

Changes in maternity services at BHRUT

Factsheet for GPs and midwives

3 October 2011

Very few babies are born on their due date, so it is hard to predict exactly how busy our labour ward will be each day. There are peaks and troughs with some days being very busy and other days much less so. The trust has made tremendous improvements over the past few months:

- developing a comprehensive action plan to improve care and address all the recommendations from external reviews, SUIs, staff suggestions;
- increasing staffing levels – extra midwives, more nurses, specialist staff, expert medical consultants and an Associate Head of Midwifery. The trust has a high number of midwives to births and has appointed two new consultant midwives;
- a new triage system – with new dedicated assessment rooms for women to be assessed as soon as they arrive at the hospital. We are striving for women to see a senior midwife within 15 minutes of arrival and if they need one, an obstetrician within an hour;
- improved one-to-one care – making sure every woman has a dedicated midwife looking after them during active labour (100% compliance at KGH, 97% at Queen's over the last three months);
- improved medical input into inpatient antenatal care and medical support – the Trust now has one of the highest levels of hours of senior doctor presence on our maternity wards in the country: 98 hours at Queen's hospital; and
- strengthened discharge pathways, new staffing strategies and induction of labour guidelines.

Recently there have been too many very busy days. Our priority is to ensure that our labour wards are never so busy as to be unsafe so we are introducing some changes and enhancing systems to safeguard against this.

Firstly we are working with colleagues to ask mothers in Essex (outside the London boroughs of Havering, Barking and Dagenham, Waltham Forest or Redbridge) to rebook their deliveries with either Basildon or Broomfield (which may be nearer their home). Mothers will be contacted over the next two weeks and we expect the planned changes to take effect in mid-Oct. This arrangement will be in place until next April when we expect to have more capacity in the area.

Secondly we are contacting women booked to have a caesarean section to see if we can book them into the Homerton. The first caesareans at the Homerton will be in the week starting 17 Oct. This arrangement will be for a period of 8 weeks.

We believe this will reduce the peaks to a more manageable number. However if it looks likely that more than 20 women at Queen's and more than seven women in KGH are likely to give birth in a 24 hour period we will find out which neighbouring hospitals have spare capacity and arrange a new delivery bed for women ringing up wanting to come in that day. Some of these women are likely to live nearer Newham or Whipps Cross hospitals and we

will ensure that space is found as near to their home as possible. Queen's will always be open for emergency admissions. This arrangement started from midday 29 Sept.

Women in labour should continue to phone in for advice before coming in to hospital. If there is any change to where they need to deliver their baby, a midwife will discuss this with them.

There is no need for concern about these arrangements, which simply aim to ensure Queen's does not become too busy and that every woman can get the one-to-one attention during labour she deserves. If pregnant women or their families have any concerns about maternity services, they can discuss it with their midwife or call the Patient Advice and Liaison Service on 020 8539 3939.

Frequently asked questions

I am due to deliver my baby at Queen's/KGH in the next few weeks. Do I need to do anything?

No. You can contact your midwife if you have concerns but most women will continue to have their baby at Queen's or KGH. We will contact you if we want to discuss an alternative hospital for you to deliver your baby.

Will I be safe to deliver my baby at BHRUT?

The Trust has introduced a range of improvements over the past year and we are introducing these measures to ensure our services are of the highest quality and safety. It's just that some days the number of births is too many for one Trust.

What happens if I ring up the Queen's/KGH when I think I'm going to give birth and it is full?

We are quite used to this situation and mothers have previously delivered their babies at other hospitals if there have been no beds available (and vice versa). This system may mean this happens a little more regularly – although the plan for women in Essex to deliver at Basildon and Broomfield and for planned caesareans to be at Homerton will mean that the number of women affected will be kept to a minimum. A senior midwife will assess your condition over the phone, discuss the options with you and advise you of the best course of action.

So presumably this halts the plans to close King George Hospital delivery unit?

We are waiting to hear from the Secretary of State on whether we can proceed with the plan to close the unit but the trust and commissioners believe that closure of King George Hospital delivery unit is part of the solution to deliver more babies safely. Centralising the service on one site would mean that staff would be much better equipped to deal with peaks and troughs of activity and give the highest quality care to mothers and their babies.