

Childbirth shakeup means NHS unit closures

UK ups childbirth safety with closures

The Guardian ,

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Tuesday February 6, 2007

Plans for a drastic reduction in the number of NHS hospitals in England providing full childbirth facilities for mothers and specialist medical care for children will be announced by the Department of Health today. It is part of a move to put more complex clinical work into regional centres of excellence. [more distant, centralized services]

Ministers have decided to **offer every expectant mother three options** for the delivery of their baby. **By 2009 they will be able to choose between:**

- 1. Home birth supported by a midwife**
- 2. Birth in a local midwife-led unit**, based in a hospital or community clinic **promoting natural births**
- 3. Birth at a hospital**, supervised by a consultant obstetrician, for mothers who may want epidural pain relief or may need specialist care to deliver safely.

A proposal to offer mothers more choice was included in Labour's 2005 manifesto and the implications will be set out today in a report by Sheila Shribman, the government's maternity tsar. She will seek to convince mothers who need the care of a consultant that they will be treated more safely at a specialist regional unit than at their local multipurpose NHS hospital.

The regional units will be able to provide full teams of consultants, midwives and nurses at any hour of the day or night throughout the year, using the latest technology. But the proposal implies further controversial closures of consultant-led maternity units at other hospitals.

Dr Shribman's reports on maternity and paediatric care will not spell out how many hospitals should lose consultant-led services, or where they should be. These decisions will be left to local NHS managers after public consultation.

Ministers and cabinet members who have campaigned over the past few months against the closure of maternity units affecting their constituents have included Hazel Blears, the Labour party chair, Jacqui Smith, the chief whip, and Ivan Lewis, the health minister.

Dr Shribman will say the concentration of hi-tech services into centres of excellence would improve both safety and care. "We've always needed to make changes to deliver improvements in quality and these reports outline the way forward for these important services."

Dr Shribman will call for a similar overhaul of paediatric medicine. Children and young people with long-term medical conditions would benefit from care at clinics and health centres closer to home, keeping visits to hospital to a minimum. But the treatment of seriously ill children should be provided in specialist centres, involving longer journey times.