

The efficient use of the maternity workforce and the implications for safety and quality in maternity care: a population-based, cross-sectional study

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Plain English summary

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Maternity services are often seen as a test of whether or not we are delivering high-quality NHS care. Little is known, however, about the best way to organise obstetricians, midwives and support staff to get high-quality maternity care at the best cost. We used routinely collected data for the 650,000 women who gave birth in NHS hospitals in England in 2010/11 to answer this question.

We looked at the effects that different ways of staffing maternity units had on women and their babies, for example if both were healthy after the birth, if harm was avoided and the type of birth.

We found that the biggest influence on all of these outcomes was whether or not a woman had any conditions which might increase her risk of complications during the birth, her age and whether or not she had had a baby before. Hospital size had some effect. Better outcomes were achieved by increasing the number of obstetricians looking after women at higher risk, and increasing the number of midwives looking after lower-risk women. When more maternity support workers were employed, both women and their babies were less likely to have a healthy outcome. In trusts with higher levels of midwifery staffing, women were more likely to avoid bodily harm (surgery or tearing that required stitches) during birth. However, we found that, in general, there was no relationship between how much a trust spent on providing care for women giving birth and the outcomes for those women. We conclude that staffing levels have positive and negative effects on some outcomes, and employing obstetricians and midwives where they have most beneficial impact is important. Managers may wish to be cautious about employing more support workers in settings where many women are at higher risk, especially when both numbers and complexity of births are increasing.

We need to find out more about what else is influencing the large differences in outcomes in different hospitals when women who have similar risks are compared.

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