Factors influencing the utilisation of free-standing and alongside midwifery units in England: A Mixed Methods Research Study: HS&DR Project:14/04/28

Results 1st Stage Mapping of MUs in England: Numbers of Units and Utilisation

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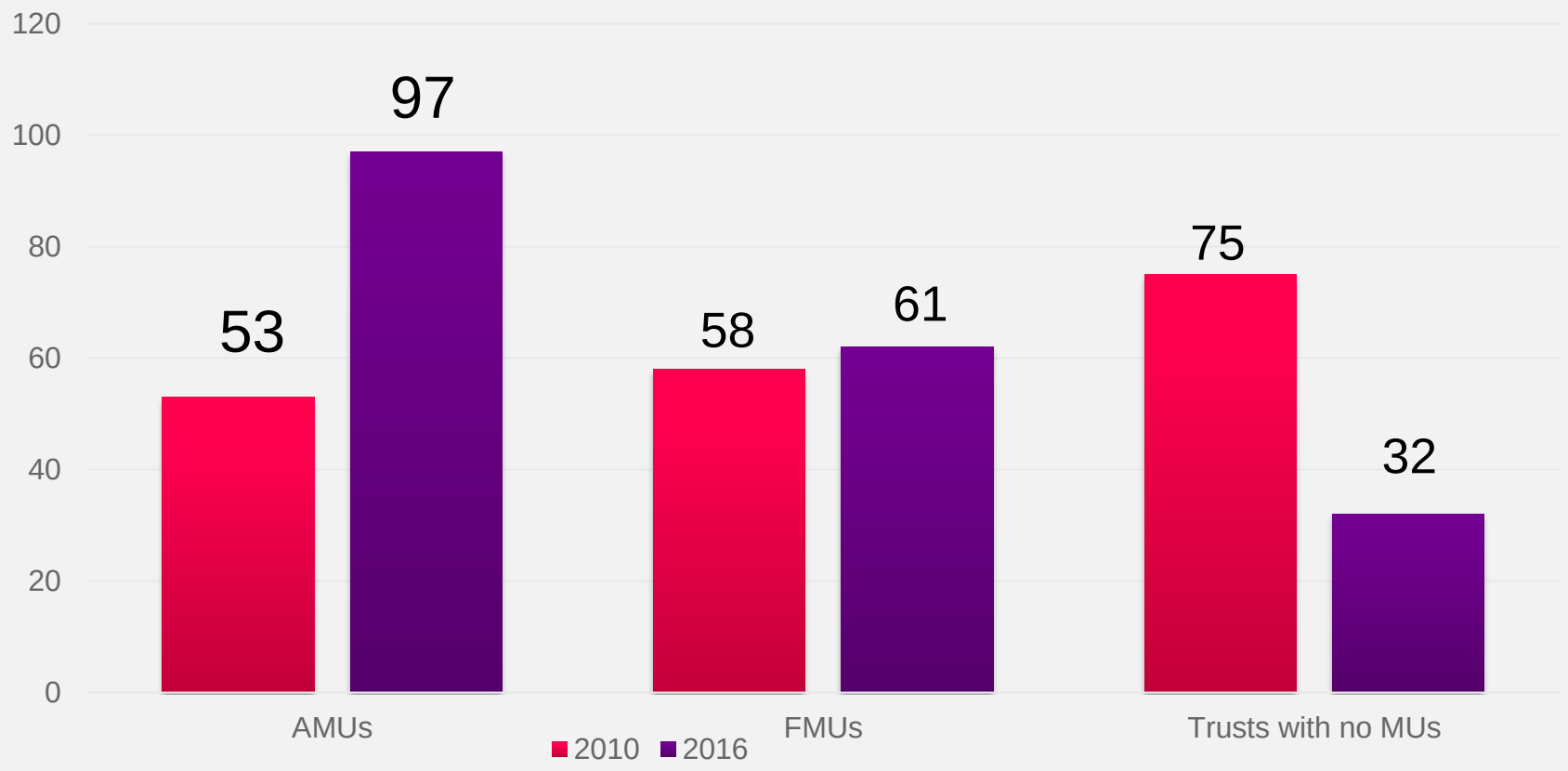
on behalf of MU Research Team

Numbers of AMUs, FMUs, Trusts without MUs in England: Change since Birthplace Study



Benchmark of Optimum Provision of Choice re MUs (NICE, 2014)

Every Trust to have to have an AMU and **a local FMU or one in a neighbourhood/adjacent area**

- Does not define 'neighbourhood/adjacent area'
- Does not say every obstetric unit should have an AMU

We did not measure FMUs in 'neighbourhood/adjacent area'

→ 23 Trusts (17%) have both an AMU & FMU

→ 87 Trusts (65%) have an AMU

Trusts with Best & Worst Choices re MUs

Best

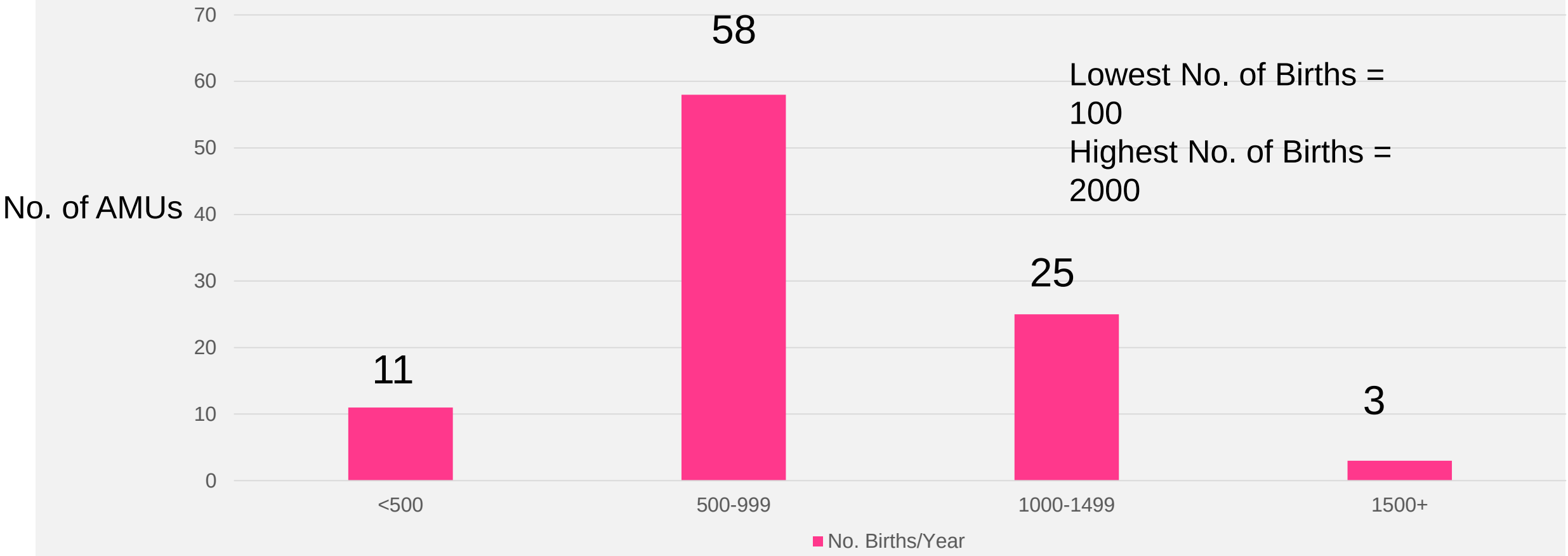
- 3 Trusts with 2 AMUs and at least 1 FMU
- 7 Trusts with 1 AMU and 2 or more FMUs
- 23 Trusts with both an AMU and an FMU (17%)

Worst

- 5 Trusts with 2 OUs & no MUs
- 27 Trusts with 1 OU & no MUs

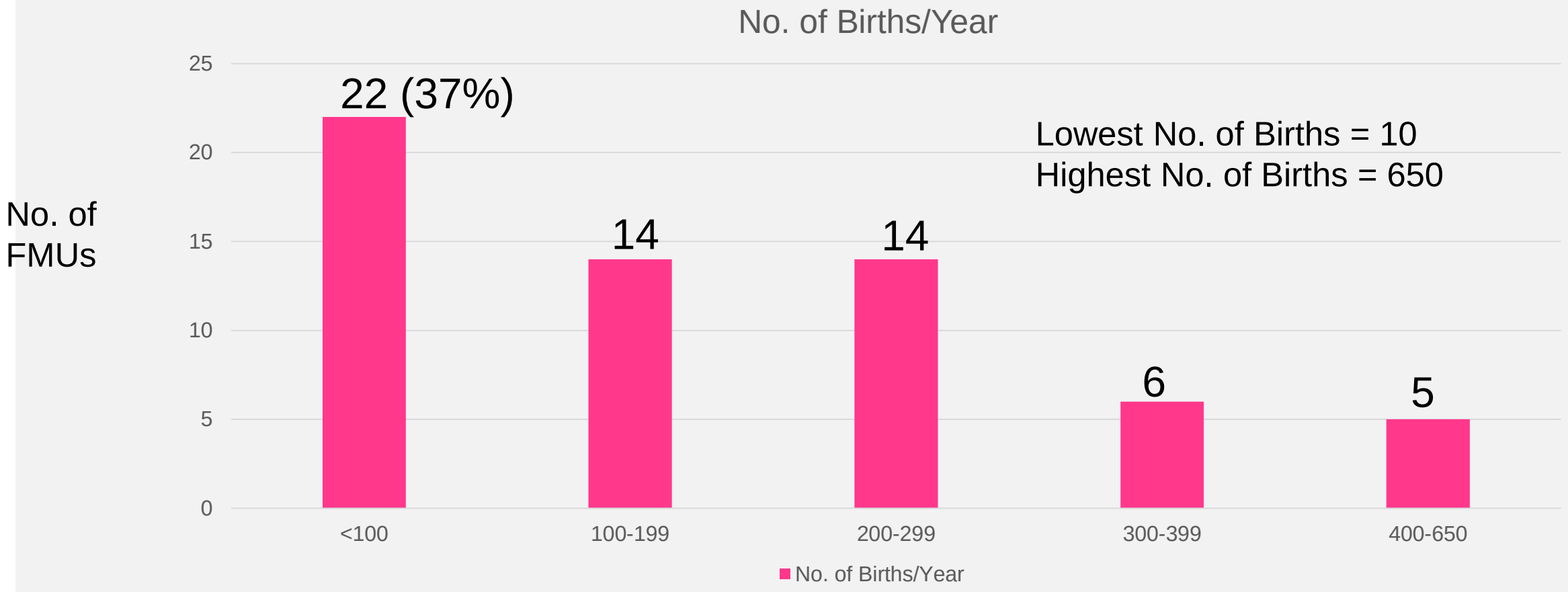
(24% of Trusts)

Size of AMU



Lowest No. of Births = 100
Highest No. of Births = 2000

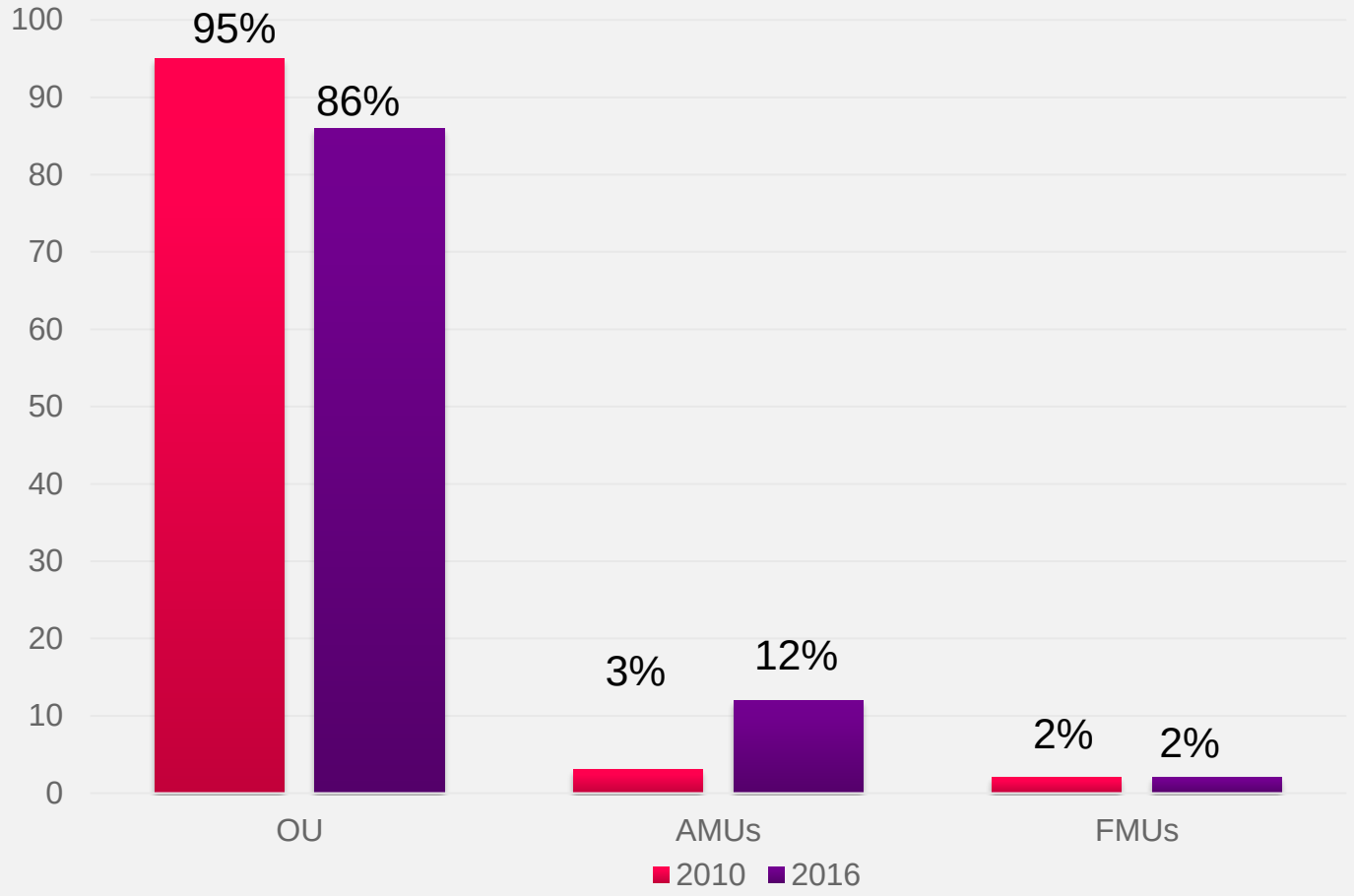
Size of FMUs



Lowest No. of Births = 10
Highest No. of Births = 650

Births in OUs and MUs: Change since Birthplace Study

MU Births increased from 5% to 14% from 2010 to 2016



Working out Potential Births in MU as % of total population

Midwife-led Pathway throughout pregnancy, labour and birth

- Three points of referral to obstetric-led pathway

1. After health assessment in early pregnancy

2. During pregnancy till onset of labour

3. During labour up to birth

Rationale for over 30% of all Births occurring in MUs

After health assessment in early pregnancy:

- No robust data available for England

During pregnancy up to onset of labour:

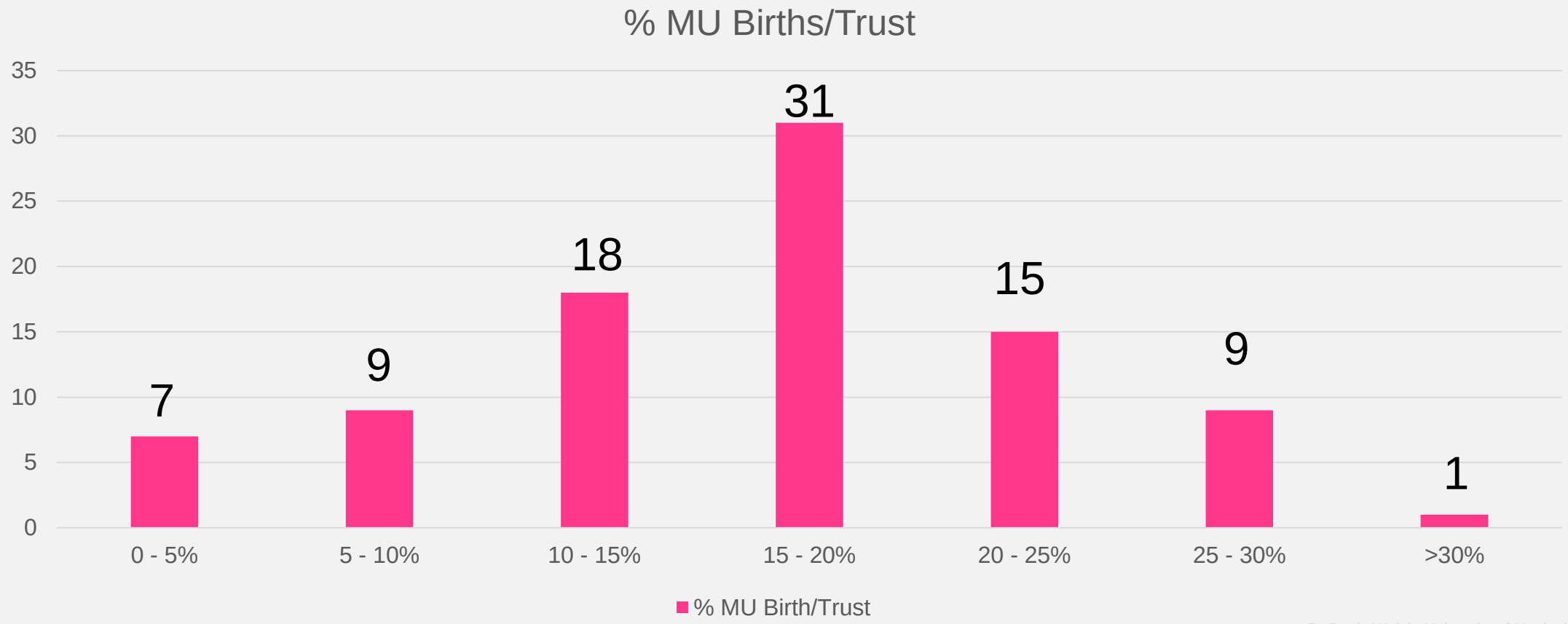
- Sandall et al (2014) England-wide survey showed 45% women were midwife-led at end of pregnancy

At birth:

- Birthplace found 20% transferred in labour (Brocklehurst et al., 2011a) .

→ Therefore **36%** of all women that could birth in MUs after referrals

Utilisation of MUs: % of MU Births per Trust



Conclusions: MU Numbers

- 24% of all Trusts have no MUs despite explicit policy since 2007
- Nearly doubling in numbers of AMUs (53 to 97)
- Stagnation in numbers of FMUs (58 to 61), despite better outcomes than AMUs
- Trebling of all birth in MUs (5% to 14%) over 6 years, almost all related to AMU expansion

Conclusion: MU Utilisation

- Wide variation between Trusts in % of MU births of all Trust births (1% to 31%)
  - 30% should be achievable
  - Most are under 20%
- Next Stages:
  - Report on organisation & operation of MUs + why FMU closed
  - Report of facilitators and barriers to MU (Case Studies)
  - Service recommendation for Commissioners & Providers

BARRIERS TO MIDWIFERY UNITS FROM PREVIOUS RESEARCH

- Beliefs – Negative views persist, despite the evidence
- Resources & Priorities – FMU perceived to be expensive
- Organisation – maximising women's access and how best to staff MUs
- Leadership – addressing 'championing' of MUs at all levels of organisation & 'them and us' issues
- Staffing – developing skills, competence & confidence in 'low risk' context
- Change – engaging with service users

WOMENS VIEWS OF PLACE OF BIRTH CHOICES

- Information and knowledge about MUs

WOMENS VIEWS OF PLACE OF BIRTH CHOICES

- Influences on birthplace decision-making

WOMENS VIEWS OF PLACE OF BIRTH CHOICES

- Administrative and logistical issues

SERVICE USER INVOLVEMENT in the PROJECT

- Recruitment through the Nottingham Maternity Research Network: http://www.nottsmaternity.ac.uk/

SERVICE USER INVOLVEMENT in the PROJECT.

Service User involvement at all stages:

Stage 1

- Developing the proposal
- Data collection methods
- Information for participants

SERVICE USER INVOLVEMENT in the PROJECT

Stage 2

- Involvement in Data collection
  - Training for focus group facilitation
  - Experience of facilitation

SERVICE USER INVOLVEMENT in the PROJECT

Stage 3

- Involvement in the Stakeholder Workshop
  - Presenting results
  - Facilitating groups
  - Presenting feedback

SERVICE USER INVOLVEMENT in the PROJECT.

Stage 4

- Dissemination plans
  - Collaborating on papers
  - Use of Social media
  - Presenting at Conferences

VALUE OF SERVICE USER INVOLVEMENT TO the PROJECT.

- Makes the project focus on women's agenda
- Ensures the right questions are asked about the topic
- Ensures appropriate language is used in any interaction with service users
- Facilitates optimal data collection, especially with service users
- Facilitates dissemination to service users

BENEFITS OF INVOVLEMENT FOR SERVICE USERS

- Feeling valued
- Developing skills, knowledge and confidence
- Networking
- Remuneration

BENEFITS OF INVOVLEMENT FOR SERVICE USERS

- Making a difference
- Keeps professionals grounded in service users concerns

HINTS AND TIPS FOR INVOLVING SERVICE USERS

- Be clear about the commitment
- Be flexible
- Offer remuneration

HINTS AND TIPS FOR INVOLVING SERVICE USERS

- Involve from the beginning
- Communicate clearly and openly
- Consider offering training
- Share power equally to avoid tokenism/paternalism

Project funded by the National Institute for Health Services and Delivery Research programme (Project Number 140428).

- The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HS&DR programme, NIHR, NHS or the Department of Health
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