

External Stakeholder Brief: How maternity care is provided at Milton Keynes University Hospital

Milton Keynes University Hospital is returning to a traditional model of community and hospital maternity care to ensure maternity services are safely staffed and women and families receive the best possible care throughout pregnancy, birth and postnatally.

The hospital has been providing maternity care for a proportion of the population it serves through a model of care known as continuity of carer. This model sees service user cared for throughout pregnancy, birth and postnatally by the same midwife, or one of a small team of midwives, and has been shown to support better outcomes - particularly for service users residing in areas of higher deprivation and those from minority ethnic backgrounds.

The hospital moved from having six continuity of carer teams to three in mid-July, following extensive engagement with midwives and maternity staff about the safe provision of maternity care in the community and in the hospital.

Further consultation with staff was undertaken in late July and during August to determine the safest model of care for maternity services at Milton Keynes University Hospital in the context of both current staffing levels and demand on the service (September traditionally being one of the busiest months of the year in maternity).

The outcome of that consultation was to move back to a traditional community and hospital model, bringing midwives working in continuity of carer teams back into community and hospital teams.

People using our maternity services will still be provided with a named midwife. In practice, this change may mean a service user who may have expected to see a midwife from a continuity of carer team in the community and in hospital, seeing a different midwife in the hospital setting than in the community setting, but the level of care they and their family receive will remain unchanged. There is no change to the home birth service which continues to be a choice of place for birth at MKUH.

Anyone using our maternity services will be informed of any change that may affect how they access their midwifery or multi-professional team directly by their midwife.

Context and Background

The most pressing challenge within maternity services at MKUH (which is reflected nationally) is maintaining staffing levels that are safe and that enable individual midwives and the wider multi-professional maternity team to provide good care.

Running both a continuity of carer model and a traditional model means increasing our staff in post to ensure there is adequate numbers of staff available to cover each set of 24/7 services.

A very simplistic way of describing this, is that the traditional model requires wards or buildings to be staffed on a 24/7 shift pattern, where a continuity model requires

midwives to be available to the individual service user in their caseload as and when they need them 24/7.

Since early 2021 Milton Keynes University Hospital (MKUH) has been operating both a traditional model of maternity care (a model where a community teams and inpatient teams for antenatal, labour, and postnatal care are available 24-hours-a-day seven-days-a-week) alongside a continuity of carer model (a model where a team care for a person throughout their pregnancy, birth and antenatally).

The hospital had been progressively introduced more continuity teams, in line with the national NHS England expectation that this model should be fully implemented by March 2024.

At the end of June 2022 51% of people using our maternity services were covered by one of six continuity teams, with 49% of service users receiving a traditional model of community and hospital care.

After extensive engagement in July, the hospital brought three of the six continuity of carer teams back into traditional community and hospital teams in order to support the safe staffing and provision of maternity services.

The recruitment of midwives is not keeping pace with staff leaving (for all reasons – from promotion through to retirement) and there are simply not enough midwives available nationally to enable us to recruit more, more quickly.

This, combined with other staffing factors like sickness, maternity leave and other leave, means that the demands on current staff are increasing all the time.

This has meant staff in continuity teams regularly required in the inpatient setting and community setting to support the delivery of care to people not within their case load.

Engaging with staff

In recent weeks we have conducted extensive engagement and consultation with our midwives and the teams across maternity to gather their views on what we should do to meet the current staffing challenges whilst still offering people using our services good care and an excellent experience.

The large majority of feedback from staff acknowledged the value of the continuity of carer model when it can be fully staffed, but there is recognition that with current staffing levels we are unable to deliver all of the benefits of the model.

On Monday 11 July, we suspended three of our six continuity of care teams – Avebury, Daisy and Brooklands – and the midwives from those teams were brought back into community and hospital teams.

We then consulted with midwives and stakeholders on the safest model of care for the future. The results of this consultation recommended a return to a traditional community and hospital model of care, seeing the midwives in the Saxon, Silbury

and Jasmine continuity of carer teams return to work in the traditional model described.

What this means for our people using our maternity services

Everyone who uses our maternity services will continue to have a named midwife and will not experience any difference to the level of care provided to them.

If you are currently receiving the care of Saxon, Silbury and Jasmine, you will revert to our traditional model of care. This means you will still receive care from your midwife during your pregnancy and postnatal period, and for your birth, if at home or hospital, you will have care from a community or hospital midwife.

If you have any concerns about your care or what this announcement means for you, please do not hesitate to make contact with your midwife or our community midwifery matron, Natalie: Natalie.Lucas@mkuh.nhs.uk who can provide you with further information.

We will continue to engage with service users, stakeholders and the wider community about our maternity services and the care we provide.

Next steps

We will always keep our service users, partners and regulators up-to-date about any changes to our maternity services and will provide further information via stakeholder briefs and our Trust website (www.mkuh.nhs.uk) as and when any changes are made.