisation and ensure that units consistently offer a service that can cater for women and people who opt to have a midwife-led birth. We need to ensure that the environment is set up in a way that facilitates the best outcomes for pregnant women and people who choose alongside units and ensure they can be consistently staffed to facilitate this choice.

Under the new care model, home births would remain a choice for pregnant women and people. We would need to ensure that this is consistently available across NCL for those who would prefer a birth that is physically separated from a hospital site.

We would also focus on increasing the provision of continuity of carer for those at highest risk of complications. The provision of care by a known midwife throughout pregnancy, labour, birth and the post-natal period can be associated with greater satisfaction levels and improved health outcomes for the mother and baby[8], as shown in

7x more likely to be attended at birth by a known midwife

16% less likely to lose their baby

19% less likely to lose their baby before 24 weeks

15% less likely to have regional analgesia

24% less likely to experience pre-term birth

16% less like to have an episiotomy

[6]The Birthplace cohort study: key findings https://www.npeu.ox.ac.uk/birthplace/results

[7]Birthplace study, 2011; Hollowell et al, 2017

[8] Better Births. 2016. https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

Figure 7. Women and people who receive a midwifery-led continuity model are less likely to experience preterm birth or lose their baby during pregnancy or in the first month following birth. In line with our priorities around reducing inequalities, we would look to increase the provision of continuity of carer and prioritise this for those that are known to experience poorer outcomes from maternity care – in deprived populations and those of black and Asian ethnicities.

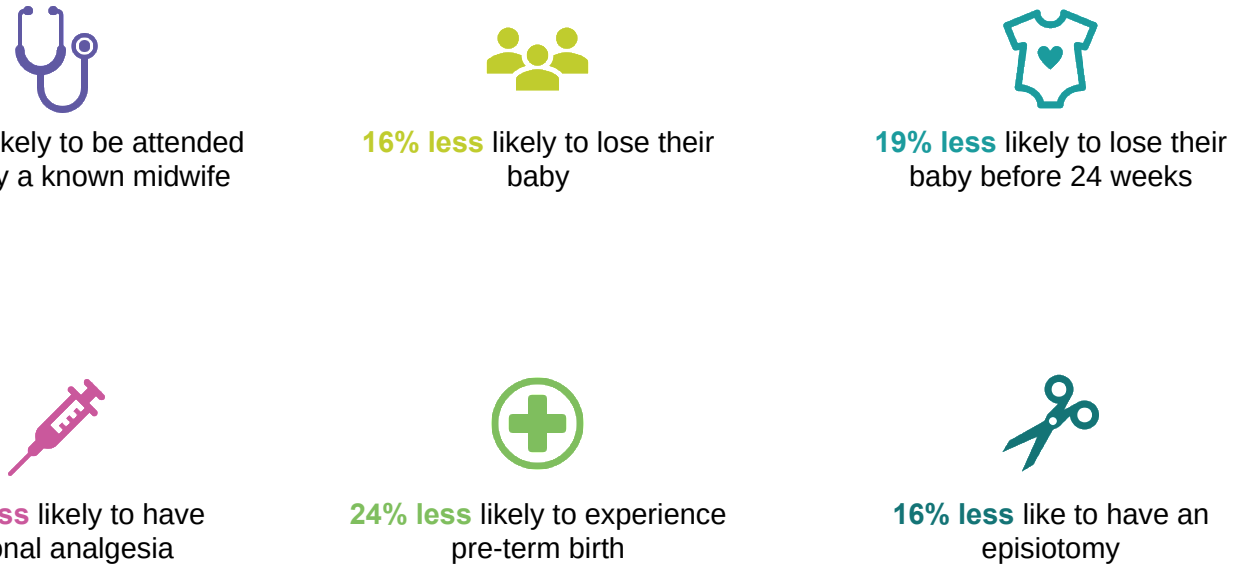


Figure 7: Benefits of continuity of carer[9]

Implementation

Depending on the outcome of consultation, we would propose making a decision on the proposal 6-9 months following the end of the consultation period.

If, following consultation, a decision is made to implement the proposal, then we would support the changes through a wide-ranging communication effort with people who might have used the Edgware Birth Centre, to ensure that people understand the changes before they are made. We would ensure that information is shared about the alternative choices available to pregnant women and people, including home birth, a co-located midwife-led unit or an obstetric-led unit. Information would be shared via the following channels and groups:

- Health and care professionals including, but not limited to, GPs and practice staff, health visitors, midwives and community nurses

[9] Sandall J, Soltani H, Gates S, Shennan A, Devane D. Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews 2016, Issue 4 . Art. No.: CD004667

- Women's and children's centres, schools and early years settings
- Voluntary, community and faith groups
- Social media groups and platforms
- Resident newsletters and NHS trust membership information
- NCL ICS and NHS trusts websites
- NHS service directories
- Channels used by neighbouring integrated care systems, including North West London and Herts and West Essex.

Any pregnant women or people who were already booked into the Centre would be contacted directly and offered alterative provision for outpatient appointments and/or labour.

Key enablers for implementation

There are a number of enablers that would support with implementation of the proposals. These include:

- **Promoting the full range of birthing options to women and people:** as part of implementation, we would undertake a review of materials that outline choices available to women and people. This will look to promote midwifery-led settings, such as alongside birthing centres and home birth.
- **A review of home birth arrangements:** we would look to ensure that home birth services are consistently available and delivered to a consistently high standard. This would include a review of geographical footprints that trust teams cover for home births to ensure a consistent and equitable distribution of teams is in place.
- **Enhancing of midwifery-led units:** we want to ensure our alongside midwifery-led centres are set up to provide the best possible birthing experience. This includes ensuring that ensuite facilities, mood lighting, music, birthing pools and other birthing aids are available. We would review these arrangements as part of implementation.
- **Continued engagement with service users:** engagement with service users has been key to the development of our proposals and through implementation we would continue this, understanding how any implementation plans can enhance patient experience. This would be particularly important to understand which maternity services would be most beneficial to be put into the reconfigured space of the Centre, should the birthing suites no longer be used to support intrapartum care.

Mitigations for disbenefits

We know that there will be women and people for whom a birth at a hospital site would not be their preference and Edgware Birth Centre currently offers an alternative to this. The mitigations that we have developed to date for our proposals around Edgware are highlighted in Figure 8.

Mitigations for Edgware	
Theme	**Mitigations required**
A consistent offer and access to midwifery-led care is an important part of our care model. Should proposals around no longer supporting births at Edgware be implemented, there would need to be mitigations put in place to ensure that women for whom this is a preference can retain access to high-quality consistently available midwifery-led care.	• A review of the information made available to women at the point of booking to ensure that they are made aware of and are consistently offered the choice of midwifery-led care • A review of home birth provision and staffing of home birth teams across the sector to ensure equity of staffing in geographical areas. Currently there are some teams which staff much larger catchment areas than others which can create gaps in provision and lead to challenges with recruitment • Consider how personalised care can be maximised in midwifery-led settings enabling women to feel cared for throughout their pregnancy • Ensuring midwifery-led birth centres are set up to provide the best possible birthing experience through a review of environment and staffing arrangements • Consider the identity of midwifery-led units, ensuring that they can be identified separately from labour wards to support women who may feel more anxious about a hospital-based birth • A review of staffing arrangements of midwifery-led units to ensure that as much as possible they can remain open at times when staffing is challenged and women who want to choose this as a birthing option are able to give birth there
Further engagement	• Further engagement to understand any impacts not yet identified associated with closing the delivery suites at Edgware. This would need to include those living in the local area, as well as across into neighbouring boroughs of Harrow and Hertfordshire. • Engagement with the local community to understand what maternity services could be provided at the site which would support improved access and care – for example antenatal classes tailored at the local population who may have complex needs

Figure 8: Mitigations developed to support implementation of the proposal around closure of the birthing suites at Edgware Birth Centre

Plan for consultation on the proposals

We have developed detailed plans for consultation on the Start Well proposal, as set out in section 11 of the maternity and neonatal PCBC. As part of these plans, we will be specifically engaging on our proposal for Edgware Birth Centre. We will look to do the following:

- Promote the consultation and proposals around changes to delivery suites at Edgware widely, particularly to communities close to the Centre. This would need to include those living in the local area, as well as those in the neighbouring boroughs of Harrow and Hertfordshire.
- Work with local VCSE organisations, including Healthwatch and Maternity Voices Partnerships, to ensure we capture a range of views and diverse voices

- Ensure that staff working at Edgware Birth Centre have an opportunity to share their experiences and views during the consultation
- Through the consultation, seek to understand the advantages, disadvantages and potential impact of proposals for Edgware Birth Centre
- We will schedule focus groups for women and people who have given birth, or plan to give birth at Edgware Birth Centre to understand what maternity and postnatal services could be provided at the site to support improved access and care. We will also investigate how the positive experiences of women and people at Edgware Birth Centre can be used to enhance the environment of midwifery-led units elsewhere in NCL to provide the best possible experience.

Stakeholder engagement, quality assurance and next steps

Full detail of the stakeholder engagement, quality assurance and next steps can be found in detail in the maternity and neonatal PCBC.

We are consulting on our proposals for maternity and neonatal services as part of the Start Well. This includes consultation on these proposals for Edgware Birth Centre. Further details on the process of consultation and next steps can be found in section 11 of the maternity and neonates PCBC.