

18th April 2016

Dear Jean,

The voluntary service user representatives on the Maternity Forum (MSLC) are aware of the challenges you face around the difficult subject of staff shortages within the maternity unit at the Royal Berkshire Hospital. We are aware that midwives are doing their best, yet stretched to the limits, and we appreciate that this pressure is a result of difficulty in attracting and retaining staff, which seems to be a challenge faced by all local hospitals. We also know that women and babies should not be put at any risk at such a vulnerable time in both of their lives. We would like to offer you our support, and to engage with you in a dialogue about how we can support and help you. To this end, we have a few suggestions we would like to offer for your consideration.

1. MSLC service user reps wondered if we could help you in creating a welcome and promotion pack that would showcase the Royal Berkshire Hospital to midwives and student midwives, and make the idea of practicing as a midwife at RBH more enticing. This could be distributed at colleges and universities to midwives about to qualify, as well as used in other ways to reach practising midwives who might be considering a change.
2. Another idea we had, was of the Trust perhaps carrying out an anonymous survey of existing staff to discover their feelings and views on such issues as how valued they feel, how that could be improved if necessary, and any ideas they might have to improve the attractiveness of the Royal Berkshire Hospital maternity services as a place of employment.
3. Additionally, we wondered how feasible it might be to carry out research into other similar or local hospitals, with the aim of sharing best practice and learning on the issue of staff recruitment and retention.
4. Within the hospital, we thought it could be useful to think about offering bite size mindfulness sessions that staff could access during breaks. These would obviously have to be optional, but would be a way of supporting good mental health and self care around stress for busy and hard working staff. This could be in a relaxation room on audio equipment, so easy both to provide and to access.
5. We also considered the introduction of a reward for an 'employee of the month', where a small-value voucher for something pampering such a massage could be given to recognise and encourage good practice and engagement with service users. This would help staff feel valued, respected and appreciated, and would additionally assist in building morale. This would also include midwives in the community. This is a practice that works well in many corporate settings, and if handled sensitively would not be divisive or patronising.
6. Another thought was to consider incorporating London weighting into the remuneration package offered. As Reading is so close to the capital, and incurs high costs of living, this might be a way of attracting staff and retaining them, if budgets allow.
7. Finally, we would like to see the homebirth service running consistently so that women who make an informed choice to birth at home are supported to do so. To enable this to happen with the current low staffing levels, it makes sense to us that external qualified and insured midwives are contracted to provide

this service, such as Neighbourhood Midwives (www.neighbourhoodmidwives.org.uk), who are now offering their services across the Reading area, and/or Birth Centres UK (www.ukbirthcentres.com/nhs-trusts). May we bring your attention here to the Better Births Report of the National Maternity Review www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf which states in paragraph 4.11, "There has been a longstanding expectation that women should be given a full choice of place of birth: home birth, midwifery unit and obstetric unit, and this is endorsed by NICE guidelines. However, as the National Perinatal Epidemiology Unit found in its 2014 survey of women's experience of maternity care, it is not happening everywhere. Of the women surveyed, 25% were aware of all 4 options for place of birth, a further 40% were aware of 2 or 3 options and 33% had one choice only. Clinical Commissioning Groups must make available maternity services that offer women the choice of home birth, birth in a midwifery unit and birth in an obstetric unit, and may need to commission collaboratively with others, or work across traditional boundaries. They may need to look to alternative and innovative providers such as midwifery practices and social enterprises to provide genuine choice for their community – Neighbourhood Midwives is one such provider. Neighbourhood Midwives is an employee-owned social enterprise midwifery service offering personalised care packages for women throughout their pregnancy, birth and beyond. Almost all women have known their midwife at birth (98% in 2013/14), with just over half of births taking place outside of an obstetric unit. The organisation reports high numbers of babies breastfeeding at birth (95%) and breastfeeding at 6-8 weeks (82%), which research indicates can improve the health of both mother and baby." We acknowledge such a move would not be a welcome development, but as the staffing levels have changed little over the last 12 months and women continue to be affected negatively we would like to see this be a consideration.

Please see the Appendix for a number of real life birth stories from women and their birth partners who have been affected by the staff shortages having an effect upon the homebirth service as advertised <http://www.royalberkshire.nhs.uk/wards-and-services/home-birth-service.htm> and in this patient information leaflet <http://www.royalberkshire.nhs.uk/patient-information-leaflets/Maternity/Maternity---choosing-where-to-have-your-baby.htm>.

These are some suggestions that seem possible to us as lay people, but we acknowledge that you will have a greater understanding around this area, and we would welcome your ideas of how the Maternity Forum (MSLC) may be able to help you and work with you in dealing with the challenges that you face so that local women can experience the best possible care during their pregnancy and birth experience.

For the past year, whenever the MSLC raise anything that needs changing or improving the message we get is that staffing levels do not allow so we and the service users we represent are being silenced. The leads within Maternity are keen to change and improve but they cannot as it seems they are just about managing to provide a basic service most of the time and can do no more, so this letter is service users asking for something must be done, not only for the women and babies being affected, but for the current staff who are working tirelessly to cover and are potentially not getting job satisfaction as they are not able to work within an excellently performing and well-staffed service. We hope you can hear that we want to help and make local maternity services excellent.

Yours faithfully,

Lisa Ramsey, Chair

Emma Taylor, Vice Chair

Karen Hall, Secretary

And the Service User Reps:

Catherine Williams

Maz Wraight

Deborah Pryn

Sarah Rooke

Laura Draper

Vicky La Porte

Karen Mitchell

Lindsey Middlemiss

Millie Ogunjinmi

Nancy Carter

Maternity Forum (MSLC) – Reading, Wokingham & West Berkshire – www.westberksmslc.wordpress.com

The Maternity Forum (MSLC) is a Maternity Services Liaison Committee is a team of service users, service user representatives, midwives, doctors and commissioners. We work together to review and contribute to the development of local maternity services. We're an independent body, reporting to the local Federation of GP Commissioning Groups that commissions maternity services.

Appendix

AC: I chose to have an independent midwife to birth at home as I had heard on the grapevine that Royal Berks Hospital were 30 midwives down and consequently women wanting a home birth were being told that there just weren't enough midwives to come out to them. From experience of having my first son in hospital I knew I wanted a natural and calm birth at home. The thought of having to get in the car to go to a hospital filled me with dread, as well thinking that if I was to have a home birth I didn't want the stress of being told at the last minute in labour that I would have to go to hospital. An independent midwife provided 24/7 care whenever I needed her. I felt secure knowing someone was concentrating on me not waiting for the next appointment, any concerns I had were addressed immediately rather than waiting for my next appointment as I could just call them. Consequently my midwife knew me so well that when I went into labour she knew exactly what I wanted/needed and I had a natural and calm birth with no need for medical intervention. My only experience of the Royal Berks was after the birth I was told by RBH that because I had gone private for the antenatal and birth then they would not be prepared to come out and see me to give my son his newborn health check. So at day 4 I had to go to my local doctor which was very uncomfortable and distressing when I should've been resting at home and also I was very worried about exposing my son to infections in the doctors surgery. They also told me they wouldn't give my son his newborn hearing test. My midwife who is based in Oxford managed to get me an appointment with the Oxfordshire newborn hearing check. When I told them of my experience the receptionist was shocked and rang Royal Berks who then eventually allowed me to see them. This experience caused me a lot of unnecessary stress when in fact I was helping the NHS by paying for this service and so freeing up midwives to help other women.

SR: We repeated 'we are having a home birth' to Triage and we did get two midwives, but they weren't confident with equipment and procedure when our baby was born with breathing problems. So there was a big catalogue of errors. It went to serious incident and we complained so there was a large action plan of training, improvements, etc. that will have already taken place. But for me the problem that is still happening is a home birth service that is not fully staffed which has such awful consequences.

GN: I had my baby last December and planned a homebirth. When the time came there were yet again no midwives to come out even though we had been told that many new ones had been hired. Eventually my local midwife came out just to check on me as she had just finished work but then she left again as I still had some way to go. Eventually we called again and still nobody to come out and they were telling me I had to come in to hospital. At this point I was feeling very stressed as I was in transition and wanted to stay home in my pool where I felt safe and comfortable and what I had planned all along was now falling apart. They sent paramedics who were very loud, laughing trying to make jokes and kept telling me they didn't know how to deliver babies and were pushing me to go in. I eventually did and it turned out my baby was in a terrible face first presentation which normally would be an emergency Cesarean birth, but somehow I managed to birth her normally. Luckily she is fine but I'm very angry with how I was treated at such a vulnerable time and also angry as if I hadn't gone to hospital when I did nobody would have been able to see that there was a problem. If a midwife had been out at that later stage they would have seen something was wrong and got me to hospital quicker. I'm very sad that I didn't get my homebirth and that it also went all so wrong after so much planning and trying to get my head in the right place. It's put me off the idea of a second baby as I really don't want to go through all that again. The feeling of being left to it by yourself it's not a nice one especially as a first time mum where it was all very frightening. Something really needs to be done about homebirth in this area as it's a shambles.

SM: Service from community midwife throughout pregnancy was fabulous and she was supportive from the outset on my choice to home birth. Home check appointment was very thorough and all my questions were answered. I felt well prepared for my home birth beforehand. In terms of my labour and delivery, this is where things came a little unstuck. I began to experience mild contractions at 2am on the morning of Friday 15 August 2014. They were very light twinges and 10 mins apart for an hour. At 3am I woke my husband and asked him to start prepping the pool we had borrowed. Between 3 and 3:15am I had 3 contractions 5 mins apart so decided to call the triage line at RBH to request a midwife be sent out as I was booked for a home birth. I was informed that there were staff shortages, the Rushey Birth Centre (midwife led unit) was closed, only the Delivery Suite was open and I could not have a home birth. They requested I came in to be assessed. I knew from discussion at one of the home birth support group meetings that I could assert my right to a home birth and effectively demand they sent a midwife but I felt this may have put others at risk so agreed to go in. We waited for my parents to arrive to look after our older daughter and so got to the RBH about 4am. Contractions had slowed to every 7-9 mins following the car journey. At the hospital a midwife took my stats after we'd been there about 30 mins and then I was examined at 5am. I was told I was 1cm dilated and my cervix hadn't softened. The midwife advised me that I should go home as, in her opinion, I probably had hours to go and if I could get past 8am the shift would change and I could probably then have my home birth. By this point, I'd mentally adjusted to the idea I'd be having another hospital birth and was reluctant to go home. I raised this with the midwife and told her I'd had a quick first labour (3hrs 18 min) in which I'd dilated from 3 to 8cm in 30 mins so would feel more comfortable staying put but she was pretty insistent I go home. As with my first labour, during which the midwife didn't believe me that I could be ready to push yet, I felt the midwife was overriding my understanding of my body and dismissive of my request to remain under hospital care so this was definitely disappointing. We arrived home about 6am and whilst still 7-9 mins apart, my contractions were becoming uncomfortable. My husband filled the pool and I got in at 6:40am. I had one very powerful contraction and asked my husband to call Triage again as I didn't think I could do this without pain relief (my husband guessed right that I was in transition as that's when I thought I needed drugs first time). While he was on the line to Triage, I felt the urge to push and was very vocal about the pain at this point. The Triage midwife scrambled an ambulance and

put a call in to the Community Midwives who were about to start their shift. It took 18 mins for the paramedics to arrive and our baby was born about 5 mins later with the cord loosely around her neck. The paramedics were fantastic and really helped me to calm down for the final couple of pushes as I'd got quite stressed and felt out of control at the thought I was going to be giving birth with no trained medical professionals present. The midwives arrived 10-15 mins after our baby arrived, so about 40 mins after the second call to Triage, and their level of care once there was fantastic (delivered placenta, stitches, etc), I just wish I could have had them present through transition/pushing so that I could have had a much calmer birth. I really did lose control, screaming and hyperventilating and I think this wouldn't have been the case with appropriate midwife support. I think there should be a dedicated home birth service so midwives are always available and are trained in the specifics of home births. This team should be distinct from the hospital team so they don't get sucked in to covering hospital staff shortages unless there is no home birth taking precedent. The NHS say they support home birth, well now they need to back that up with funding and resources. I hope this letter brings positive change for other local mums, as that will be so valuable.

ET: I was visited in late labour by a supervisor of midwives and told it was highly likely there wouldn't be a midwife available when I was in labour and that I'd have to go to hospital. I felt I had to threaten to free birth if no-one was sent to me in order to get a home birth. I was also told by the triage line that I wasn't far enough in labour, and ended up lying about my contractions in order to have a midwife sent, because I was in fact very close to transition. This was despite me having had a fast first labour, and having repeatedly raised this issue/fear during my pregnancy. I felt this was ignored at the time when it really mattered.

GH: I had a home birth, but due to a series of errors by the RBH a midwife was not sent to us, despite her being available and waiting to be sent to us for delivery. We ended up having a birth before arrival, having called several times for assistance and being told I wasn't close enough to delivery by the triage line.

LS: I'd been planning a home birth from the start. My midwife was incredibly supportive, and I was told that as I was based in west Reading they were encouraging home births in the area. When I went into labour I was repeatedly told the home birth service was cancelled and that I'd have to go into hospital. I was in early labour for five days, so for that week the service was continually cancelled.

JP: We decided we wanted a home birth relatively early on in pregnancy. Our rationale was that a home birth is more conducive to a natural, intervention free birth – better for mother as well as baby (not to mention precious NHS beds). I discussed it with my community midwife and the consultant midwife and consultants who explained about the home birth service (which is also advertised on the Trust website). We felt relaxed and excited about the upcoming birth of our son and knew that a birth at home suited our needs of wanting to be as natural as possible and provide us with an environment that would help the birth or our son come as smoothly as possible. About 30 weeks in I found out through my doula that sometimes the home birthing service gets pulled due to staffing. I had not been told this by any of the above professionals, which was very disappointing. The news had a double impact on me; firstly I was deeply let down that it was unlikely that I would be able to have a home birth (the CQC reports into Royal Berkshire flag poor staffing levels as an issue time and again) and secondly I felt let down that none of the healthcare professionals who we had been in contact with had mentioned that it was a possibility. Had we not had a doula (and the majority of people do not) we would have sailed on in blissful ignorance. Ultimately I felt that the research I had done was a waste of time and that we were destined for a hospital birth. Nevertheless we soldiered on and decided that we would still try and achieve a home birth. The community midwife came round to do a home birth assessment and we discussed where things would go and how it would work. Very exciting! On the day of my labour I started having very mild contractions at 3 am. I had been told previously to ring the hospital early so they could arrange visits for me due to the home birth. I rang at 4 pm saying I was having contractions. The co-ordinator told me there was no home birthing service today and that if I could 'hold out' until the next day I could have my baby at home! – Woeful people skills. Telling a first time mother to 'hold out' is embarrassing. To add insult

to injury we were also told that the midwifery led unit was also closed and the labour suite was my only option. I was bitterly disappointed. I knew that home birth was only a preference but disappointed to hear that it was not an option due to staffing even though it was advertised! The midwifery led unit would have been an acceptable 'half way house' to us, so for that to closed also was bitterly disappointing.

LR: (from a doula's perspective – a doula offers women emotional and practical support only and is not medically trained) Being present at a birth where no medical professional is present is highly stressful. Having witnessed babies or new mothers need medical assistance at birth previously, and then finding myself at a birth without a medical professional present was not a wanted situation. Supporting couples to make informed choices about their care, when those choices are all of a sudden limited either during pregnancy or during birth is really difficult. As is the impact of inconsistent services upon the mother's anxiety levels – which can have a direct impact upon either the onset of labour or the progression of labour. Then, being with a mother who has chosen a homebirth, and is patiently trying to await a shift change, in case that means she can remain in her birth pool in her kitchen and not venture into a hospital setting which caused her much trauma during a previous birth experience, is hard. Then when the baby decides to arrive very quickly before a paramedic is on the scene and needs help to breathe and there are just three lay people present and the 999 call receiver on the end of the phone giving resuscitation directions, some level of trauma is undoubtedly encountered for the mother, father and me as a doula. It is only with higher midwifery staffing levels, or an outsourced homebirth service that RBH is going to meet women's needs and right to choose how and where to birth her baby.