Healthcare for London

Maternity and newborn care

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Lynne Pacanowski

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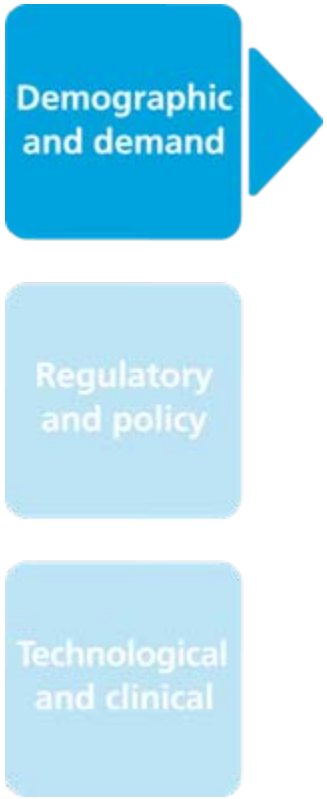
Drivers of change within maternity services



- Increasing number of births (Thames Gateway)
- Rising birth age of mothers
- Increasing number of multiple births due to IVF
- Ethnic diversity and social complexity
- Provision of choice

Rising Birth rate (London)

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- 2001/02 = 106k
- 2002/03 = 107.8k rise of 1.67%
- 2003/04 = 112.7k rise of 4.56%
- 2004/05 = 117.3k rise of 4.02%
- 2005/06 = 120.6k rise of 2.82%

Rising Birth Age of Mothers (UK)

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Year	Mean Age	Births/1,000 women per age group
1991	27.7	5.3
1996	28.2	7.2
2001	28.6	8.8
2006	29.1	11.4

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Drivers of change within maternity services

- Improve quality of care with consultant-led service
- EWTD increasing costs of consultant-led services
- Need for sufficient volumes of activity to ensure clinical quality and financial viability
- Drive to achieve 1:1 midwife care during labour
- Low availability of junior doctors and projected shortfall of midwives
- Rationalisation of inpatient paediatric services, with knock-on effect on neonatal care

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Drivers of change within maternity services

- **Increasing specialisation of services**
- **Improved neonatal support resulting in earlier and prolonged survival**

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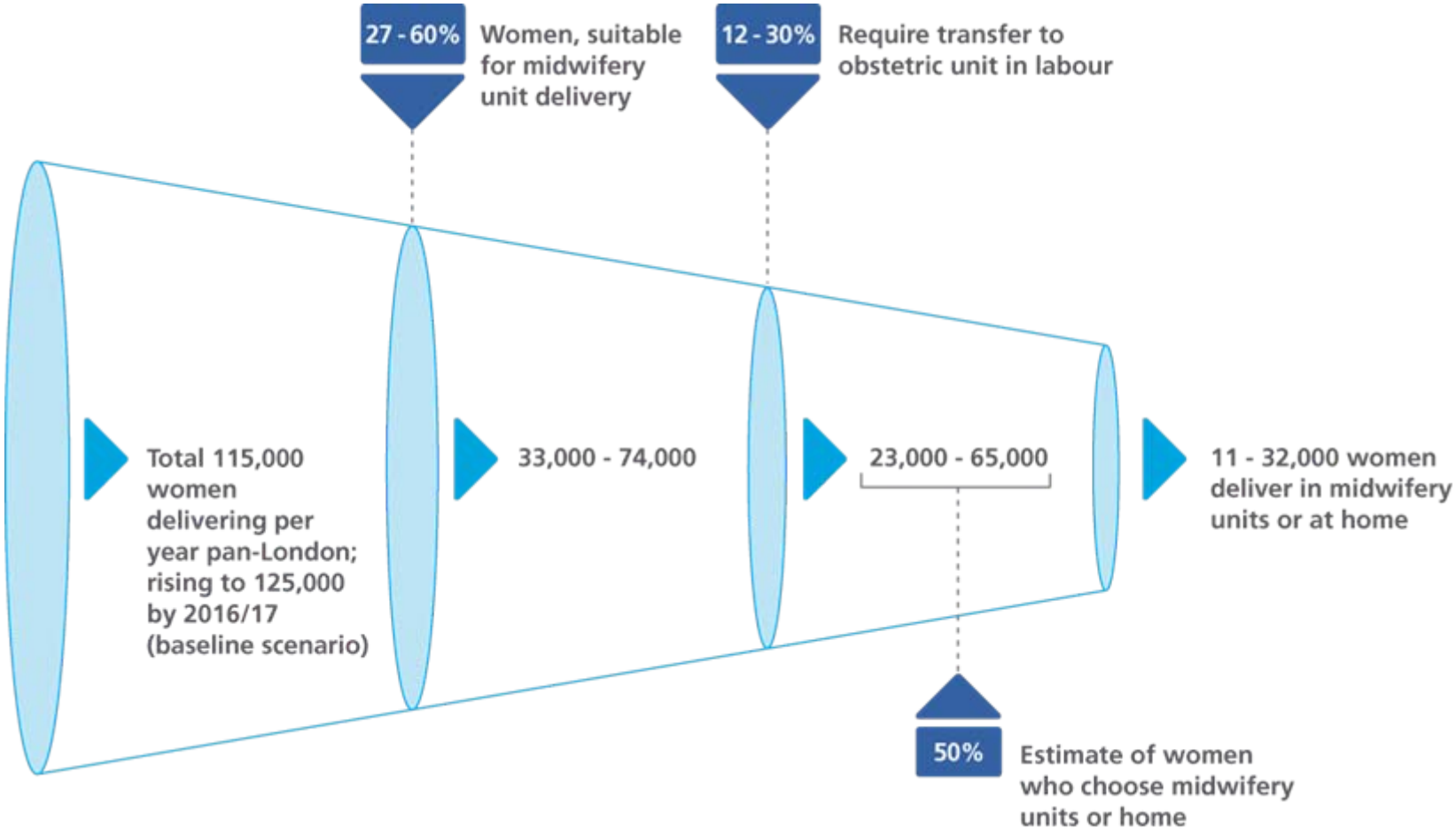
Likely demand for midwife services



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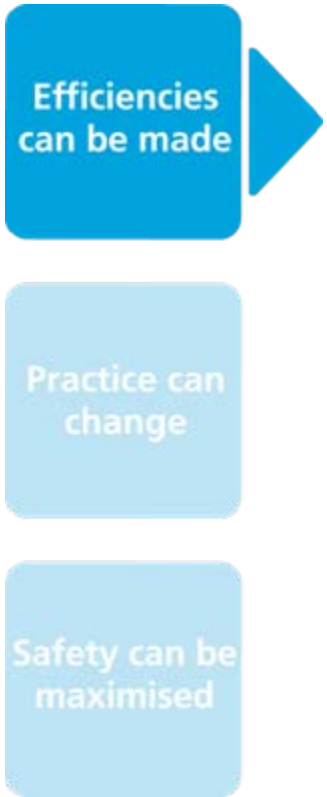
Conclusions



- Early assessment of need
- One-stop community facilities
- Maternity support workers
- Minimum size of obstetric units

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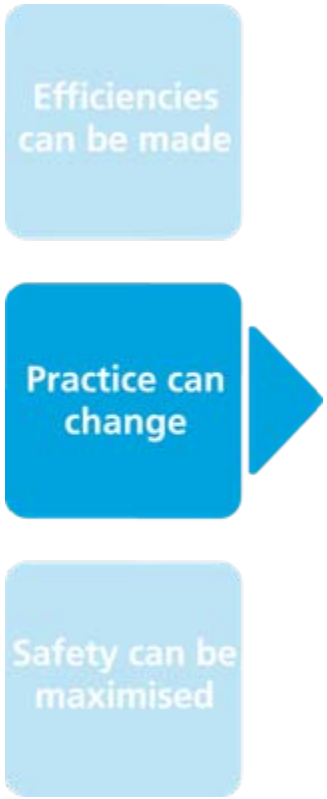
Conclusions



- **The choices women make can be influenced**
- **Within networks learning can occur**
- **Commissioning can drive change in practice**

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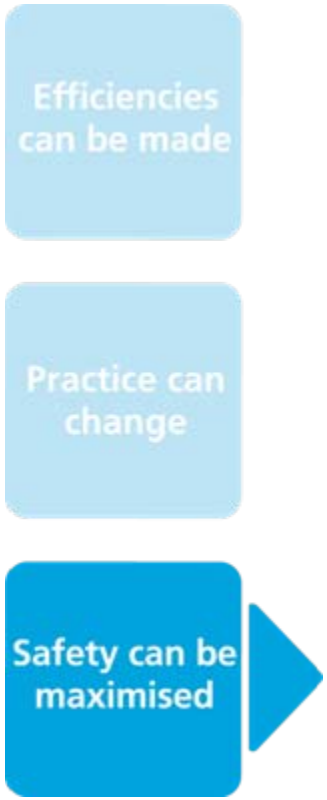
Conclusions



- **Continuous assessment of need**
- **Clinical governance across networks**
- **Mechanisms for transfer in place**

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Birth flow Postnatal care at home and/or in polyclinic

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Women's social and medical needs assessed

Antenatal and postnatal care provided in local one-stop settings

Choice of location for birth

Continuity of care throughout antenatal, labour and postnatal periods

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Significant increase in the number of midwife-led units

Obstetric units should have 98-hour consultant presence

1:1 midwifery care in established labour

Maternity networks established across London and linked with neonatal networks

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Working group membership

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Questions?