



A Review of Maternity Services in Hampshire

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A Review of Maternity Services in Hampshire Summary of the data on maternity statistics

Introduction

The White Paper aspiration to: “Extend maternity choice” and help make safe, informed choices throughout pregnancy and childbirth offers the opportunity to shape the delivery of maternity services in Hampshire. NHS Hampshire is committed to commissioning high quality, equitable and safe midwife-led maternity services in line with these aspirations.

National policy

Women centred care has been the subject of several national maternity policies, guidance and audits - Changing Childbirth (1993), the National Service Framework for Children, Young People and Maternity Services (2004), Every Child Matters (2004), Maternity Matters (2007), Safer Childbirth (2007), the Centre for Maternal and Child Enquiries (CEMACH¹) and the National Institute for Health and Clinical Excellence - Gynaecology, pregnancy and birth (NICE²).

Purpose

This report covers a maternity needs assessment in Hampshire to help inform the future service delivery models with an initial focus on Andover Birth Centre.

Methodology

The data come from routine data collections and reflect those collated in recent maternity service reviews undertaken in the South East and South West of Hampshire although these reviews also included consultations. Data for the population of England and the South East region are included to present overarching national and regional pictures and serve as benchmark comparators. Emerging findings from the Hampshire Joint Strategic Needs Assessment 2010/11 also informed the process. Data from these sources analyses Hampshire births by population and looks at usage and outcomes of current services.

Reports used in the maternity needs assessment are:

- “Maternity Services for today, tomorrow and beyond in South East Hampshire”, 2007
- Hampshire Joint Strategic Needs Assessment (JSNA) 2010/11

¹ <http://www.cemach.org.uk/Home.aspx>

² <http://www.nice.org.uk/guidance/index.jsp?action=byTopic&o=7252&view=all>

Headline Messages

- Between 2008 and 2009 there were 14,641 live births to Hampshire residents

- In Basingstoke and Deane there were 2,093 births in 2009, over 40% higher than the number of births in Winchester (1,182) which is a reflection of the age structure of the areas; a relatively young population in Basingstoke and Deane (population size -163,300³), whilst a much older population in Winchester (population size -113,300⁴).

- To consider the impact of the temporary suspension of inpatient services at the Andover birth centre, an analysis of births by acute provider was assessed between April 2009 and October 2010 (excluding the period December 2009-April 2010). It showed that the majority of births took place at the Royal Hampshire County Hospital (2,927) followed by Basingstoke and North Hampshire Hospital (2,892) and Queen Alexandra Hospital (2831).

- The majority of PBC localities have most of their births going through their local acute provider. East Hampshire locality has the most births across providers. Most births from Avon Valley occur at a provider outside of Hampshire. Basingstoke (14%), Rushmoor (10%) and Havant & Waterlooville (9%) PBC localities account for the majority of the Hampshire births which is a reflection of the population of childbearing women that reside in these localities.

- Just 19% of births from the Andover PBC locality occur at the Andover birth centre, with the majority (58%) being at the Royal Hampshire County Hospital. The other acute Trust providers used by Andover PBC locality are Basingstoke and North Hampshire hospital (7%), Salisbury District Hospital (7%), Princess Anne hospital (2%) and other hospitals (1%).

- In 2009 14% of all births in Hampshire were to foreign born women. The number of births in Hampshire to women born in all A8⁵ countries was 334 in 2009. Women born in Asia, however, made a greater contribution to the total number of Hampshire births in 2009 (580 births). Geographical variations show that Rushmoor (24.4%) had the highest proportion of births to foreign born women, followed by Basingstoke and Deane (17.8%) and Hart (14.9%), with Havant at 7.8% having the least proportion of births to foreign born women. It is not possible to ascertain whether this reflects their populations.

- Inpatient and birth activity levels at the Andover birth centre has remained constant over the past three years – on average four per week, despite marketing to increase deliveries and promote it as an alternative to the acute hospital for low risk births.

³ ONS Mid -2009 population estimate

⁴ ONS Mid -2009 population estimate

⁵ In 2004 the EU saw its biggest enlargement to date when Slovenia, Estonia, Latvia, Lithuania, Poland, the Czech Republic, Slovakia and Hungary (known collectively as the A8) joined the European Union

- In 2009, only 3.4 per cent of all women giving birth in Hampshire gave birth at home. Nationally the homebirth rate is 2.7%. The highest rate of homebirths is in Winchester (6.1%), followed by Eastleigh (4.7%), Test Valley (4.6%) and Hart (4.2%). Gosport and Fareham reported the lowest home birth rates in their areas, with 1.9% and 2.3% respectively.
- Birth projections (2010 to 2033) for Hampshire show a slower, but ongoing increase in delivery numbers until 2015 where they appear to plateau but then a possible decline from 2020. The projections follow the general trend for England and the South East. The predicted numbers are relatively stable in most local authority areas and the differences observed are due to natural variation.
- Over the past decade the number of live births in Hampshire has shown a gradual increase mainly as a result of women residing in Basingstoke and Deane, Eastleigh the New Forest.
- Fertility remains stable in Hampshire. The total fertility rates (TFR) for 2009 give an average number of 2.02 children per woman in Hampshire which is an increase from 1.99 children per woman in 2008. This represents 0.06 more children per woman than the England and Wales value of 1.96. In all local authority areas the TFR is higher than the national value except in Fareham, Hart and Winchester. The General Fertility Rate (GFR) for Hampshire in 2009 was 61.7 live births per thousand women aged 15–44, an increase compared with 60.7 in 2008. Rushmoor had the highest GFR at 68.8 live births per thousand women aged 15-44, followed by Gosport (68.1), Havant (64.5) and Basingstoke and Deane (63.9). These four local authorities had GFRs higher than the England and Wales value (63.8).
- General fertility rate projections for Hampshire show a slower, but ongoing increase for future years. Rushmoor, Gosport and Havant will continue to experience high GFRs.
- In 2010, there were an estimated 235,900 women of childbearing age (15-44 years) residing in Hampshire. Basingstoke and Deane (33,000), the New Forest (28,000) and Eastleigh (24,000) have the highest numbers of women of childbearing age (15 to 44).
- Population projections of the numbers of childbearing women (15-44) in Hampshire's local authority areas suggest that in general they will remain fairly stable.
- Across Hampshire 27% of births in 2009 were to women aged 35 or older, compared to 24% nationally. The average (mean) age for giving birth in Hampshire was 29.4 in 2009.

- Teenage conceptions are beginning to decrease. In 2007/09 the provisional rolling 3 year under-18 teenage conception rate was 31.5 per 1000 15-17 year old females, which is a 5.8% reduction since the baseline in 1998/2000. In 2007/09, 52% of teenage conceptions in Hampshire ended in termination of pregnancy. Young women in areas of high teenage pregnancy and high deprivation are more likely to continue with their pregnancy rather than choose a termination. More teenage conceptions in Hampshire are ending in termination of pregnancy in 2007/09 compared to 1998/00 when the baseline began.
- Ninety-five per cent of women in Hampshire accessed maternity services within the first completed 12 weeks of pregnancy in June 2010. This compares favourably against 80.7% in June 2008 and enables better outcomes.
- The percentage of women who were smokers at the time of delivery has decreased to 12.8% in June 2010 after an increase at the end of 2008.
- The percentage of mothers initiating breastfeeding has remained relatively constant. Breast feeding prevalence at 6-8 weeks in Q2 2010/11 was 47.4% which compares favourably to the national average of 46.2% mothers breastfeeding at six to eight weeks. However, this is lower than the recommended good coverage of at least 85% and ideally 95% or more.
- Although there are no data on the Hampshire prevalence of maternal obesity, the South Central Strategic Health Authority (SHA) at 5.66% had the second highest overall rate of women with a BMI ≥ 35 at any point during pregnancy. The East of England SHA at 6.23 % had the highest reported prevalence of obesity in England.
- There is wide variation in hospital activity in terms of induction, caesarean and instrumental rates, with higher than national average intervention rates. The 2009/10 caesarean section rate is above the national rate (24.8%) in five providers, St. Mary's Hospital Poole (29.1%), Queen Alexandra Hospital (28.2%), St Richards Hospital (28%), the Royal Hampshire County Hospital (27.4%) and Salisbury District Hospital (25.9%). This is not reflective of the population need or in the best interests of women and their babies.
- The Hampshire caesarean section data show that caesarean section rates from NHS Hampshire's main acute Trust providers, Basingstoke and North Hampshire Hospital (14.5%), Princess Anne Hospital, Southampton (21.5%) and Frimley Park Hospital, Surrey (20.5%) are mostly below the national rate except for Queen Alexandra Hospital, Portsmouth (26.3%) and Royal Hampshire County Hospital, Winchester (25.7%). Some of these providers have very small numbers of births and so these rates need to be interpreted with caution.

- Midwife ratios across providers are generally in excess of the Birth-rate Plus recommendations of 29.5 births per midwife. The recommended levels of consultant presence are not currently achieved at any of the providers.

Configuration of NHS maternity services in Hampshire

NHS maternity services are commissioned by NHS Hampshire from 10 acute hospital Trusts of which 6 have foundation status. The acute Trusts providing maternity services and the type of maternity unit they have, has been listed in table 1:

Table 1 – Acute Trusts providing NHS maternity services to NHS Hampshire

Acute Trust	Location	Maternity Unit Type
Portsmouth Hospitals NHS Trust	Queen Alexandra Hospital	Obstetric-led
	Mary Rose Birth Centre, Queen Alexandra Hospital	Midwifery-led alongside birth centre
	Portsmouth Maternity Centre, St Mary's Community Healthcare Campus	Midwifery-led standalone birth centre
	Blake Maternity Centre, Gosport War Memorial Hospital	Midwifery-led standalone birth centre
	Grange Maternity Centre, Petersfield Community Hospital	Midwifery-led standalone birth centre
Winchester and Eastleigh Healthcare Trust	Royal Hampshire County Hospital	Obstetric and midwifery-led
	Andover Birth Centre, Andover War Memorial hospital	Midwifery-led standalone birth centre
Basingstoke and North Hampshire NHS Foundation Trust	Basingstoke and North Hampshire hospital	Obstetric and Midwifery-led
Southampton University Hospitals NHS Trust	Princess Anne Hospital	Obstetric-led
	Broadlands Birth Centre	Midwifery-led alongside birth centre
	New Forest Birth Centre, Ashurst Hospital	Midwifery-led standalone birth centre
Frimley Park Foundation Trust Hospital	Frimley Park Hospital	Obstetric-led
Royal Surrey County Hospital NHS Foundation Trust	Royal Surrey County Hospital	Obstetric-led
	Home from Home	Midwifery-led
Western Sussex Hospitals NHS Trust	St. Richards Hospital, Chichester	Obstetric-led
	Chichester Birth Centre	Midwifery-led
Salisbury NHS Foundation Trust	Salisbury District Hospital	Obstetric and midwifery-led
Poole Hospital NHS Foundation Trust	St. Mary's Maternity Hospital	Obstetric and midwifery-led
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	The Royal Bournemouth Hospital	Midwifery-led

The large majority of babies in Hampshire are delivered under the care of: Portsmouth Hospitals NHS Trust, Winchester & Eastleigh Healthcare NHS Trust, Basingstoke & North Hampshire NHS Foundation Trust, Southampton University Hospital NHS Trust and Frimley Park Hospital NHS Foundation Trust.

All providers offer homebirths as an option for fit and healthy women who expect to have a normal healthy birth.

Population

Total births

The annual total number of Hampshire births from 2000 to 2009 is shown in Table 2. In 2009 there were 14,641 births in Hampshire (down from 14,677 in 2008). Trends over the past ten years suggest a gradual rise in the number of births in Hampshire from 13,320 in 2000 to 14,641 in 2009 (an increase of 9%).

Table 2 - Hampshire births 2000 to 2009

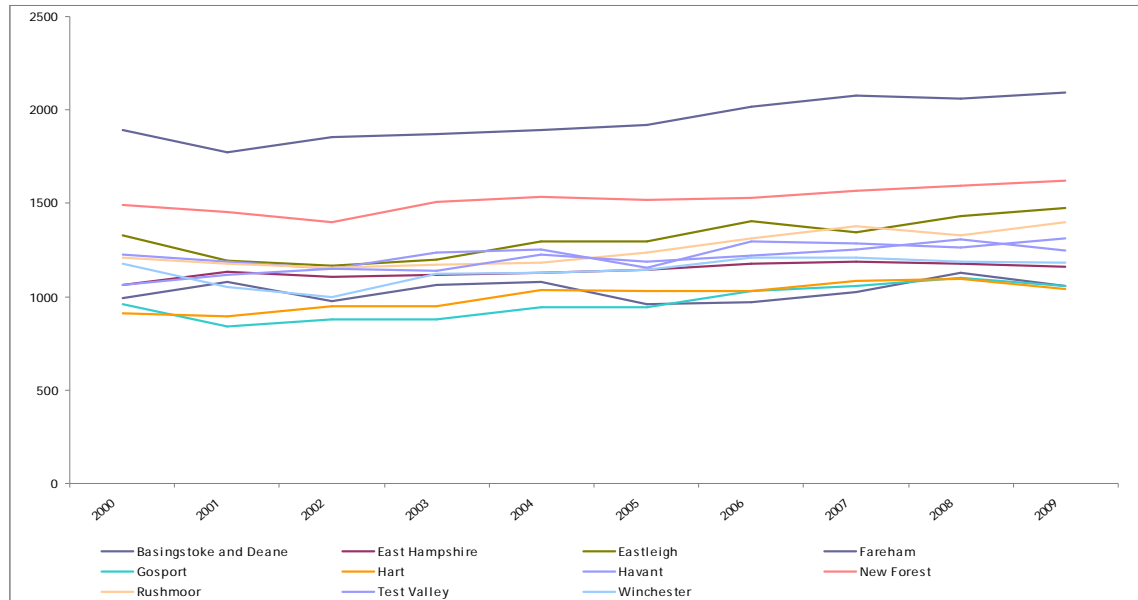
Total No. of Hampshire births	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
	13,320	12,900	12,780	13,258	13,692	13,537	14,195	14,468	14,677	14,641

Source: ONS. The NHS Information Centre for health and social care. © Crown Copyright.

Births by maternal local authority area of residence

The number of births varies considerably by maternal local authority area of residence with higher numbers in Basingstoke and Deane, the New Forest and Eastleigh, relative to other local authority areas in Hampshire. In Basingstoke and Deane there were 2,093 births in 2009, over 40% higher than the number of births in Winchester (1,182). The number of births reflects very much the age structure of the population, as determined by the Office for National Statistics (ONS) 2008-based Subnational Population Projections for England (SNPP⁶). For example, Basingstoke and Deane (population size -163,300⁷) where the most births are seen has a relatively young population, whilst Winchester (population size -113,300⁸), has a much older population. Figure 1 shows trends in the number of live births by local authority over the past ten years.

Figure 1 - Trends in the number of live births by local authority 2000-2009.



Source: ONS. The NHS Information Centre for health and social care. © Crown Copyright.

⁶ <http://www.statistics.gov.uk/statbase/Product.asp?vlnk=997>

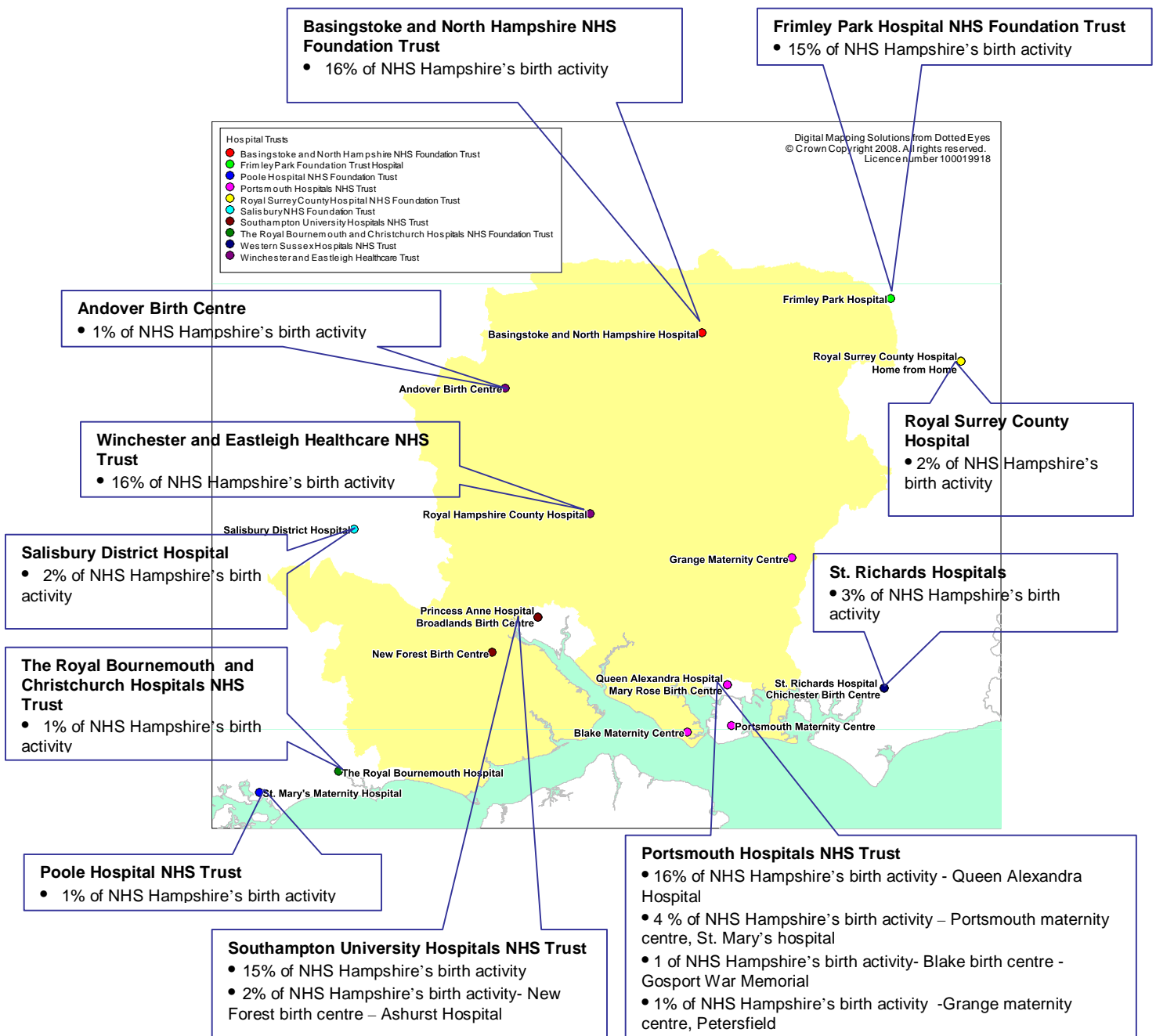
⁷ ONS Mid -2009 population estimate

⁸ ONS Mid -2009 population estimate

Births by provider

An analysis of birth activity split by provider is presented in the following section and takes into consideration the impact of the temporary suspension of inpatient services at the Andover birth centre. The analysis of births was undertaken between April 2009 and October 2010 [excluding the period (December 2009 to April 2010) when the Andover birth centre was closed]. The total number of births during this period was 17,824 and the distribution of births is presented in figure 2. The majority of births took place at the Royal Hampshire County Hospital (2,927), followed by the Basingstoke and North Hampshire Hospital (2,892) and Queen Alexandra Hospital (2,831). Homebirths accounted for 3% of the births. Only 1% of births were conducted in other hospitals including private providers.

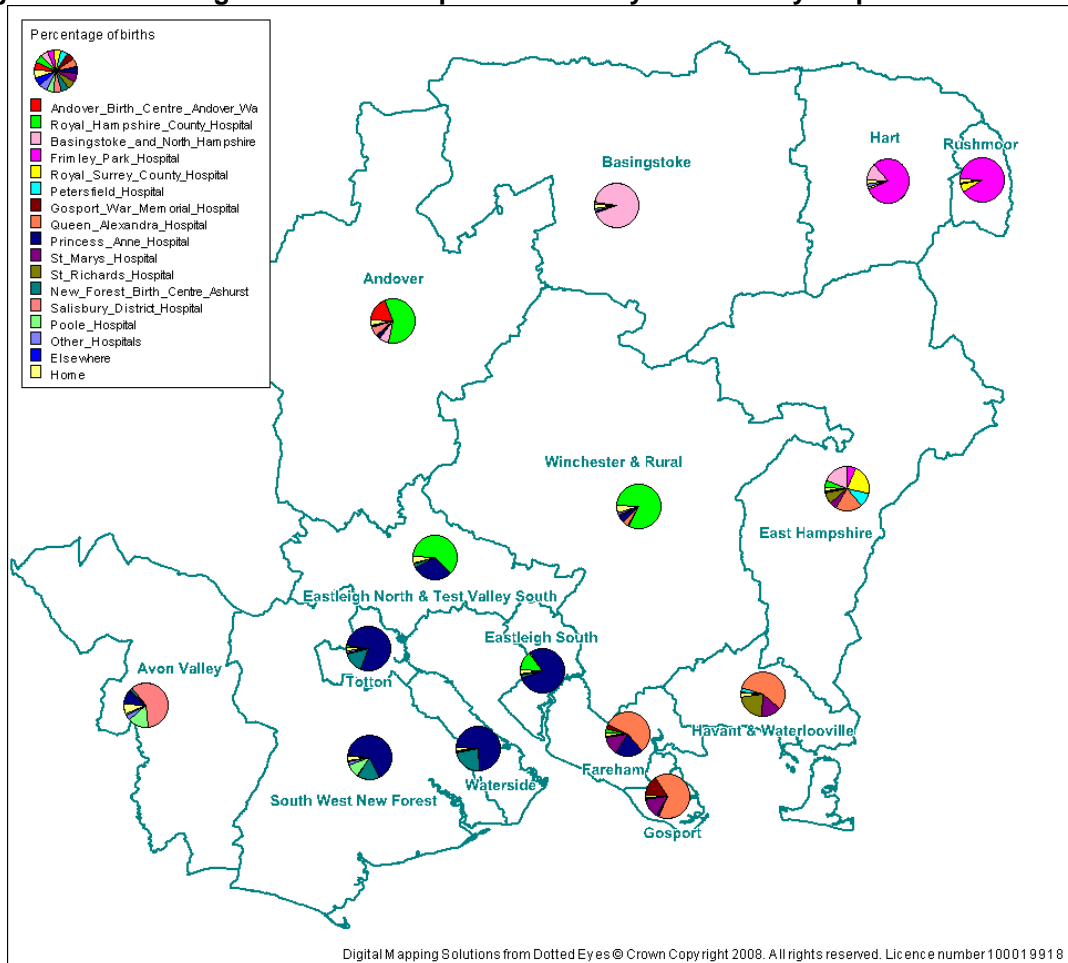
Figure 2 – Distribution of birth activity by provider/maternity unit in Hampshire



Place of birth by Practice Based Commissioning (PBC) locality

Figure 3 illustrates where childbearing women deliver in Hampshire's 15 PBC localities, based on the 17,824 births occurring between April 2009 and October 2010.

Figure 3 – Percentage distribution of place of birth by PBC locality – April'09-October'10



Source: ONS, NHS Hampshire Monthly Public Health Birth File

Inferences:

- The population of childbearing women have reasonable access to obstetric-led maternity units, midwifery-led alongside and standalone units and home births.
- The majority of PBC localities have most of their births going through their local acute hospital provider.
- The main acute Trust provider used by Hart (79%) and Rushmoor (89%) localities is Frimley Park Hospital.
- Royal Hampshire County Hospital is the main acute Trust provider for 4 of the PBC localities [Winchester & Rural (81%), Andover (58%), Eastleigh North & Test Valley South (62%) and Eastleigh South (14%)].
- Just 19% of births from the Andover PBC locality occur at the Andover birth centre, with the majority (58%) being at the Royal Hampshire County Hospital. The other acute Trust providers used by Andover PBC locality are Basingstoke and North Hampshire hospital (7%), Salisbury District Hospital (7%), Princess Anne hospital (2%) and other hospitals (1%).

- The main acute provider used by Gosport, Fareham and Havant & Waterlooville localities is Portsmouth Hospitals NHS Trust. However 22% of Havant & Waterlooville locality activity (358 births) happens at Western Sussex Hospitals NHS Trust.
- Women from East Hampshire locality have the most births across providers.
- Most births from Avon Valley occur at an acute provider outside of Hampshire

Table 3 presents births in Hampshire by PBC locality. Basingstoke (14%), Rushmoor (10%) and Havant & Waterlooville (9%) PBC localities account for the majority of the Hampshire births which is a reflection of the population of childbearing women that reside in these localities. Andover PBC locality accounts for a relatively low proportion (6%) of Hampshire births.

Table 3 - Births by PBC locality

PBC Locality	Births per PBC locality	Percentage (%) of total births
Winchester & Rural	1,376	8%
Andover	1,020	6%
Basingstoke	2,538	14%
Rushmoor	1,705	10%
Hart	1,300	7%
East Hampshire	1,395	8%
Havant and Waterlooville	1,645	9%
Gosport	1,257	7%
Fareham	1,304	7%
Eastleigh Southern Parishes	790	4%
Eastleigh North & Test Valley South	1,467	8%
Totton	489	3%
Waterside	553	3%
South West New Forest	641	4%
Avon Valley	344	2%
Grand Total	17,824	100%

Source: ONS, NHS Hampshire Monthly Public Health Birth File

Births by mother's country of birth

The childbearing picture among UK born and foreign born women in Hampshire based on births in 2009, is presented in table 4. Geographical variations in the proportion of births to foreign born women are also explored at the local authority level. In 2009 14% of all births in Hampshire were to foreign born women. The number of births in Hampshire to women born in all A8⁹ countries was 334 in 2009. Women born in Asia, however, made a greater contribution to the total number of Hampshire births in 2009 (580 births).

Rushmoor (24.4%) had the highest proportion of births to foreign born women, followed by Basingstoke and Deane (17.8%) and Hart (14.9%) with Havant at 7.8% having the least proportion of births to foreign born women. Anecdotal evidence suggests that this is largely due to the presence of the Nepalese community resident in the North East area of Hampshire. This is expected to increase with the 2009 Home Office arrangements on Gurkha¹⁰ settlement in the UK.

However, in East Hampshire and Gosport, births born to mothers born in the New EU exceeded those to mothers whose country of origin was Asia. Poland was one of the ten countries that joined the EU in May 2004. Anecdotal evidence from Workers Registration Scheme (WRS) data¹¹ suggests that the number of Polish born people living in Hampshire remains stable (2,180 workers registrations in 2008 and 1,675 in 2009¹²) after a peak (2,920 workers registrations) in 2006. However, they were one of the three largest non-UK born population groups in all countries and regions of the UK in June 2010¹³. It follows that the number of births to Polish born women is likely to be high. The increasing number of births to Polish born women does not necessarily imply that they have higher fertility than UK born women; rather that there are more of these women living in Hampshire/ UK than previously. It must be noted that WRS information does not provide an estimate of the number of migrants living in a particular area, but can be viewed as an indication of the characteristics of a population within that area. Also it is not possible to ascertain whether foreign born women in these local authorities reflect their populations.

⁹ In 2004 the EU saw its biggest enlargement to date when Slovenia, Estonia, Latvia, Lithuania, Poland, the Czech Republic, Slovakia and Hungary (known collectively as the A8) joined the European Union

¹⁰ Gurkhas are Nepalese soldiers in the British Army

¹¹ The Workers' Registration Scheme (WRS) was introduced in 2004 to monitor migrants from European A8 countries working as employees for one month or longer. Workers are registered by their employer's location. Many migrants avoid it as they perceive it as a form of taxation, and it does not capture self-employed migrants. The number of registrations does not represent a measurement of net migration to the UK, rather it is a gross (cumulative) figure for the number of workers applying to the WRS. Published WRS statistics use the employer's postcode address to allocate individuals to a local authority area; however it should be noted that they may not live in the authority where they work. The scheme is due to close in April 2011.

¹² ONS Local area migration indicators

¹³ <http://www.statistics.gov.uk/cci/nugget.asp?id=2369>

Table 4 - Births by mother's country of birth and local authority of residence, 2009

Area of usual residence of mother	All live births	Mothers born within UK	Mothers born outside United Kingdom							
			Total	% of all live births	EU		Rest of EU (Non EU)	Asia	Africa	Rest of World
					New EU*	Total EU				
Basingstoke and Deane	2,093	1,721	372	17.8	89	150	12	103	69	38
East Hampshire	1,163	992	171	14.7	35	70	12	33	35	21
Eastleigh	1,475	1,273	202	13.7	31	71	4	79	31	17
Fareham	1,055	953	102	9.7	7	27	11	28	16	20
Gosport	1,059	949	110	10.4	21	39	2	19	24	26
Hart	1,040	885	155	14.9	25	60	7	25	40	23
Havant	1,310	1,208	102	7.8	12	37	5	25	16	19
New Forest	1,620	1,445	175	10.8	36	72	10	36	28	29
Rushmoor	1,397	1,056	341	24.4	32	87	8	154	58	34
Test Valley	1,247	1,088	159	12.8	30	69	7	43	26	14
Winchester	1,182	1,022	160	13.5	16	61	9	35	34	21
Hampshire	14,641	12,592	2,049	14.0	334	743	87	580	377	262
South East	103,669	81,946	21,723	21.0	4,074	7,177	967	6,735	4,359	2,485
England and Wales	705,995	531,933	174,062	24.7	29,432	47,066	7,851	61,329	39,384	18,432

Source: ONS. www.statistics.gov.uk/statbase/Product.asp?vlnk=14408

**The 'New EU' constitutes the twelve countries (Bulgaria, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia, Slovenia) which have joined the European Union since 2004. The twelve countries which have joined the European Union since 2004 are included in both the New EU and the Total EU column.*

A common misconception is that areas with high proportions of births to foreign born mothers tend to have the highest fertility rates. However, there is no clear cut relationship between the proportion of births to foreign born mothers and the level of fertility in an area. This is a consequence of the diversity in country of birth composition of the foreign born population of different areas, alongside varying fertility levels among women from different countries of birth. The relationship may also be affected by local differences in the fertility of UK born women. It is not currently possible to ascertain whether there are differences in the fertility levels of UK born and foreign born women at local authority level since the population denominators required are only available from survey data and would not be sufficiently robust.

Migration, fertility and the links between them are set to be explored further by the new Economic and Social Research Council (ESRC) Centre for Population Change¹⁴.

¹⁴ ONS Fertility Article

Births in the Andover birth centre

Andover birth centre is part of Winchester and Eastleigh Healthcare NHS Trust and is a standalone five-bedded midwife-led unit providing outpatient, labour and inpatient maternity services. As it is intended for low risk deliveries there is no consultant presence for the inpatient service. It is located in North Test Valley and the catchment population includes Test Valley residents (113,400¹⁵) and residents from neighbouring local authorities. However, despite local provision of a birth centre, the local population of Test Valley still tend to choose to have their babies elsewhere, mainly at the Royal Hampshire County Hospital. This is backed up by Andover PBC locality information on births which suggest that only about a fifth of their total births is provided at the Andover birth centre. The lack of sufficient demand compounded by midwifery workforce issues resulted in a temporary suspension of inpatient services between December 2009 and April 2010.

An analysis of births at the Andover birth centre was reviewed between April 2009 and October 2010 (excluding the period when services were suspended). During this period there were a total of 202 births at the birth centre. Of these births, the majority (197) were births to mothers who were North Test Valley residents, 19 were to mothers who were residents from other Test Valley wards and 5 were to mothers whose usual residence was not in Test Valley. Amongst the North Test Valley wards, Alamein (45), St. Mary's (38), Harroway (26), Millway (23) and Winton (23) accounted for some of the wards with the highest number of births at the Andover birth centre (Table 5).

Table 5 - Births in the Andover birth centre, December 2009 to April 2010

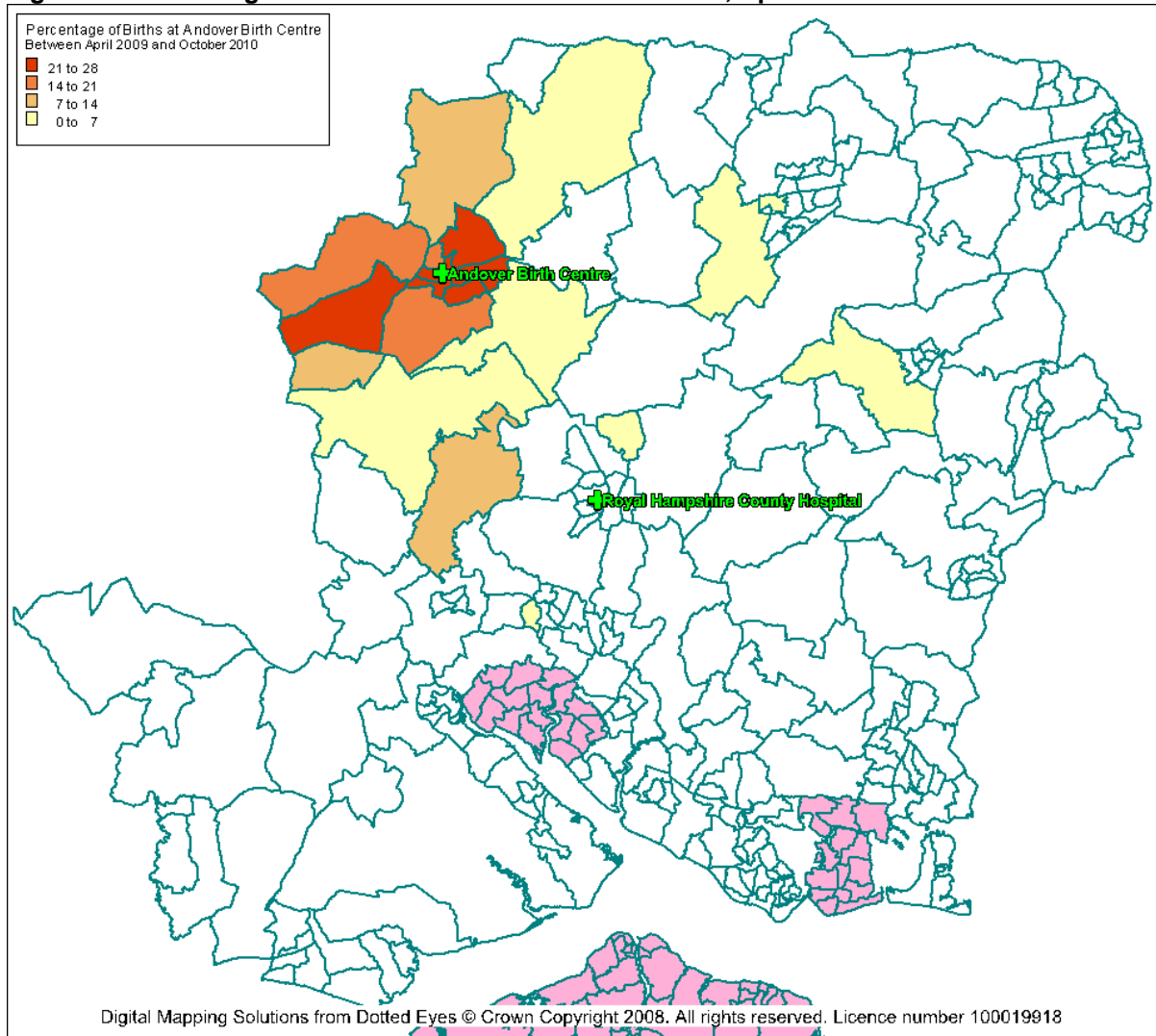
	Mother's usual residence	Number of births
Basingstoke and Deane		3
East Hampshire		1
Winchester		1
North Test Valley	Alamein	45
	Anna	9
	Harroway	26
	Millway	23
	Penton Bellinger	14
	St Mary's	38
	Winton	23
Other Test Valley wards (max 4 in any ward)		19
Grand Total		202

Source: ONS, NHS Hampshire Monthly Public Health Birth File

Figure 4 graphically depicts these figures as percentages and also demonstrates reasonable geographical access to the obstetric-led unit at the Royal Hampshire County Hospital.

¹⁵ONS Mid -2009 population estimate

Figure 4 – Percentage of births at the Andover Birth Centre, April 2009- October 2010



Source: ONS, NHS Hampshire Monthly Public Health Birth File

Birth figures for previous years were also reviewed from recent Winchester and Eastleigh Healthcare NHS Trust reports on the Andover birth centre:

2007/08 – a total of 233 births of which 15 were home births

2008/09 – a total of 231 births of which 19 were home births

2009/10 – a total of 177 births of which 38 were home births (lower due to the temporary suspension of inpatient services).

These figures suggest that the number of births at the birth centre has remained broadly the same as previous years – on average four per week. This is despite concerted efforts to market the facility as an alternative to the acute hospital for low risk births and encourage more women to deliver there.

The review of births and Trust reports indicate that inpatient and birth activity levels at the Andover birth centre are low and that the centre is not operating at full capacity. Providing 24 hours access to care and advice means that it must be

staffed by senior, experienced midwives, who are a scarce resource, to ensure a safe service.

To assess future demand on the centre, the impact of future population trends is explored. Based on Hampshire County Council estimates¹⁶ the 2009 population of Andover is forecast to grow by about 1,207 people to 38,735 by 2016 (3% growth). The population in the settlement of Andover is expected to grow, whilst the surrounding rural areas are likely to remain static or experience a fall in population. The wards of Alamein and St Mary's show the highest predicted increases in population in the borough with 24% and 17% change in population in the years up to 2016. At a district level, Test Valley's population is forecast to grow from 113,013 in 2009 to 118,672 by 2016 - by 5,659 people (5% growth) over seven years.

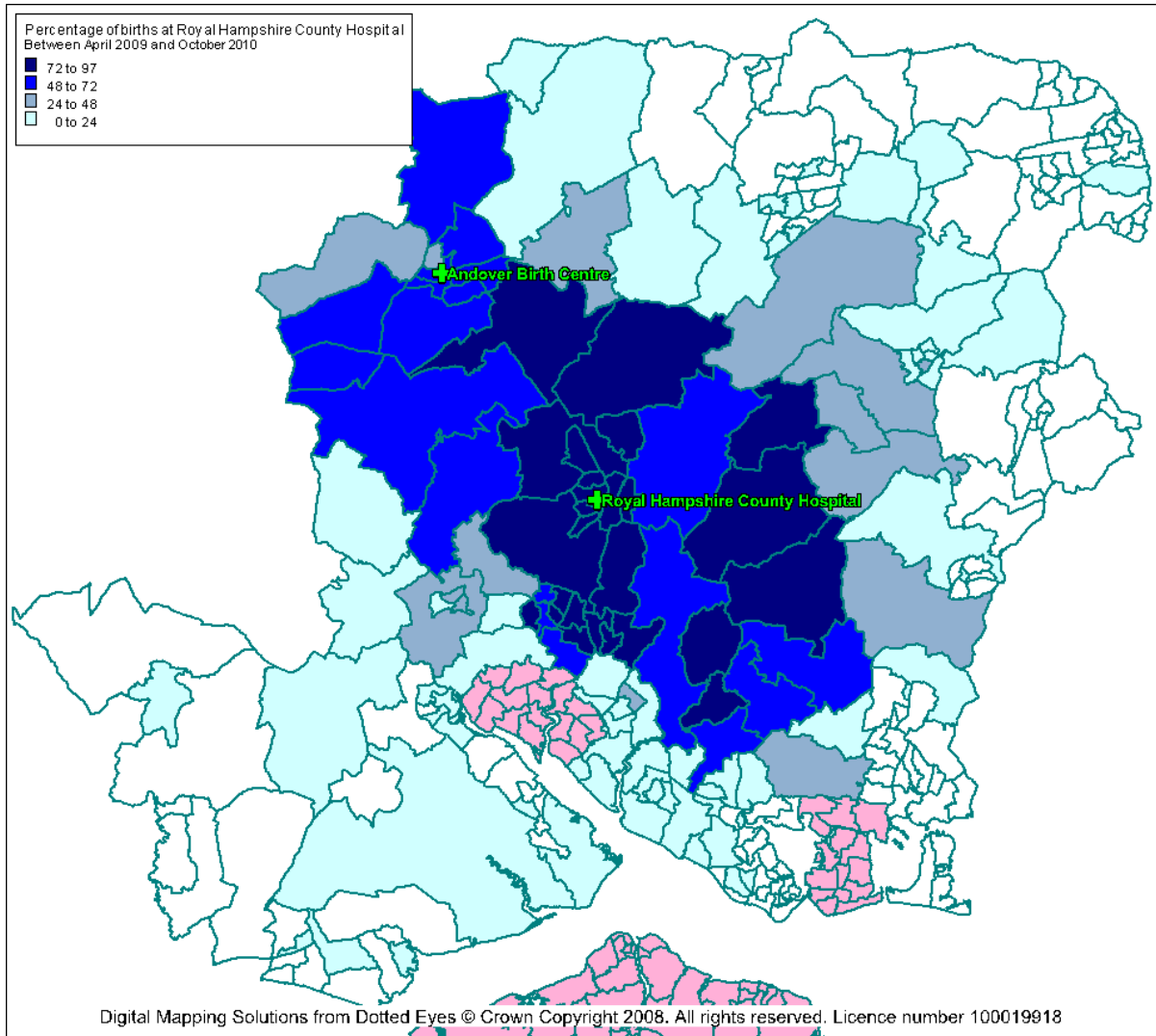
The influence of migration on birth projections in Test Valley is also considered. Migration has the effect of increasing births due to an increase in the young population. Andover has been designated a major development area (MDA) and earmarked for growth which would potentially result in in-migration. Significant housing developments are planned with more than 6,000 homes set to be built in and around Andover over the next 15 years.

As a result, the impact of future local growth, in-migration and development trends on birth projections for Andover does not suggest a substantial increase in the number of births for Andover.

Figure 5 shows the percentage of births in the Royal Hampshire County Hospital mapped by catchment area during the same period. There were a total of 2,927 births and of these births, 592 (20%) births were to women who were attached to the Andover locality. This further demonstrates that a substantial proportion of women from the Andover locality choose to access maternity services at Royal Hampshire County Hospital as a place of birth, despite the presence of the local Andover Birth Centre. However, some of these births would have occurred during the closure of the birth centre.

¹⁶ Source: Hampshire County Environment Department's 2009 based Small Area Population Forecasts

Figure 5 - Percentage of births at the Royal Hampshire County Hospital, April 2009-October 2010



Source: ONS, NHS Hampshire Monthly Public Health Birth File

Home births

In 2009, only 3.4 per cent of all women giving birth in Hampshire gave birth at home. This represents a small decrease from 3.8 per cent in 2008. Over the past ten years the percentage of women giving birth at home in Hampshire has risen. After an initial period of relative stability between 2000 and to 2004, there has been a year-on-year increase in the home birth rate. Nationally the homebirth rate is 2.7%.

Table 6 presents information on home birth rates by local authority area in Hampshire and shows that there is variation in the accessing home birth depending on where a childbearing woman lives. The highest rate of home births is in Winchester (6.1%), followed by Eastleigh (4.7%), Test Valley (4.6%) and Hart (4.2%). Gosport and Fareham reported the lowest home birth rates in their areas, with 1.9% and 2.3%. High home birth rates in these areas may be a reflection of patient choice and provision by the Royal Hampshire County Hospital maternity unit in this area. Low home birth rates suggest that the choice of access to a home birth may not be available to these women or the recent controversy around the safety of home births.

Table 6 - Percentage of home births by local authority area

Local Authority Area	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Basingstoke and Deane	1.8	1.6	2.2	2.1	2.4	2.6	3.9	2.7	2.9	3.3
East Hampshire	3.2	2.9	1.5	2.6	2.3	3.9	5.3	4.2	3.7	3.3
Eastleigh	3.3	4.7	3.9	4.1	5.2	5.9	5.0	4.5	5.8	4.7
Fareham	1.9	2.1	1.9	1.9	1.3	2.7	4.5	3.5	2.8	2.3
Gosport	2.3	1.7	2.4	2.5	1.7	3.1	2.0	2.2	2.8	1.9
Hart	3.4	3.0	3.2	2.3	3.3	3.6	2.9	3.4	3.5	4.2
Havant	2.7	2.9	2.3	1.8	2.6	3.4	5.2	4.4	3.8	2.9
New Forest	2.6	2.1	3.1	2.7	3.3	3.3	3.4	4.4	3.8	3.8
Rushmoor	2.3	2.2	2.3	2.6	2.1	2.3	2.2	3.2	3.2	3.2
Test Valley	2.2	1.4	2.6	2.8	2.3	3.1	2.5	3.6	4.4	4.6
Winchester	3.5	3.8	4.2	6.3	4.7	7.4	6.1	6.4	5.8	6.1
Hampshire	2.7	2.7	2.8	2.9	2.9	3.6	3.9	3.8	3.8	3.4
SOUTH EAST		2.7	2.9	2.9	3.0	3.4	3.6	3.8	3.9	3.6
ENGLAND	2.1	2.0	2.1	2.2	2.2	2.5	2.7	2.8	2.8	2.7

Source: ONS. The NHS Information Centre for health and social care. © Crown Copyright.

Birth projections for Hampshire

Knowing how the number of births is due to change in the future helps to forecast potential service use. The latest aggregated birth projections (2010 to 2033) for Hampshire show a slower, but ongoing increase in delivery numbers until 2015 where they appear to plateau but then a possible decline from 2020. Birth projections in Hampshire follow the general trend for England and the South East. The graph below (Figure 6) illustrates what future birth projections in Hampshire are expected to look like, this is presented alongside predicted births for England and the South East.

Figure 6 - Birth projections for Hampshire

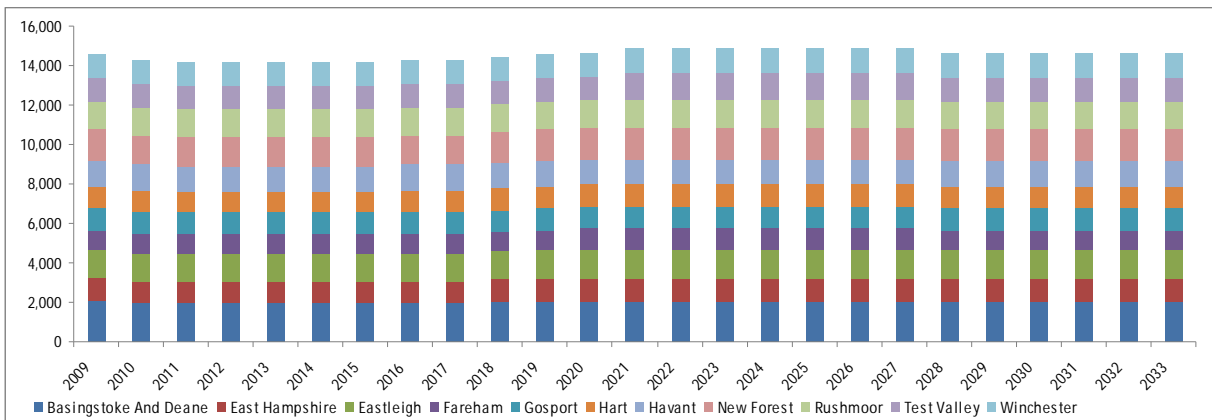


Source: ONS 2008-based Subnational Population Projections

Birth projections by local authority area

The picture for birth projections differs from one local authority area to another in terms of the numbers of births. However projections suggest that the number of births in most local authority areas will remain fairly stable in the coming years. Predicted future number of births to Hampshire mothers by local authority area is presented in figure 7.

Figure 7 – Predicted number of births to Hampshire mothers, 2009 to 2033



Source: ONS 2008-based Subnational Population Projections

Fertility

Total Fertility Rate (TFR)

The Total Fertility Rate (TFR) is the average number of live children a group of women would have if they experienced the age-specific fertility rates of the year in question throughout their childbearing lifespan. It provides an up-to-date measure of the current intensity of childbearing. Changes in timing of births may influence the TFR; for example if women are delaying childbearing to older ages the TFR may underestimate average family size. Fertility remains stable in Hampshire compared to national figures. The 2009 TFR in Hampshire and its local authority areas is presented in table 7. The fertility rates for 2009 give an average number of 2.02 children per woman in Hampshire which is an increase from 1.99 children per woman in 2008. This represents 0.06 more children per woman than the England and Wales value of 1.96.

Across Hampshire both the number of births and TFR vary. In all local authority areas the TFR is higher than the England and Wales value (1.96) except in Fareham, Hart and Winchester.

General Fertility Rate (GFR)

The General Fertility Rate (GFR) is the number of live births per thousand women aged 15–44. This age range is considered to be a woman's child-bearing lifespan. The General Fertility Rate (GFR) for Hampshire in 2009 was 61.7 live births per thousand women aged 15–44, an increase compared with 60.7 in 2008. Rushmoor had the highest GFR at 68.8 live births per thousand women aged 15-44, followed by Gosport (68.1), Havant (64.5) and Basingstoke and Deane (63.9). These four local authorities had GFRs higher than the England and Wales value.

Table 7 - Births and fertility by local authority area, 2009

Local authority area	Births	General Fertility Rate (GFR)	Total Fertility Rate (TFR)
Basingstoke and Deane	2,093	63.9	1.98
East Hampshire	1,163	62.0	2.21
Eastleigh	1,475	62.4	1.97
Fareham	1,055	55.0	1.91
Gosport	1,059	68.1	2.1
Hart	1,040	60.7	1.91
Havant	1,310	64.5	2.15
New Forest	1,620	57.7	1.97
Rushmoor	1,397	68.8	2.06
Test Valley	1,247	60.9	2.09
Winchester	1,182	56.3	1.16
Hampshire	14,641	61.7	2.01
SOUTH EAST	103,669	62.6	1.97
ENGLAND	671,058	63.8	1.96

Source: ONS. Data as at 26th October 2010.

Population of childbearing women

Table 8 shows how populations of childbearing women are distributed around the local authority areas of Hampshire. Basingstoke and Deane (33,000), the New Forest (28,000) and Eastleigh (24,000) have the highest numbers of women of childbearing age defined as those women from ages 15 to 44.

Table 8 - Proportion of childbearing women by Hampshire local authority area

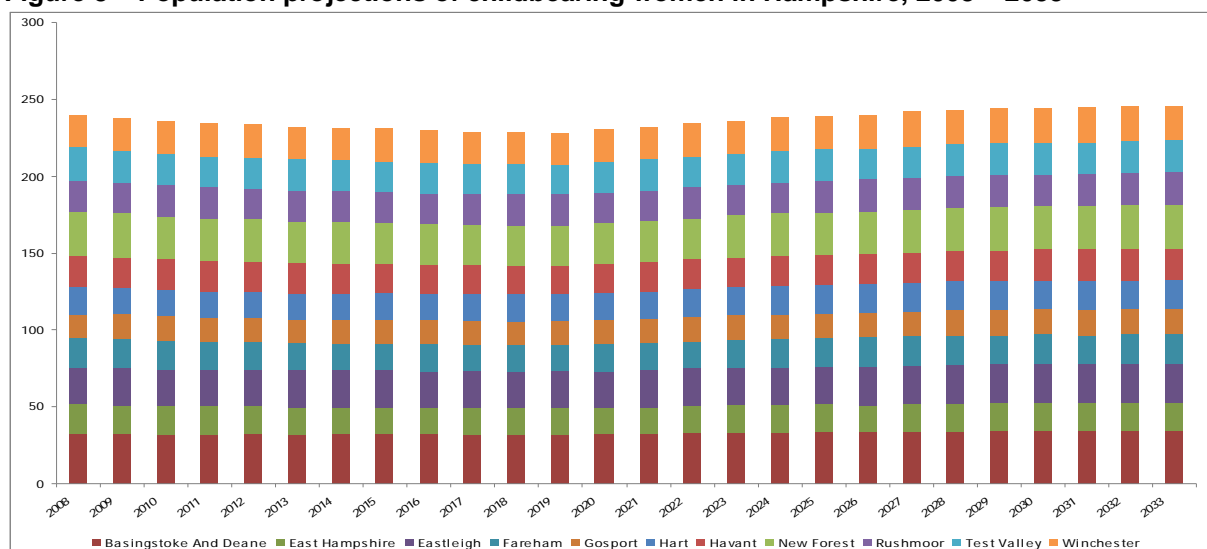
Local authority area	2008		2009		2010	
	N (in 1000s)	%	N (in 1000s)	%	N (in 1000s)	%
Basingstoke and Deane	33	13.8	33	13.9	33	13.9
East Hampshire	19	7.9	19	8.0	18	7.6
Eastleigh	24	10.0	24	10.1	24	10.1
Fareham	19	7.9	19	8.0	19	8.0
Gosport	16	6.7	16	6.7	16	6.7
Hart	18	7.5	17	7.1	17	7.2
Havant	21	8.8	20	8.4	20	8.4
New Forest	28	11.7	28	11.8	28	11.8
Rushmoor	21	8.8	21	8.8	20	8.4
Test Valley	21	8.8	21	8.8	20	8.4
Winchester	21	8.8	21	8.8	21	8.9
Hampshire	239.7	100.0	237.8	100.0	237.2	100.0
SOUTH EAST	1,657		1,656		1,655	
ENGLAND	10,540		10,530		10,521	

Source: ONS 2008-based Subnational Population Projections

Population projections of childbearing women

Population projections of the numbers of childbearing women (15-44) in Hampshire's local authority areas suggest that in general they will remain fairly stable.

Figure 8 – Population projections of childbearing women in Hampshire, 2008 – 2033

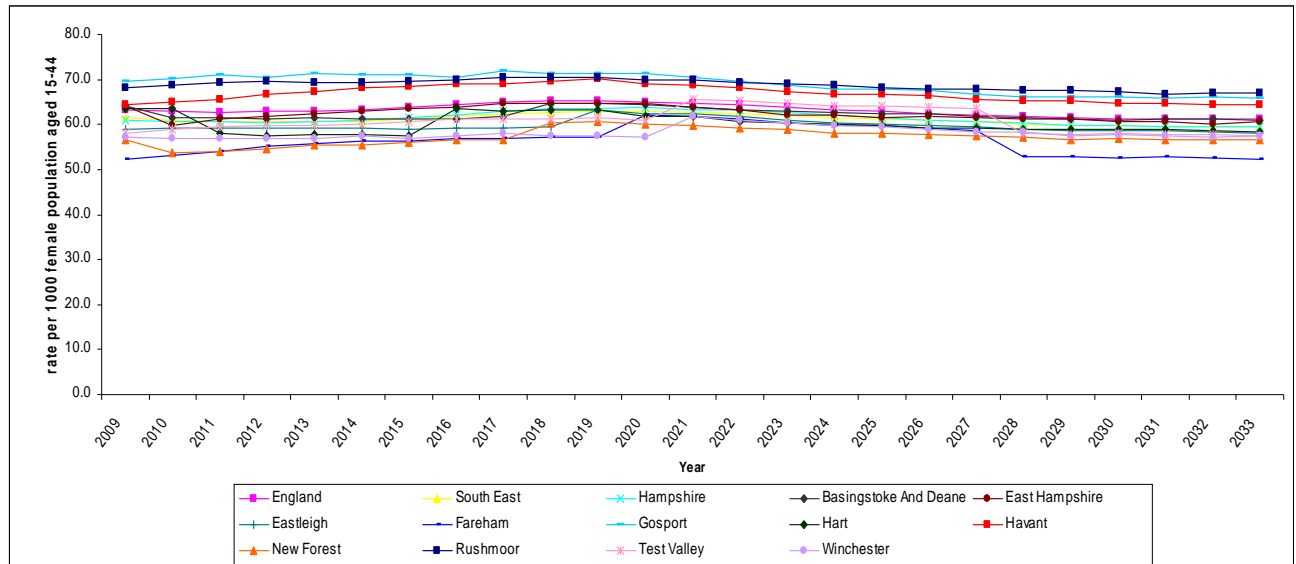


Source: ONS 2008-based Subnational Population Projections

General Fertility Rate projections

General fertility rate projections for Hampshire are presented in figure 9 and show a slower, but ongoing increase in the GFR for future years. Rushmoor, Gosport and Havant will continue to experience high GFRs.

Figure 9 - Predicted general fertility rates by local authority area, 2009 to 2033



Source: ONS 2008-based Subnational Population Projections

Rising birth rates are influenced by migration. A recent HPA report¹⁷ on the health needs of migrants in the South East highlights the important part migration plays on birth projections and challenges facing maternity and health visitor services. 85% of migrants are between 15-44 years and foreign born women, who generally have higher fertility than their UK born counterparts, are making up an increasing share of the childbearing population. For Hampshire this may be attributed to the influx of foreign born women of reproductive age from A8 countries and recent changes to immigration rights of Nepali Gurkhas. Women born outside the UK tend to have a higher TFR than UK born women. In 2009 the estimated TFR for foreign born women was 2.48 children per woman, compared with 1.84 for UK born women¹⁸.

Looking to the future, the contribution of foreign born women to the numbers of births in Hampshire is not straightforward to assess, since assumptions need to be made about future levels of in-migration, out-migration and fertility.

The impact of the recent economic downturn on future fertility represents a further 'unknown'. Theories on the direct impacts of economic recession on fertility point potentially to both upward and downward impacts. For example, some people may choose to delay childbearing or limit family size due to financial uncertainty. Conversely, others may choose to start or expand a family if they are unable to gain satisfactory employment. These impacts may vary by age and other characteristics (*ONS Fertility article*).

¹⁷ Health Protection Agency, Department of Health. Understanding the health needs of migrants in the South East region: A Report by the South East Migrant Health Study Group on behalf of the Department of Health. Health Protection Agency, 2010

¹⁸ Source: Office for National Statistics, Birth registrations and Annual Population Survey, 2010

Age pattern of fertility

The age at which women have their children has been getting older for some time. Many women now have their children in their late 30's and 40's. Across Hampshire 27% of births in 2009 were to women aged 35 or older, compared to 24% nationally. The average (mean) age for giving birth in Hampshire was 29.4 in 2009.

Teenage conceptions

Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birth weight which impacts on the child's long-term health. Teenage mothers are 3 times more likely to suffer from post-natal depression and experience poor mental health for up to 3 years after the birth. Teenage parents and their children are at increased risk of living in poverty.

The national target is to reduce the under-18 conception rate by 50% by 2010. This is measured by the percentage change in the rate of conceptions per 1,000 girls aged 15-17 years compared with the 1998 baseline rate.

In Hampshire the 2007/09 provisional rolling three year under-18 conception rate was 31.5 per 1000 15-17 year old females, which is a 5.8% reduction since the baseline in 1998/2000. This is Hampshire's lowest conception rate since the 1998 base line. The teenage conception rate in Hampshire is lower than the national rate of 40.2 per 1000.

The 2007-09 provisional rolling three year under-18 rate shows a mixed picture for Hampshire at a local authority level. Table 9 provides local authority level information, including a comparison with the 2006-08 rolling three year rates. The local authorities with the highest under-18 conception rates (Gosport, Havant, Rushmoor and Basingstoke and Deane) had decreases whereas Eastleigh and Test Valley had increases in under-18 conception rates. East Hampshire, Eastleigh, Gosport, Test Valley, Winchester have higher rates than they did in 1998/00. This analysis helps focus prevention work across the county.

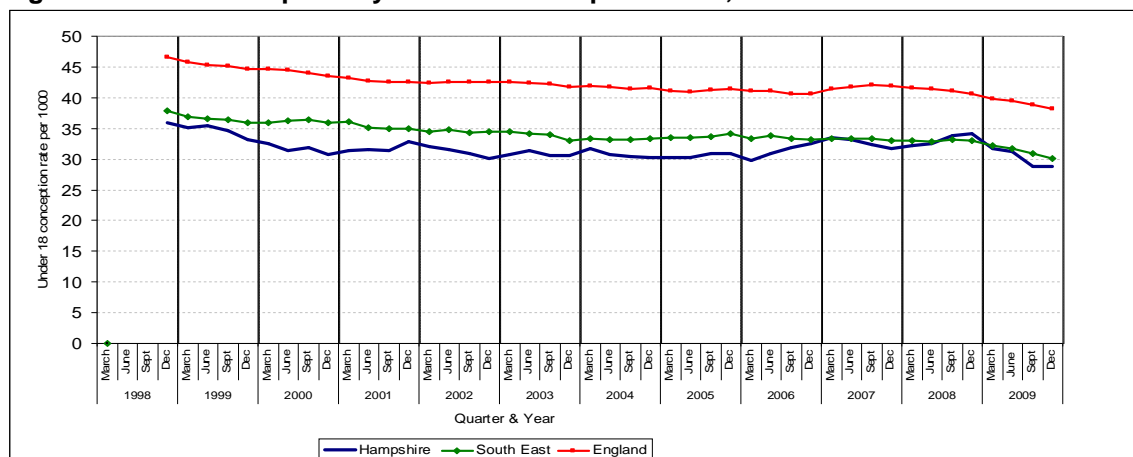
Table 9 – Local authority area level information for conception rates

Local authority area	2006-08 rate	2007-09 rate	% change in rate 1998-00 to 2007-09
Basingstoke and Deane	36.4	34.0	-6.6%
East Hampshire	26.0	24.5	6.7%
Eastleigh	31.3	33.9	17.7%
Fareham	29.6	28.9	-3.5%
Gosport	56.9	52.3	3.4%
Hart	19.7	18.5	-13.4%
Havant	42.5	41.7	-33.9%
New Forest	30.0	29.6	-9.7%
Rushmoor	41.2	33.4	-18.7%
Test Valley	31.8	33.1	10.3%
Winchester	21.4	20.9	0.4%
Hampshire	32.7	31.5	-5.8%

Source: ONS and Teenage Pregnancy Unit DfE

Figure 10 illustrates the trend in conception rates in Hampshire since 1998 and mirrors the general trend for England and the South East.

Figure 10 –Trends in quarterly under 18 conception rates, 1998- 4th Quarter 2009



Source: ONS and Teenage Pregnancy Unit DfE

Teenage terminations of pregnancy

Based on provisional data for 2007/09, 50% of teenage conceptions end in termination of pregnancy at a national level. For the South East region 51% of teenage conceptions ended in terminations. In Hampshire 52% of teenage conceptions ended in terminations of pregnancy. Table 10 presents the under-18 termination rate at local authority level. The percentage of teenage conceptions ending in termination of pregnancy ranges from 44% in Gosport to 66% in Fareham. Young women in areas of high teenage pregnancy and high deprivation are more likely to continue with their pregnancy rather than choose a termination. More teenage conceptions in Hampshire are ending in terminations of pregnancy in 2007/09 compared to 1998/00 when the baseline began. This shows that whilst there is improved good access to termination of pregnancy services, the Hampshire Teenage Pregnancy Partnership can do more to address Sex & Relationship Education (SRE) and promotion and use of effective methods of contraception so that the overall percentage ending in termination of pregnancy can be reduced.

Table 10 – District level information for termination of pregnancy rates

District	2006-08 % leading to termination of pregnancy	2007-09 % leading to termination of pregnancy
Basingstoke and Deane	50%	48%
East Hampshire	52%	50%
Eastleigh	54%	54%
Fareham	64%	66%
Gosport	48%	44%
Hart	60%	54%
Havant	49%	50%
New Forest	53%	50%
Rushmoor	51%	50%
Test Valley	55%	55%
Winchester	60%	58%
Hampshire	53.2%	52.0%

Source: ONS and Teenage Pregnancy Unit DfE

The impact of how teenage parents play into the Andover Birth Centre scenario was not undertaken as part of this review.

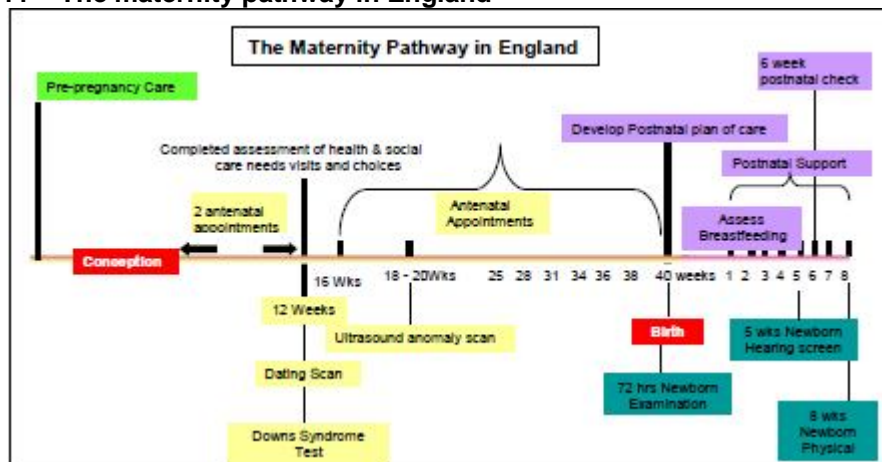
Maternity services

Maternity services cover care for women from when they become pregnant and access care to sign off by the midwife (usually around 10 days after the birth but can be up to 6 weeks postnatally). The components of maternity services are typically divided into the three stages of pregnancy, namely antenatal, intrapartum (birth) and post natal care. In addition, neonatal care can be seen as an extension of maternity care as the baby has not yet been discharged home. However, this review has not included neonatal care.

This is graphically presented in figure 11.

Maternity pathway

Figure 11 – The maternity pathway in England



Source: Shaping the Future - A Sustainable Maternity Workforce for South Central. August 2010

Maternity assessment

There is national expectation that all women should be able to access maternity services for a full health and social care assessment of needs, risks and choices by 12 completed weeks of their pregnancy. The assessment aims to provide them with personalised maternity care and improve the outcomes of their pregnancy. The percentage of pregnant women in Hampshire accessing maternity services within 12 weeks¹⁹ increased from 80.7% in June 2008 to 95.5% in June 2010. This compares favourably against the national figure²⁰ of 63% of women had their first antenatal assessment within the first completed 12 weeks of pregnancy. Migrants tend to feature as late presentations for 12-week bookings in maternity services (*HPA Migrant Health Report*).

Changing patterns of pregnancy place significant pressures on maternity services. These include older mothers, rising maternal obesity, more fertility treatment, leading to higher rates of multiple births and impacts on neonatal services, women with complex conditions needing extra care during pregnancy and childbirth and increasing ethnic diversity, leading to communication and other social and clinical challenges.

¹⁹ Source: The Hampshire Joint Strategic Needs Assessment (JSNA) 2010/11

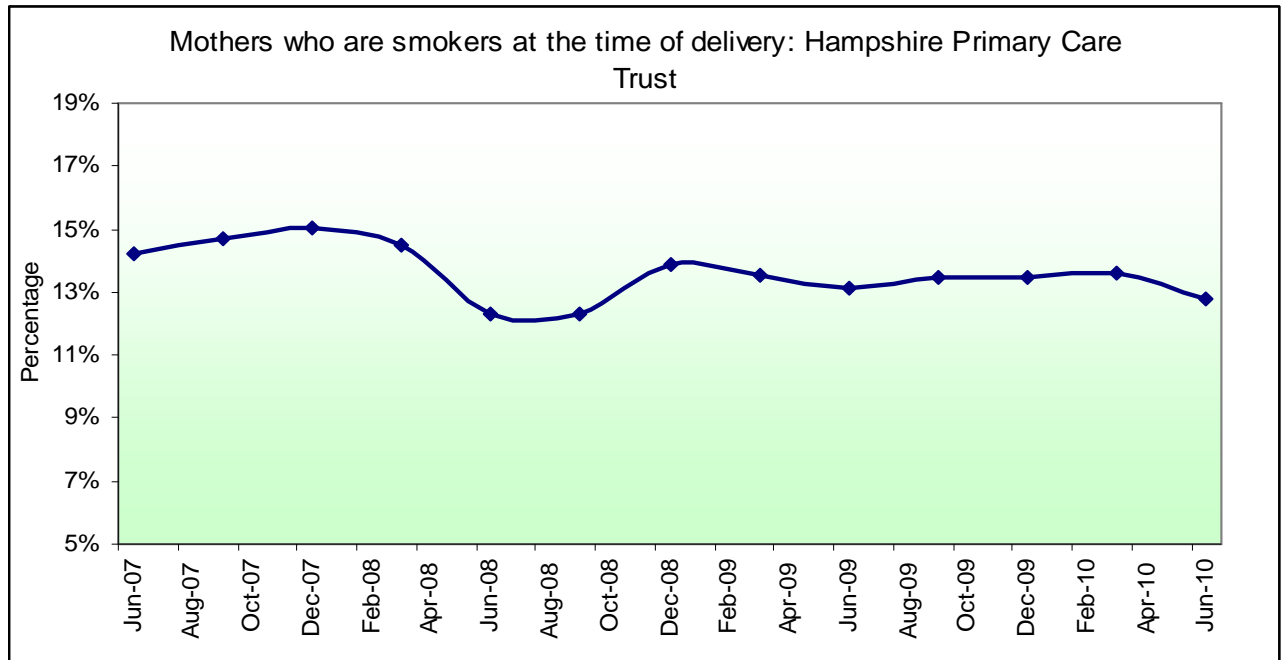
²⁰ <http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/maternity/nhs-maternity-statistics-england--2009-10>

Smoking during pregnancy

Smoking while pregnant has significant detrimental health effects on both mother and baby. Figure 12 illustrates quarterly data for the percentage of women who were smokers at the time of delivery, showing an increase at the end of 2008, followed by a steady decrease to 12.8% in June 2010, compared to the national average of 13.3%.

Improved maternity services supports meeting the Public Service Agreement (PSA) target - 'PSA08a on Smoking cessation': deliver a 1% point reduction per year in the proportion of women continuing to smoke throughout pregnancy, focusing especially on smokers from disadvantaged groups.

Figure 12 - Percentage of women who are smokers at the time of delivery



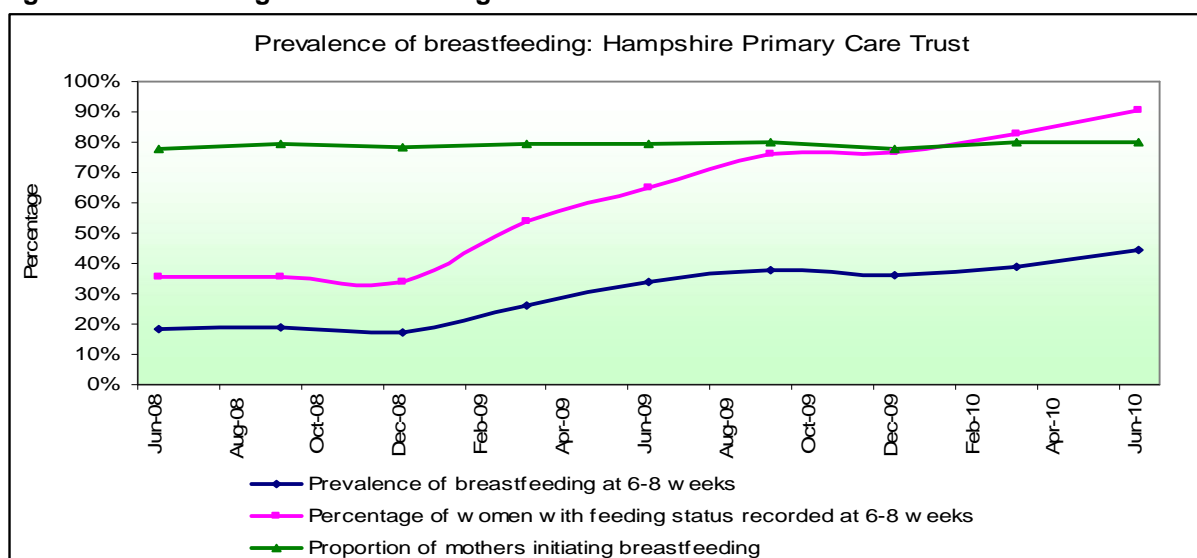
Source: The Hampshire Joint Strategic Needs Assessment (JSNA) 2010/11

Breastfeeding initiation and prevalence

The benefits of breastfeeding are well documented and include increased levels of immunity against infection and disease in infancy and throughout life; better growth and development; and reduced adult obesity. Figure 13 shows the trend in breastfeeding initiation and continuation over the last two years. This demonstrates that the percentage of Hampshire mothers initiating breastfeeding has remained relatively constant. Data recording systems for breast feeding at 6-8 weeks have improved over the last 2 years and we have reliable prevalence data from Q2 2010/11. This shows the Hampshire prevalence at 47.4% which compares favourably to the national average of 46.2% mothers breastfeeding at six to eight weeks. However, these rates are lower than the recommended good coverage of at least 85% and ideally 95% or more.

The Government has a commitment in the NHS Plan to increase support for breastfeeding as part of its strategy to reduce health inequalities and has set a PSA target - 'PSA06b – Breastfeeding': deliver an increase of 2% points per year in breastfeeding initiation rate, focusing especially on women from disadvantaged groups.

Figure 13 - Percentage of infants being breastfed



Source: The Hampshire Joint Strategic Needs Assessment (JSNA) 2010/11

Maternal obesity

Obesity in pregnancy carries significant additional risks for both mother and baby. There is no local data on the prevalence of maternal obesity in Hampshire. However, a recent Centre for Maternal and Child Enquiries (CMACE) study²¹ reported prevalence rates for maternal obesity (BMI ≥ 35). The UK prevalence rate of women with a BMI ≥ 35 at any time during pregnancy is 4.99%. The South Central Strategic Health Authority (SHA) at 5.66% had the second highest overall rate of women with a BMI ≥ 35 at any point during pregnancy. The East of England SHA at 6.23 % had the highest reported prevalence of obesity.

²¹ Centre for Maternal and Child Enquiries (CMACE). Maternal obesity in the UK: Findings from a national project. London: CMACE, 2010

Hospital activity

A breakdown of delivery activity by acute hospital from which NHS commissions services is presented in the following section. It has been mainly sourced from BirthChoiceUK Maternity Statistics²² and relates to 2009/10 data.

This includes:

- Inductions (Surgical and/or Drug induced),
- Caesarean Sections (Elective and Emergency),
- Instrumental Deliveries (Forceps and Ventouse),

There is wide variation in hospital activity in terms of induction, caesarean and instrumental rates, with higher than national average intervention rates in most acute Trusts. However, more recent local NHS data indicate performance improvement. The normal delivery rate in Hampshire PCT is 62.13%.

Table 11 – Basic hospital maternity statistics

Acute Hospital	Approx. Births/Year	Induction Rate	Caesarean Rate	Instrumental Delivery
Basingstoke and North Hampshire Hospital	3,000	19.70%	20.20%	13.20%
Frimley Park Hospital, Surrey	4,800	21%	24.80%	13.20%
Princess Anne Hospital, Southampton	6,400	21.40%	21.80%	17.40%
Queen Alexandra Hospital, Portsmouth	6,000	17.60%	28.20%	8.10%
Royal Hampshire County Hospital, Winchester	2,900	13.80%	27.40%	16.20%
Royal Surrey County Hospital, Guildford	3,200	24.9%	24.07%	19.9%
St Richards Hospital, Chichester	5,600	16.10%	28.00%	12.60%
Salisbury District Hospital	2300	20.4%	25.9%	13.8%
St. Mary's Maternity Hospital, Poole	2800	28.2%	29.1%	11%
England	652,377	20.80%	24.80%	12.40%

Source: BirthChoiceUK Maternity Statistics, 2010

Key:

Better than national average.	National average.	Worse than national average.
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Table 12 - Induction statistics

Maternity Unit	Births	Surgical	Drug	Both	Total Induction
Basingstoke and North Hampshire Hospital	3,000	1.90%	13.90%	3.80%	19.70%
Frimley Park Hospital, Surrey	4,800	2.60%	13.10%	5.40%	21.00%
Princess Anne Hospital, Southampton	6,400	2.90%	9%	9.40%	21.40%
Queen Alexandra Hospital, Portsmouth	6,000	5.80%	7.50%	4.30%	17.60%
Royal Hampshire County Hospital, Winchester	2,900	1.80%	8.10%	3.90%	13.80%
Royal Surrey County Hospital, Guildford	3,200	4.5%	16.5%	3.8%	24.9%
St Richards Hospital, Chichester	5600	2.2%	11.1%	2.8%	16.1%
Salisbury District Hospital	2300	2.7%	13%	4.6%	20.4%
St. Mary's Maternity Hospital, Poole	2800	6.4%	11.8%	9.9%	28.2%
England	652,377	4.80%	10.70%	5.40%	20.80%

Source: BirthChoiceUK Maternity Statistics, 2010

²² The Source of BirthChoiceUK Maternity Statistics is The Information Centre for health and social care, Maternity Statistics, England: 2009-10. Statistical Bulletin 2010. HES maternity data

Table 13 - Instrumental delivery statistics

Acute Hospital	Births	Ventouse	Forceps	Total Instrumental
Basingstoke and North Hampshire Hospital	3,000	4.20%	9.10%	13.20%
Frimley Park Hospital, Surrey	4,800	-	-	13.20%
Princess Anne Hospital, Southampton	6,400	4.60%	12.80%	17.40%
Queen Alexandra Hospital, Portsmouth	6,000	3.50%	4.60%	8.10%
Royal Hampshire County Hospital, Winchester	2,900	7%	9.20%	16.20%
Royal Surrey County Hospital, Guildford	3,200	15%	5%	19.9%
St Richards Hospital, Chichester	5600	7%	5.6%	12.6%
Salisbury District Hospital	2300	3.5%	10.3%	13.8%
St. Mary's Maternity Hospital, Poole	2800	3.2%	7.9%	11%
England	652,377	6.30%	6.10%	12.40%

Source: BirthChoiceUK Maternity Statistics, 2010

Caesarean section rates

The latest 2009/10 NHS Maternity Statistics show that the caesarean section rate as a percentage of all deliveries for Hampshire PCT is 23.89%. The national caesarean section rate was higher at 24.8 % in 2009-10. There is no agreed optimum rate. About 40% of caesarean sections are elective and planned and 60% are carried out as an emergency.

Information from the NHS Atlas of Variation in Healthcare, November 2010 suggests that for the rate of expenditure on caesarean section (without complications) per 1,000 population by PCT, Hampshire lies in the middle quintile nationally²³. Quintiles in the Atlas were calculated by first ranking the data values from highest to lowest then splitting the values into five ranges (quintiles). Each quintile includes a range of values that is within each fifth of the cumulative total of all the values.

Hospital level analysis of caesarean delivery rates are presented in table 14²⁴

Table 14 - Caesarean delivery statistics

Acute Hospital	Births	Elective Caesarean	Emergency Caesarean	Total Caesarean
Basingstoke and North Hampshire Hospital	3,000	7.50%	12.70%	20.20%
Frimley Park Hospital, Surrey	4,800	12.7%	12.10%	24.80%
Princess Anne Hospital, Southampton	6,400	6.70%	15%	21.80%
Queen Alexandra Hospital, Portsmouth	6,000	9.80%	18.40%	28.20%
Royal Hampshire County Hospital, Winchester	2,900	11.60%	15.90%	27.40%
Royal Surrey County Hospital, Guildford	3,200	12%	12.7%	24.7%
St Richards Hospital, Chichester	5600	10.7%	17.3%	28%
Salisbury District Hospital	2300	9.7%	16.2%	25.9%
St. Mary's Maternity Hospital, Poole	2800	12%	17.1%	29.1%
England	652,377	10%	14.80%	24.80%

Source: BirthChoiceUK Maternity Statistics, 2010

²³ http://www.rightcare.nhs.uk/atlas/qipp_nhsAtlas-LOW_261110c.pdf

²⁴ <http://www.birthchoiceuk.com/BirthChoiceUKFrame.htm?>

There is wide variation in caesarean section rates from different providers. It is above the national rate (24.8%) in five providers, St. Mary's Hospital Poole (29.1%), Queen Alexandra Hospital (28.2%), St Richards Hospital (28%), the Royal Hampshire County Hospital (27.4%) and Salisbury District Hospital (25.9%). This is not reflective of the population need or in the best interests of women and their babies.

Updated local NHS Hampshire purchased caesarean section activity is presented in table 15 and show that the rates in Hampshire vary between providers. It shows that caesarean section rates from NHS Hampshire's main providers, Basingstoke and North Hampshire Hospital (14.5%), Princess Anne Hospital, Southampton (21.5%) and Frimley Park Hospital, Surrey (20.5%) are mostly below the national rate except for Queen Alexandra Hospital, Portsmouth (26.3%) and Royal Hampshire County Hospital, Winchester (25.7%). Some of these providers have very small numbers of births and so these figures need to be interpreted with caution.

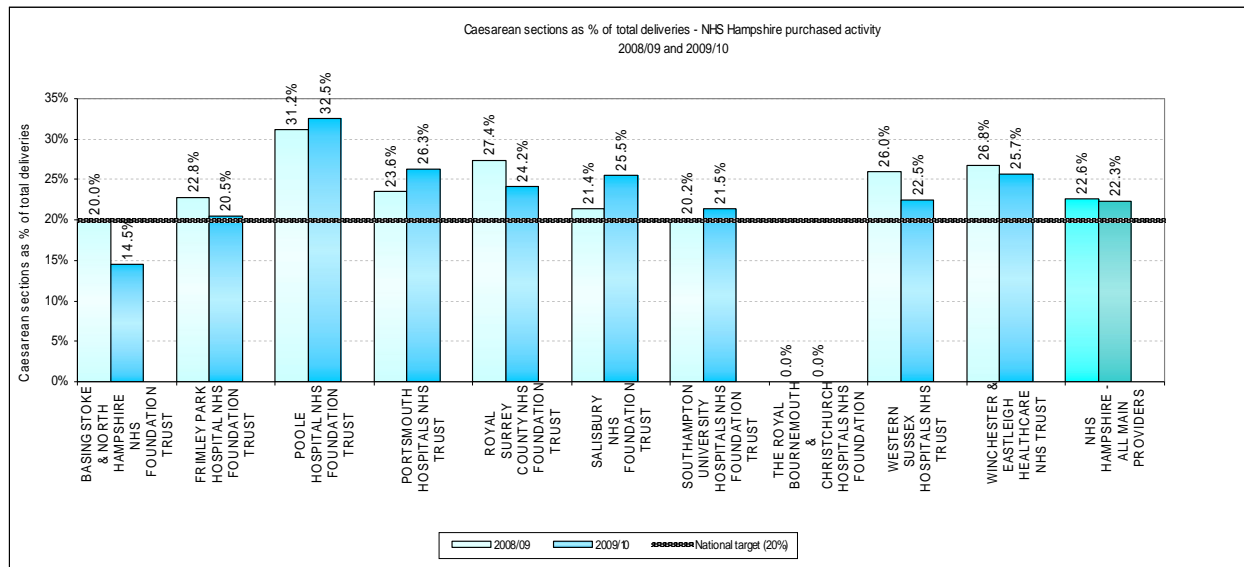
Table 15 – Caesarean section rates by main NHS provider, November 2010

CAESAREAN SECTION RATES AT MAIN PROVIDERS - NHS HAMPSHIRE		09/10 Q1	09/10 Q2	09/10 Q3	09/10 Q4	09/10
BASINGSTOKE & NORTH HAMPSHIRE NHS FOUNDATION TRUST	C-sections	94	89	89	72	344
	Deliveries	612	583	596	576	2,367
	% C-sections	15.4%	15.3%	14.9%	12.5%	14.5%
FRIMLEY PARK HOSPITAL NHS FOUNDATION TRUST	C-sections	120	116	99	98	433
	Deliveries	519	575	511	507	2,112
	% C-sections	23.1%	20.2%	19.4%	19.3%	20.5%
POOLE HOSPITAL NHS FOUNDATION TRUST	C-sections	6	10	4	7	27
	Deliveries	21	23	17	22	83
	% C-sections	28.6%	43.5%	23.5%	31.8%	32.5%
PORTSMOUTH HOSPITALS NHS TRUST	C-sections	188	210	210	221	829
	Deliveries	745	831	764	816	3,156
	% C-sections	25.2%	25.3%	27.5%	27.1%	26.3%
ROYAL SURREY COUNTY NHS FOUNDATION TRUST	C-sections	16	13	20	24	73
	Deliveries	69	75	79	79	302
	% C-sections	23.2%	17.3%	25.3%	30.4%	24.2%
SALISBURY NHS FOUNDATION TRUST	C-sections	17	13	14	20	64
	Deliveries	69	48	60	74	251
	% C-sections	24.6%	27.1%	23.3%	27.0%	25.5%
SOUTHAMPTON UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	C-sections	115	134	132	121	502
	Deliveries	559	637	580	562	2,338
	% C-sections	20.6%	21.0%	22.8%	21.5%	21.5%
THE ROYAL BOURNEMOUTH & CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	C-sections	0	0	0	0	0
	Deliveries	4	3	3	0	10
	% C-sections	0.0%	0.0%	0.0%	0.0%	0.0%
WESTERN SUSSEX HOSPITALS NHS TRUST	C-sections	33	35	25	13	106
	Deliveries	139	122	116	95	472
	% C-sections	23.7%	28.7%	21.6%	13.7%	22.5%
WINCHESTER & EASTLEIGH HEALTHCARE NHS TRUST	C-sections	163	186	163	173	685
	Deliveries	661	705	670	625	2,661
	% C-sections	24.7%	26.4%	24.3%	27.7%	25.7%
NHS HAMPSHIRE - ALL MAIN PROVIDERS	C-sections	752	806	756	749	3,063
	Deliveries	3,398	3,602	3,396	3,356	13,752
	% C-sections	22.1%	22.4%	22.3%	22.3%	22.3%

Source: Extract from NHS Hampshire Inpatients HRG4 Cognos Cube, 10/01/2011

Comparison of caesarean section rates in 2008/09 and 2009/10 at a provider level is illustrated in figure 14

Figure 14



Source: Extract from NHS Hampshire Inpatients HRG4 Cognos Cube, 10/01/2011

Workforce

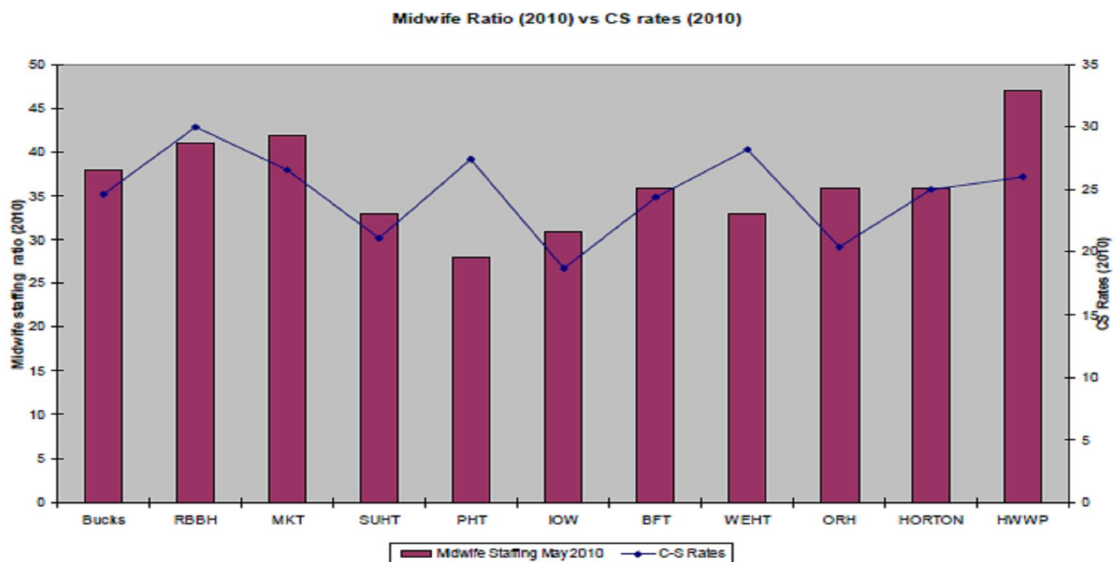
Maternity workforce information is presented at a South Central level and has been mainly sourced from 'Shaping the Future - A Sustainable Maternity Workforce for South Central. August 2010'. The maternity workforce consists of midwives, obstetricians, maternity support workers (MSWs), anaesthetists and other support staff (including hotel services and administrative staff. As well as deliveries maternity services provide antenatal and postnatal contacts the majority of which occur in community settings (GP practices, Children's Centres and women's homes)

Midwives

Safer Childbirth outlined the Royal College's recommended staffing levels for maternity units; NHS South Central adopted a 1:30 midwife-to-birth ratio as a standard. These ratios enable calculation of workforce demand for midwives based on levels of activity. In terms of midwifery staffing, the only reliable national tool for calculating appropriate staffing levels is Birth-rate Plus. This suggests that for national planning purposes a ratio of 29.5 births per midwife should be used to calculate staffing levels. The Birthrate Plus Midwifery Workforce Planning system is based upon the principle of providing one to one care during labour and delivery to all women with additional midwife hours for women in the higher clinical need categories.

Figure 15 shows staffing ratios across the South Central region which range from 25:1 to 45:1, with the average being 35:1, a birth to midwife ratio in excess of the Birth-rate Plus recommendations.

Figure 15 – Midwife staffing ratio



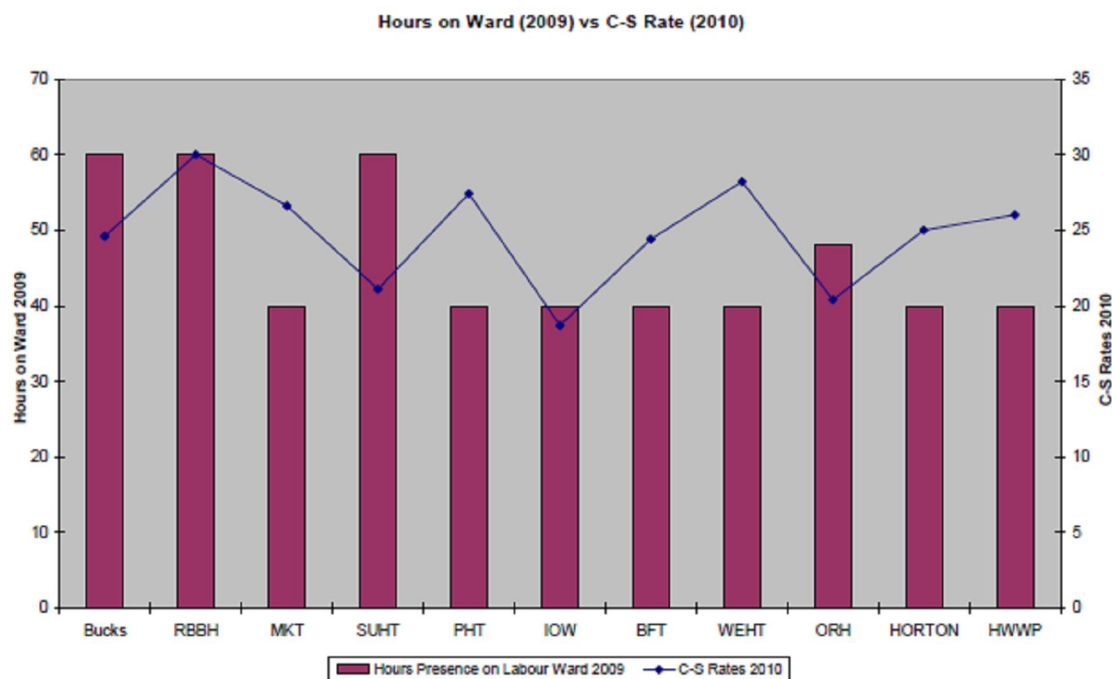
Source: Shaping the Future - A Sustainable Maternity Workforce for South Central. August 2010
The number of registered midwives per 1000 births in Hampshire PCT is 26.14²⁵.

²⁵ Workforce: Annual workforce census, Births: Clinical and Health Outcomes Knowledge Base

Obstetricians

Safer Childbirth (RCOG/RCM 2007) recommended minimum obstetric staffing levels for care during labour. Units delivering over 6000 births per year are required to have 168 hours of consultant presence on labour ward each week, whilst units delivering between 2500 and 6000 should have 60 hours of cover and units delivering less than 2500 should undertake risk assessments to determine whether 40 hour cover could be sustained and warranted. Figure 16 illustrates the achievement of the 60-hour presence across providers in South Central. None of the providers in NHS Hampshire met the 60-hour cover. There is an association between higher consultant staffing levels and lower still birth rates and lower caesarean section rates.

Figure 16 – Obstetric staffing



Source: Shaping the Future - A Sustainable Maternity Workforce for South Central. August 2010

The number of obstetrics and gynaecology consultants per 1000 births in Hampshire PCT is 1.98.²⁶

Maternity Support Workers (MSWs)

Work to guide the development of the size of the MSW workforce is currently being undertaken by NHS South Central. This includes the development of a competency framework.

²⁶ Workforce: Annual workforce census, Births: Clinical and Health Outcomes Knowledge Base

Governance

Compliance with the UNICEF baby friendly initiative –

The Royal Surrey County Hospital, Guildford and St Richards Hospital, Chichester, are two acute hospitals from which NHS commissions maternity services that are fully accredited as Baby Friendly. This requires full implementation of the ‘Ten Steps to Successful Breastfeeding’, assessed by a Baby Friendly Initiative assessment team using standard criteria. Maternity Units at Frimley, Basingstoke, Winchester and Portsmouth have committed resources to become “Baby Friendly Initiative” accredited and are making good progress.

Women’s experiences of maternity care in England: Key findings from the 2010 NHS trust survey

The 2010 Care Quality Commission (CQC) survey was conducted between April 2010 and August 2010. It was based on responses of women who gave birth in February 2010 and had recently used maternity services. It relates directly to care provided by the acute trust. The survey covered different aspects of the care they received during their pregnancy, labour and birth, and in the weeks following the birth of their baby. Each NHS acute trust received scores out of 10, based on the responses given by the women using their maternity services. A higher score is better.

Results on the performance of each NHS acute trust from which NHS Hampshire commissions maternity services is detailed in table 16. Overall, women reported improvements in their care since the 2007 survey. However, the survey still highlights the need for changes in postnatal care in particular support for breast feeding and the early detection of significant emotional or psychological changes experienced during the postnatal period.

Table 16 – CQC Summary scores by main NHS acute Trusts, 2010

Aspects of the care received	Portsmouth Hospitals NHS Trust	Winchester and Eastleigh Healthcare NHS Trust	Basingstoke and North Hampshire NHS Foundation Trust	Southampton University Hospitals NHS Trust	Frimley Park Hospital NHS Trust	Western Sussex Hospitals NHS Trust	Poole Hospital NHS Foundation Trust	Salisbury NHS Foundation Trust	Royal Surrey County Hospital NHS Foundation Trust	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
Care during pregnancy (antenatal care) - [Questions on: Choice of home birth, Reason for dating scan, Reason for Down's syndrome screening, Reason for 20 week scan]	8.4	8.8	8.4	8.9	8.5	8.5	8.6	8.8	8.5	9.4
Labour and birth - [Questions on: Moving during labour, Pain relief during labour and birth, Time taken for stitches, Skin to skin contact]	7.4	7.5	7.9	7.3	7.9	8	7.4	8.2	8	N/A
Staff during labour and birth - [Questions on: Confidence and trust, Partners or companions made welcome, Being left alone, Clear communication, Involvement in decisions, Overall care]	8.2	8.5	8.9	8.7	9.1	8.9	8.6	9	8.8	9.5
Care in hospital after the birth (postnatal care) - [Questions on: Length of hospital stay, Information and explanations, Kind and understanding care]	6.7	7	7.6	7.6	7.4	7.3	7.2	8	7.7	7.7
Feeding the baby during the first few days -[Questions on: Consistent advice, Active support]	5.9	5.4	6.3	6.5	6.4	6.3	6.1	7	6.2	6.2

Source: Care Quality Commission (CQC) survey of women's experiences of maternity services 2010

	Score better than scores for other trusts
	Score about the same as scores for other trusts
	Score worse than scores for other trusts

Maternity Service Liaison Committees

Maternity Service Liaison Committees (MSLCs) are a forum for maternity service users, providers and commissioners of maternity services to come together to design services that meet the needs of local women, parents and families. The MSLC is an independent advisory group whose role is to inform and influence the provision of maternity care to meet the local population needs.

In Hampshire the development of the MSLC has been well supported with three local committees representing:

- North Hampshire MSLC
- West Hampshire MSLC
- Portsmouth and South East Hampshire MSLC

They also work together as a core Hampshire MSLC which meets together thrice a year.

Recommendations

The provision of maternity services in Hampshire should reflect the women centred vision for maternity care set out in *Maternity Matters* by ensuring that: “Women are supported to have as normal a pregnancy and birth as possible, with medical interventions recommended only if they are of benefit to the woman or her baby.” This vision and the underlying principle that birth is a natural process should drive the development of maternity services in Hampshire that normalise birth.

- Focus on promoting the birth pathway through the ‘Normalising Birth programme’. The NHS Institute has produced a toolkit²⁷ designed to help maternity services review and assess their current practice in promoting normal birth and reducing Caesarean section rates.
- Concentrate on normalising birth. Increase the percentage of normal births and decrease the percentage of caesarean sections. This reflects both the national Vital Signs indicators and the potential QIPP savings. There is a need to reduce caesarean section rates in Hampshire which vary widely between providers.
- Better analytics around the true costs of birth centres and an understanding of the range of services offered within the centres
- Embed expectations around quality and performance and reduce variation in annual contracts with acute Trust providers.
- Need to improve our understanding of current arrangements for unscheduled care, with a view to exploring improved commissioning arrangements around models of care, including identifying improvement opportunities.
- Work with the provider to revise the current Birth Centre midwife-led service models to ensure a safe and effective, women-centred, economically viable, sustainable service model.
- Acute Trusts need to assess their services and use the findings from the Care Quality Commission’s (CQC) 2010 survey to target improvements and focus on the areas women have said are important, particularly during the postnatal period as they settle into family life.
- Ensure providers are utilising the SHA Maternity Workforce Framework, published August 2010 to assure safe sustainable services.
- Reverse the low home birth rate in Hampshire by improving choice and access to home birth for low-risk women through adequate staffing

²⁷

http://www.institute.nhs.uk/index.php?option=com_joomcart&Itemid=194&main_page=document_product_info&cPath=71&products_id=334&Joomcartid=icelaaaqohaneptr3jsgdqql0

- Address and highlight the ten key recommendations in response to the findings in the Centre for Maternal and Child Enquiries (CMACE) report - *Maternal obesity in the UK: Findings from a national project*. Implement the latest NICE public health guidance on weight management before, during and after pregnancy.
- Recognise the variability of populations in Hampshire and fluctuations that may be dictated by migration, fertility, the economic downturn and changing patterns of pregnancy
- Improve the intelligence to comprehensively describe the demography of migrants in the Hampshire. Maternity data recording of country of origin needs to be prioritised to help commissioners understand the changing demographics of local migrant groups and improve maternal health indicators.
- Share best practice

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