

# Major increase in midwifery unit births since 2010

February 14 2017, by Emma Thorne

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Credit: University of Nottingham

Births in midwifery units in England have trebled, up from five per cent to 14 per cent over the last six years, a new study by researchers at The University of Nottingham has shown.

The research, led by a team of academics in the University's School of Health Sciences, revealed that the number of midwifery units alongside hospital obstetric units almost doubled from 53 to 97 during the period 2010 to 2016.

However, despite this increase, 25 per cent of all NHS trusts in England still have no midwifery units, denying women the opportunity to access this type of care, which has been shown to provide personalised care to women, to decrease caesarean birth rates and costs per birthing.

Dr Denis Walsh, Associate Professor of Midwifery, who led the study,

said: "Midwifery units are better for mothers, safe for babies and cheaper for the NHS."

The new study charts the change in birth trend since a 2010 survey which was carried out by Oxford University as part of the Birthplace in England programme.

The increase in provision of midwifery unit care is a response to a national policy, in place since 2007, that all women should be able to choose their place of birth. A woman's right to book into a midwifery unit for their care has been reinforced by the Government's Five Year Forward View for maternity, and recommendations by NICE, the National Institute for health and Clinical Excellence.

## **Better outcomes**

The latest research also found a marked difference between the prospects for 'alongside' midwifery units and those which are 'freestanding' in the community, involving a journey by ambulance should the woman need medical care in addition to midwifery care.

There has been stagnation in numbers of freestanding midwifery units (FMU), up just four from 58 to 61, despite robust research showing they offered equally good and, in some respects, better outcomes than alongside midwifery units.

FMUs have been prone to opening and closing cycles and were put under strain by small numbers and financial pressures. FMUs varied widely in terms of their numbers of births each year. Five freestanding units had more than 400 births each year, with the largest providing care in labour to 650 women and babies. However, many had much smaller numbers; more than half of FMUs (58 per cent) had fewer than 200 births a year and 37 per cent had fewer than 100.

Over the period studied, the number of hospital obstetric units reduced by 10 per cent from 177 to 159. Three of the five largest freestanding midwifery units replaced obstetrics units.

Cathy Warwick, Chief Executive of the Royal College of Midwives, said: "This is very valuable research. It is very encouraging that more women are making the choice to give birth in this type of midwife-led unit. It suggests that when women have real choice about where they want to give birth, that midwife-led care is a choice they want to make.

"It is disappointing to see that a quarter of trusts do not have midwifery units. It is also disappointing that there has been such a small increase in the number of freestanding midwife-led units. I hope this will begin to change as a result of the Government's National Maternity Review in England. This promises much more maternity care right in the heart of our communities. I think there is also an onus on trusts and the Government to raise awareness of freestanding midwifery led units, and of midwife-led care in general, so that women are aware that this choice exists and can make that choice."

## **Personalised care**

The results are launched at a Royal College of Midwives-accredited conference, Implementing the National Maternity Review in Rural Areas, on Monday February 13 hosted by Shrewsbury and Telford Hospital NHS Trust.

Organiser, Wendy Cutchie, Lead Midwife for Midwifery Led Units and Community Midwifery Services at The Shrewsbury and Telford Hospital NHS Trust, said: "Midwifery units provide women and their families with more personalised care, possibly because of their small scale, possibly because of the particular philosophy of care, which is sometimes called a 'social model of care'. We deliberately focus on

responding to social and emotional needs and helping [women](#) to feel confident to [give birth](#) and become a mother."

Provided by University of Nottingham

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