Position Statement

Homebirths in the Bailiwick of Guernsey

Recognising that not all of the health and social care needs of residents can be met within its fixed, allocated budget, Health & Social Care cannot provide a homebirth service.

1. Introduction

Health & Social Care (HSC) is responsible for ensuring that the Maternity Service is adequately staffed so that it can provide safe, high-quality care to all women throughout their pregnancy, labour and the postnatal period, and endeavours to meet the expectations of women in relation to their pregnancy and birthing experience.

Homebirths for women with uncomplicated pregnancies, and who are at low risk of developing complications in labour and the postpartum period, are very safe and may confer considerable benefits for them and their families.

While some women may wish to give birth at home, HSC must carefully balance the desire of women to choose their preferred place of birth against the rights of all women and babies to receive a safe level of maternity care.

Since July 2016, data from HSC's patient record system shows that during their first formal appointment with the Maternity Service, only 15 women advised that they intended to give birth at home, 4 were undecided and 1 planned to freebirth. All other service users advised they wished to give birth in hospital.

During the same period, 3255 babies were born in Guernsey. 3215 (98.8%) were born in hospital, 22 (0.7%) were born at home as a planned homebirth and 15 (0.4%) were unplanned births at home or elsewhere. Given the majority of women give birth in hospital, HSC is duty-bound to ensure the core services on Loveridge Ward are maintained at all times.

There are very many services that cannot be provided in Guernsey. HSC is required to provide a wide range of health and social care services across the life spectrum within its allocated budget and has to make difficult decisions on funding. These decisions have to be made not only in the context of population health in general but also take into account the complex care requirements of Guernsey's ageing demographic, among other things. Regrettably, not all services can be provided and while reasonable attempts will always be made to reconfigure services where it is possible and safe to do so, this cannot be at the expense of the care and safety of other service users.

2. Background

Historically, homebirths were supported in appropriate cases and when it was possible to allocate adequate resources to do so. This arrangement was problematic because it relied upon midwives being on-call when they would otherwise be off work and/or upon those midwives already working on Loveridge Ward or providing routine antenatal and postnatal care in the community.

Provision on this basis required two midwives during the day and two midwives overnight to be on-call to attend a single homebirth for up to 5 weeks (to cover the gestation period between 37-42 weeks).

HSC was aware that this system of cover was becoming increasingly difficult to maintain and when homebirth provision was suspended during the SARS-CoV-2 pandemic due to unprecedented staff shortages, opportunity was taken to consider the matters set out in section 3 to 7 of this document to inform HSC's policy position on future homebirth provision. The important findings and safety recommendations made in the Ockenden Report[1], published in March 2022, were particularly influential in HSC's decision making. This report was originally commissioned to examine 23 cases of concern but grew considerably to review the maternity care of 1486 families.

The findings of the Ockenden Report set out that the failure in governance and leadership, and the associated missed opportunities to identify and learn from serious untoward incidents, led to repeated cases of poor care that resulted in preventable harm and/or deaths. Of further note is the theme that some women were inappropriately considered 'low-risk' at the beginning of their pregnancy and/or their risk profile was not changed to 'high-risk' during their pregnancy or labour despite the development of problems necessitating that it should have.

The current maternity provision has been scrutinised against these recommendations by HSC's Quality and Patient Safety Governance team to ensure compliance and to assist with risk mitigation.

3. Staffing

Midwifery establishment

The Royal College of Midwives recommend that midwifery establishment is calculated using a national tool developed by Birthrate Plus, which considers the time required to provide care across the childbirth spectrum, as well as allowances for time spent away from the clinical area due to annual leave, sickness, training and supervision. Using this tool, it has been determined that to meet the safety and care requirements for women and babies admitted to Loveridge Ward, the following dedicated midwifery resource is required:

Figure 1: Birthrate Plus calculation of midwifery establishment for Loveridge Ward

Clinical shift	**Midwifery establishment**
Loveridge Ward – day shift	1 Clinical Lead Midwife (Band 7) 4 Midwives (Band 6)
Loveridge Ward – night shift	1 Clinical Lead Midwife (Band 7) 3 Midwives (Band 6) 1 Midwife on-call (Band 6)

A further 4.0 WTE midwives work across the community setting, running antenatal clinics for routine care and providing postnatal support to mothers and babies in their home, among other things. The calculations for midwifery establishment on Loveridge Ward and in the community setting do not account for staff providing a homebirth service.

The Ockenden Report set out the tragic events at The Shrewsbury and Telford Hospital NHS Trust, where significant failings in the care of women and babies led to unnecessary deaths, and made recommendations for immediate and essential actions for all maternity services.

In relation to staffing, the Ockenden Report advised that "*minimum staffing levels must include a locally calculated uplift, representative of the three previous years' data, for all absences including*

[1] 'Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust' – the Ockenden Report

sickness, mandatory training, annual leave and maternity leave." It further advised that the feasibility and accuracy of the BirthRate Plus tool and its associated methodology must be reviewed nationally by all relevant bodies.

As a result of the Ockenden recommendations, funding for an additional three midwives and a surgical nurse has been sought. These extra posts are necessary to maintain safety on Loveridge Ward alone.

Staff wellbeing

For a homebirth service to be provided two midwives would need to be on call at all times for up to 5 weeks (37-42 weeks gestation) for every woman who requests to give birth at home. Even for one planned homebirth, this is disproportionately demanding of the midwives on top of the contractual requirements of their employment.

HSC has a responsibility to ensure the wellbeing of its staff and considers it unreasonable for midwives to provide additional on-call cover, with the potential to be called to work, on their days off and believes this further working burden might directly impact its ability to retain and recruit staff.

4. Maternity service planning

Maternity care provision is notoriously unpredictable. While it is true that the Maternity Service is aware of the number of pregnant women booked into its service at any given time, and the estimated due dates of their babies, only approximately 4% of babies are born on their due date. This is because an estimated due date, despite its name, actually identifies a reference point (40 weeks gestation) within a 5 week period in the third trimester of pregnancy (between 37 and 42 weeks gestation) where no intervention will be recommended to prevent a spontaneous labour in a healthy pregnancy. It is within this 5 week period that most babies (95%) are born, which makes service planning difficult and unpredictable.

Similarly, while screening in pregnancy helps to identify maternal and fetal risk factors it cannot predict if, when and to what extent those risks materialise and the absence of risk factors does not preclude the development of problems during pregnancy, labour or the postnatal period. At the time of booking, approximately 36% of women are considered 'low risk' and suitable for midwifery-led care. At the end of pregnancy this figure has reduced by half.[2]

5. Disruption to service users

To provide a homebirth service within existing resources creates potential disruption to the antenatal care and/or postnatal support in their home for many service users. This is because, broadly speaking, the community midwives would be expected to provide homebirth on-call cover during their working (day) shift. If called to attend a woman labouring at home, those midwives' antenatal clinics and/or home visits would have to be cancelled, re-scheduled or facilitated on Loveridge Ward. The latter causes disruption to the routine care of pregnant women, to those who have returned home with their baby and also to the care of in-patients on the ward, and their ability to rest due to the increased activity around them. As set out in section 3 above, this clinical activity is not included in midwifery establishment calculations.

HSC considers this widespread disruption disproportionate and unfair. The Quality and Patient Safety Team also consider that these inconsistencies in care delivery have the potential to lead to patient harm.

[2] Since July 2016

6. Considerations specific to healthcare provision in a small jurisdiction

Guernsey's size and healthcare infrastructure presents unique challenges compared with larger jurisdictions. Secondary care is provided on a consultant-only basis and not all medical specialities are contracted to provide 24 hour on-site cover at the Princess Elizabeth Hospital. This means that, unlike NHS Trusts, doctors are not always immediately available in emergency situations. Further, the provision of neonatal intensive care is commensurate with the Bailiwick's population size.

This situation is further complicated by not only the absence of a dedicated obstetric theatre on Loveridge Ward, but the location of the ward on a different floor to the general theatre suite. This is an unusual situation for a maternity service, given the need to undertake emergency and life-saving surgeries, and further highlights the importance of maintaining the establishment of staff on the ward to mitigate this risk. It is anticipated that the planned building work to remedy this matter will be completed in 2025.

While National Health Service (NHS) Trusts in England and Wales may be able to share staff or call upon neighbouring hospitals to assist in resourcing home births, this option is not available locally and as such, the midwives working on Loveridge Ward cannot be sent to attend a woman labouring at home without potentially compromising the safety of women and babies on the ward.

HSC consider that because of the matters relating to the infrastructure of maternity and neonatal care, set out above, homebirth provision cannot be provided without affecting the wellbeing of midwives and would place unreasonable and/or unacceptable potential risk to the mothers and babies on Loveridge Ward and unreasonable disruption to women receiving maternity services in the community and on the ward.

7. Proportionality

HSC operates a wide range of health and social care services within its fixed, allocated budget and it is recognised that all needs of residents cannot be met. As such, very difficult decisions about the funding of services, or not as the case may be, have to be made and decisions not to commission or to restrict access to specific services or interventions does not mean that the Committee *for* Health & Social Care is breaching its mandated obligations.

HSC has a policy[3] in place to guide funding decisions so that they are considered and applied consistently and are proportionate and cost effective to islands the size of Guernsey and Alderney. Within its existing budget, and considering the low demand for homebirths, the risks and disruption to other service users and the unreasonable demands placed upon the midwives, HSC cannot provide a homebirth service.

8. The Royal College of Midwives

The Maternity Service communicated with the Director of the Royal College of Midwives during its consideration of homebirth provision and received support for its decision not to provide this service.

September 2022

[3] Policy G1033 – Priority Setting in Health and Social Care