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Case Study

Interviews & Midwives Focus Groups

Phase 2 Midwifery Units Study

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Interviews and Midwives' focus groups

- 6 Trusts in England – case study sites
  - 2 Trusts with > more than 20% of all births in MUs
  - 2 Trusts with 10% or less of all births in MUs
  - 2 Trusts with no MUs
- 51 interviews (7-10 interviews for each Trust)
  - Midwifery, obstetric, neonatal leaders
  - CEO (or delegated rep), finance manager
  - Service user representative (MSLC or similar)
  - Commissioner for maternity services
- 13 focus groups & 2 interviews
  - Midwives in clinical practice

Key Themes

- Context
- Beliefs about MUs and OUs
- Resources and Priorities
- Organisation
- Leadership
- Midwifery Staffing
- Change

Context

- Complexity of intersections in maternity services

  - Maternity unique as physiological events usually, so appropriate for primary level care but historically evolved so birthing occurs almost exclusively in tertiary level facilities
  - Service Users role is now central to policy so engagement, collaboration a ‘given’
  - ‘Choice’ re place of birth is policy imperative
  - Risk averse health care culture with maternity service major contributor to litigation
  - Maternity competes with other specialisms in resource scarce NHS environment
  - Evidence that media coverage serves vested interest and not always factual

- Case study sites (and every Trust) complexity

  – various historical e.g. obstetric dominance; cultural e.g. ethnic mix; geographic e.g. rural or metropolitan; demographic e.g. social class

Beliefs & Evidence about MUs and OUs

- MU positive – safe, beneficial to women, benefits of midwifery-led care, good use of resources and staff
- MU negative – unsafe, wasteful of resources and staff, especially FMUs
- OU – ‘medical management’ of both low and high risk women
- Staff’s perceptions of women’s beliefs – fear of birth & ethnicity influence
- Beliefs more influential than Evidence in informing Trust policy and practice

Resources and Priorities

- NHS funding limitations
- Resources limited for maternity services and MUs
- Maternity lower funding priority than neonates
- Competitive funding model: tariffs and Trust border issues work against collaboration
- Commissioners less familiar with maternity service complexity
- Making the case for MUs difficult because ‘they don’t earn money for the Trust’
- MU requirements: extra space and staff

Organisation

- Guidelines for Midwife-led care and MUs – need for collaborative development, review and robust governance processes
  - MU eligibility criteria – different views about AMUs and FMUs
  - Transfer
- No standardisation of birthplace booking process and birthplace discussion
- Opt-out default model for access to MUs
- Models of staffing: integrated MU & community or MU based caseloading + some core staff
- Use of MU facilities – triage, a/n, p/n clinics, antenatal classes, breastfeeding support
- Line management of AMU separate to OU

Leadership

- Engaged, effective, strong leadership and management very important
  - Poor leadership or management impacts strongly
  - Strong support for MUs needed at midwifery, obstetric, neonatal, Trust level
  - Ownership of MU by all staff
- ‘Them and Us’ major issue
  - Within and between work contexts (AMU & OU, FMU & OU) and within and between professions
- Ongoing engagement with internal and external stakeholders
  - Fosters collaborative work environment and relationships

Midwifery Staffing & Skills

- Midwives shortage a problem for some
- Movement between facilities within shifts problematic (AMU-OU)
- Need midwives competent & confident in work context
  - MU – ‘low risk’ care, emergency skills, supporting normal
  - OU – ‘high risk’ care, specialist support
  - Therefore need ongoing training
- Community midwives’ engagement with MUs
  - gatekeeper re birthplace decision but process not streamlined
  - integration with MUs

Change

- Process: engagement, prioritisation,‘ownership’, dealing with resistance
  - Engaging – internal then external stakeholders
  - Engaging Service Users in comprehensive, meaningful way
  - Need expertise in making a business case for MUs
  - Planning new or better utilisation of existing AMU or FMU

- Future Configuration Plans
  - small FMUs vulnerable to closure unless utilised in other ways
  - more metropolitan FMUs opening on ex OU sites
  - Maternity unit rebuild with new or larger AMU

Barriers to be Addressed

- Beliefs – how to change negative beliefs & implement evidence based practice?
- Resources & Priorities – how to get MUs prioritised?
- Organisation – how to implement MU opt-out policy and integrated staffing?
- Leadership – how to address ‘championing’ of MUs at all levels of organisation & ‘them and us’ issues?
- Staffing – how to develop skills, competence & confidence in ‘low risk’ context?
- Change – how to engage with service users?

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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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