

Appendix One, Organisations in survey responses

Organisations represented among survey respondents
NHS
East Kent Hospitals
Kent
Health Profession Student
Student midwife
NCT
NCT Antenatal Student Teacher
EKHT
Yoga Nature and The Open Hand Project CIC
NCT Sittingbourne, Faversham & Sheppey / recent mum
Kent Community Health Trust
South East Coast Ambulance Service NHS Foundation Trust
NCT Antenatal Teacher
Health Care Worker
Canterbury City Council Health Scrutiny Panel
Ante-Natal Educator
Mum2mum BF group
Patient & Public Advisory Forum

Appendix Two, The Consultation Document

The complete consultation document can be found overleaf.

Maternity consultation

Supporting families during birth in east Kent

**HAVE
YOUR SAY**

14 October 2011 to
20 January 2012





Pull-out
survey
included

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Summary

Each year, almost 7,500 women give birth in east Kent. Our top priority is to ensure every woman and her baby has the best possible care we can deliver.

Delivering the best possible care means making sure all women have a high quality, safe service and a choice of how to give birth – and that our maternity services are sustainable for the future.

A rising birth rate and a changing pattern of where women are choosing to give birth mean we need to change the way our services are delivered. More and more women are choosing to give birth at the William Harvey Hospital in Ashford while the use of Canterbury and Dover Birth Centres is declining.

Before the temporary suspension of births at Dover and Canterbury, there were on average five births a week at Dover, seven at Canterbury, 56 at Margate and 70 at Ashford. However, our midwife to birth ratio doesn't reflect this. It varies from 1:9 in the birth units at Dover and Canterbury to 1:40 in the consultant-led unit at Ashford, which deals with the most complex pregnancies and births.

Current evidence suggests that a midwife to birth ratio of 1:28 allows one-to-one care in labour. One-to-one care means there is one midwife for every woman in active labour.

To maintain our high standards of quality and safety and ensure all our mothers continue to get one-to-one care in labour we have temporarily suspended births at Canterbury and transferred some of our midwives to the labour ward at Ashford.

This is a temporary solution and we need to find a more permanent one that reflects the choices women are making about where they give birth, meets the needs of the rising birth rate and makes the best use of our resources.

So, this year NHS Kent and Medway (your local primary care trusts) and East Kent Hospitals University NHS Foundation Trust (which provides maternity services) have been reviewing services.

Our Maternity Services Review Group has been consulting extensively with patients, parents and the public, plus community groups, midwives and GPs about their experience of maternity services.

All these comments and experiences have been taken on board and together with clinical evidence and national guidance we have come up with three

options for the future that we are asking for your views on. We've also been honest about what we think the solution is and given our reasons.

The Maternity Services Review Group's recommendation is to concentrate our resources at two hospitals – the William Harvey at Ashford and the Queen Elizabeth The Queen Mother Hospital at Margate. Our recommendation has the support of local GPs and the National Clinical Advisory Team.

This option would mean opening the new midwife-led centre at Margate and each site would have a midwife-led centre near a consultant-led centre.

We believe offering the choice of giving birth at two hospitals, with two midwife-led and two consultant-led centres, will provide the safest, fairest and most sustainable option for the long-term future. By changing services in this way, it will be possible to provide every woman with one-to-one care in labour as we will have the right mix of experienced doctors and midwives, in the right place, at the right time.

It also means parents have a choice about the type of birth they want – a home birth, a low intervention birth at a midwife-led unit or a consultant-led unit for those mums at higher risk of complications and who need extra support.

The Dover and Canterbury Birth Centres would no longer be open for births but would continue to offer all their current day and community services. The only change to postnatal care would be mothers would not be able to stay overnight.

Canterbury and Dover Births Centres are only suitable for women who are at a low risk of complications. This accounts for about 40 per cent of mothers at the start of their pregnancy and reduces to approximately 20 per cent towards the end of their term. Of those able to, just five per cent of women in east Kent go on to choose to give birth at these two centres. Therefore the change we are proposing means fewer than 400 mothers may have to travel a little further for a midwife-led service – but will mean an improved level of care and an even distribution of resources for all.

Please read this consultation document and fill out our survey on the centre pages. The deadline for your responses is 20 January 2012. Only after all responses have been received will our two organisations make the final decision.

Please be reassured that the wellbeing of mothers and their babies will be at the heart of our decision about how to design and deliver services.

This presents a real opportunity for us to reshape maternity services to achieve our ambition of a high quality, safe, fair and sustainable service that offers one-to-one care throughout labour to every woman and a choice of how they give birth.

Dr Sarah Montgomery
GP and Chair of the Joint Maternity Services Review

Dr Neil Martin
Medical Director, East Kent Hospitals University NHS Foundation Trust

What the choices are

The NHS in east Kent currently offers an excellent range of birth options including home birth, midwife-led and consultant-led maternity services.

Giving birth

The current choices of where a mother-to-be can give birth are:

- **At home**
- **Midwife-led birth centre at Buckland Hospital in Dover**
- **Midwife-led birth centre at Kent and Canterbury Hospital** (Births here are temporarily suspended but it continues to offer a full range of antenatal and postnatal care)
- **Midwife-led birth centre at William Harvey Hospital in Ashford** (The Singleton Unit is near the maternity centre)
- **Consultant-led maternity centre at William Harvey Hospital in Ashford**
- **Consultant-led maternity centre at the Queen Elizabeth The Queen Mother Hospital in Margate.**

There is also a new midwife-led centre at the Queen Elizabeth The Queen Mother Hospital in Margate which has not yet been opened. This is because there are insufficient midwives to expand the service in Margate and staff this centre.

Here we explain some of the differences:

Home birth

Women in east Kent who are medically fit and have a straightforward pregnancy can choose to give birth in the privacy of their own home.

Mothers-to-be will be supported by a midwife while they are in labour. If the woman needs any help or the labour is not progressing as well as it should, the midwife will make arrangements for them to be transferred to hospital.

Giving birth at home means women:

- are in familiar surroundings and more likely to feel relaxed and able to cope with labour
- don't have to interrupt their labour to go into hospital
- do not need to leave other children
- do not have to be separated from their partner after the birth
- are more likely to be looked after by a midwife they have got to know during the pregnancy
- are unable to have an epidural
- may have to be transferred to hospital if there are complications.

What's right for you?

For some women, their choice to give birth in a midwife-led unit or at home may be restricted by existing conditions (for example, diabetes or a very high body mass index), or by problems arising during pregnancy (for example pre-eclampsia or placenta praevia) or problems occurring in a previous pregnancy (for example, a previous baby with neonatal encephalopathy or Group B strep infection). There may also be issues relating to the baby which make giving birth in a consultant-led unit necessary (for example a multiple birth or possible problems identified on antenatal scans). In each case, a midwife will be able to advise on all the options that are available.

Midwife-led service

Midwife-led services are available for women who are medically fit, have a normal pregnancy and are at a low risk of developing complications. This accounts for about 25 per cent of all women nationally.

In midwife-led centres care is led by a midwife throughout in a more home-like environment than a consultant-led maternity service. There are no doctors present.

Midwifery centres can be standalone (there is no consultant-led maternity service on the same hospital site) or co-located (next to or near) consultant-led maternity unit at the hospital.

In a midwife-led centre:

- women may feel more relaxed in a home-like environment and therefore feel more able to cope with labour
- epidural pain relief is not available (unless transferred to a maternity unit)
- an emergency caesarean section is not available (without being transferred to a maternity unit), nor is the use of forceps or vacuum delivery
- there is no special care baby unit in standalone centres
- labour cannot be induced
- in the event of a problem a woman would have to be transferred
- women may also receive practical one-to-one support for parenting and feeding.

Currently, about 25 per cent of women transfer during labour from a standalone midwife-led centre in Dover and Canterbury to a consultant-led maternity service at Ashford or Margate. The transfer rate from a co-located midwife-led unit such as the Singleton to a maternity centre is slightly higher.

We are continually looking at ways to increase the numbers of women having a natural birth. (You can find out why it's best that expectant mothers have a natural birth on page 7.)

Our current midwife-led centres are:

- Canterbury Midwife-Led Centre
- Dover Midwife-Led Centre
- Singleton Midwife-Led Centre at the William Harvey Hospital in Ashford
- The Queen Mother Midwife-Led Centre (yet to be opened) at the Queen Elizabeth The Queen Mother Hospital in Margate.

The facts

In England, around one in every 50 babies is born at home and 247 babies were born at home in east Kent in 2010/11.



'I felt comfortable and relaxed'

Nicki and Jon Holmes from Westbere had their first child, Maisie, at the Canterbury Birth Centre in January 2010.

Nicki, 39, said: "Because I'd had a minor scare at around six weeks, I was being scanned regularly at the birthing centre. I had all my antenatal checks there and got to know the staff really well.

"I went into labour around 11pm but it wasn't that painful so Jon and I just stayed at home. When we got to the birthing centre at about 5am I said I wanted a water birth but when the midwife examined me she said, 'no time to fill the bath, you're ready to push!'" Maisie was born fit and well 30 minutes later.

Nicki added: "I had a problem delivering the placenta, so we had to transfer to the William Harvey Hospital. The midwife came in the ambulance with me and Maisie. I felt calm. I had my baby with me and she was fine."

After delivering the placenta, Nicki and Maisie stayed overnight in Ashford and then drove back to Canterbury for some postnatal care.

"It was so comfortable and the staff were wonderful. For me, environment makes a huge difference, so feeling comfortable and relaxed during labour and birth was very reassuring."

Consultant-led maternity service

Consultant-led services provide care to women with medical or pregnancy-related problems and who are at a high risk of complications and need medical supervision or intervention.

These women are supported by midwives and doctors when in labour in a more hospital-like environment.

A consultant-led maternity service means:

- if needed, emergency interventions such as a caesarean section is available
- forceps and vacuum assisted births are also possible
- epidural pain relief is available
- labours can be induced
- an elective or emergency caesarean is also available
- a special care baby unit or neonatal intensive care unit is onsite.

Our current maternity services are based at:

- William Harvey Hospital in Ashford
- Queen Elizabeth The Queen Mother Hospital in Margate.

East Kent also offers a wide range of antenatal and postnatal services.

Antenatal care

This care monitors the mother's and baby's health during pregnancy and can predict possible problems so action can be taken to avoid or treat them. It includes routine checks such as blood pressure, urine tests, scans, weight, listening to baby's heart beat and asking questions about the baby's movement.

In east Kent we have 12 community-based midwifery teams which deliver antenatal care as close to home as possible, although some mums with complex medical history may need to see a consultant at one of the hospitals as part of their antenatal care.

Antenatal care is offered in the community, at home and in GP surgeries or children's centres as well as at our hospitals.

We recognise the importance of appropriate antenatal care for a healthy pregnancy and delivery and this will continue as it is now. There will be no change to this service in any area.



Postnatal care

Postnatal care is the care of mother and baby in the hours, days and weeks following childbirth.

The midwife will make sure the mother and baby remain well physically, psychologically and emotionally and will look out for signs of complications and postnatal depression. Midwives also assist and support the mother in establishing feeding, whether by breast or bottle.

The midwife will supervise the care of the new mother and baby for around 10 to 28 days after the end of labour. Some of this care will be in the hospital but the majority of it will be at home.

This care is available at:

- woman's own home
- all birth settings, including midwife-led centres
- GP surgeries and children's centre.

Our preferred option means no overnight care will be offered in Canterbury and Dover. However, all other antenatal and postnatal services will remain unchanged in all locations.

Supporting natural birth

Pregnancy and childbirth is a normal process. Supporting women to give birth naturally where this is possible benefits women and their babies. We know it results in better outcomes because it means women who have a normal birth are also more mobile after the birth and tend to bond quicker with their babies. They also have higher breastfeeding rates than mothers who undergo caesarean births.

Even if a woman has previously had a caesarean, there may be no reason why she cannot go on to give birth naturally subsequently.

Reducing unnecessary caesarean rates helps make services more productive because it decreases the amount of time midwives need to spend in theatre; giving them more time to provide one-to-one care for women in labour.

Across the south east we have been working hard to provide information, education and support to women so they feel confident about achieving a normal birth.

Why we need to change

There are a number of reasons why we need to review the range of options for where women can give birth.

I'm not only the Head of Midwifery, I'm also a midwife and a mum of two.

I've been lucky enough to experience giving birth myself, to have guided mothers safely through water births, home births and long labours – and to have been a support during the sad times too.

I've delivered more babies than I can count, and I can't imagine doing anything different. But without making changes, it is not possible for the midwifery team to provide the right level of one-to-one care that we need to give women in labour. Simply, a rising birth rate and an increase in the number of parents choosing to give birth in Ashford mean our services are becoming more and more stretched. We have a temporary solution in place, but we know that this problem is only going to get worse if we don't act now.

I am part of the Maternity Services Review Group which has been looking carefully into the maternity services in this area. The group wants to ensure that the service provides appropriate, safe, high quality one-to-one care in active labour.

Personal view – by Head of Midwifery Lindsey Stevens, pictured to the left.

Women's choices

More parents are choosing the William Harvey Hospital for their birth of their babies than any other location.

Since the midwife-led centre at William Harvey Hospital opened in 2009 there has been a significant increase in parents choosing this hospital – with more than 50 per cent of births now happening here.

On average there were five births a week at Dover, seven births a week at Canterbury, 56 a week at Margate and 70 at Ashford.

Before the temporary closures for births at Canterbury and Dover, births at the midwife-led centres were declining as can be seen from the table below.

Total live births delivered by East Kent Hospitals University NHS Foundation Trust

Year	Ashford	Margate	Dover	Canterbury	TOTAL
2010 - 11	4,142	2,672	158	235	7,207
2009 - 10	3,879	2,696	196	314	7,085
2008 - 09	3,648	2,839	265	314	7,066
2007 - 08	3,444	2,726	275	331	6,776
2006 - 07	3,379	2,642	398	380	6,789

Total home births delivered

Year	Ashford	Margate	Dover	Canterbury	TOTAL
2010 - 11	66	57	59	65	247
2009 - 10	97	50	53	51	251
2008 - 09	114	59	80	54	307
2007 - 08	114	53	91	67	325
2006 - 07	121	55	45	70	291

We believe the change in birth patterns is mostly related to the opening of the midwife-led centre at Ashford. The increase in births here has led to the need for more midwives to work on this site to maintain safe care for women in labour.

Therefore, in September 2010, we took the reluctant decision to suspend births at Buckland Hospital in Dover. In January, we had to suspend births at Canterbury but reopened Dover for births. This allowed some of our most experienced midwives to move to the William Harvey Hospital to work on our consultant-led wards.

These increased demands and shifting patterns of birth have also meant we have been unable to open the new midwife-led unit at the Queen Elizabeth The Queen Mother Hospital in Margate as we do not have sufficient staff.

A more consistent midwife to birth ratio

Safer Childbirth (Royal College of Obstetricians and Gynaecologists 2007) recommends a midwife to birth ratio of 1:28 to allow one-to-one care in labour. This is an equation which shows the best ratio of midwives to the number of births to ensure one-to-one care in active labour.

While our average midwife to birth ratio is 1:32 across east Kent, broken down by services our average ratios are:

1. Ashford: 1:40
2. Margate: 1:35
3. Dover: 1:9
4. Canterbury: 1:9

Capacity

What is capacity? When we talk about capacity we mean the number of beds available for women, together with staff available to look after them.

Unfortunately, there are times when services have to be suspended to ensure safe levels of care in maternity wards.

When a service is suspended women are advised at the time about where to go for labour care. We are fortunate in east Kent to have a number of different centres for birth. Therefore, if the service in Margate is suspended the women are advised to go the William Harvey in Ashford and vice versa.

On the whole, services are only suspended for a few hours. There are two main reasons why women are diverted from one maternity service to another.



“At present we are delivering an unfair service. The healthiest mums with lowest risk are likely to receive more one-to-one care than those high risk mothers giving birth in our consultant-led units. We need to make sure we provide a fair service for every woman and her baby now and in the future.”

Lindsey Stevens

Head of Midwifery, East Kent Hospitals University NHS Foundation Trust

Beds become full

There are times when the labour wards become full, no more women can be safely admitted and the only option is to transfer women to other sites.

For example, this happens when:

- we have high numbers of women in labour at the same time as high numbers of women who have recently given birth and are receiving postnatal care
- when postnatal wards are full we cannot transfer women from labour wards into the postnatal ward. This means that women have to stay on the labour ward to receive their postnatal care.

Analysis of the number of beds being used at the each of the centres reveals that:

- Canterbury's labour beds are only in use 20 per cent of the time
- Dover's labour beds are only in use 22 per cent of the time.

This is because of the low number of women who are able and choose to give birth at the Canterbury and Dover Midwife-led Centres.

- The Singleton's labour beds are in use 41 per cent of the time
- William Harvey's labour beds are in use 89 per cent of the time
- Margate's labour beds are in use 91 per cent of the time.

Therefore, we believe we need to increase capacity in Ashford and Margate to ensure the number of times services have to be suspended is reduced.

Staffing levels

We need to ensure that we have the right staff – midwives, consultants and support staff – with the right skills, in the right place when we need them. But a number of issues can affect staff levels:

- sometimes sudden and unexpected staff sickness or absence means that we have to close wards to maintain safety both for those already on the unit and those who need to access services
- a high number of complex cases, with women needing intensive care, will make it unsafe to admit any more onto the ward. Our problem is that we have the highest ratios of midwives-to-mothers in the stand-alone centres where we have the least complex pregnancies and births
- dealing with these pressures and ensuring that we have enough midwives where need is highest means that we have not been able to open the four-bed midwife-led unit in Margate.

If we can move extra staff to Ashford as part of the review, there is potential to work more efficiently. The maternity theatre is to be refurbished and two additional beds will be offered.

Changes across the south east

While carrying out this review we have also been mindful of the changes to maternity services across the south east. It is clear that services need to be considered across a wider area to get the best for all women. This large piece of work is being undertaken outside of this review, led by the PCT but involving all four heads of midwifery.

Rising birth rate

A rising birth rate is going to make the situation more challenging in the future. We need to plan for a way to sustain services to meet this increased need.

Births across east Kent have increased year-on-year up to 2008/09 and showed a 1.6 per cent increase between 2009/10 to 2010/11. This year-on-year increase is expected to continue, with the number of babies born in east Kent predicted to reach 8,000 by 2015.

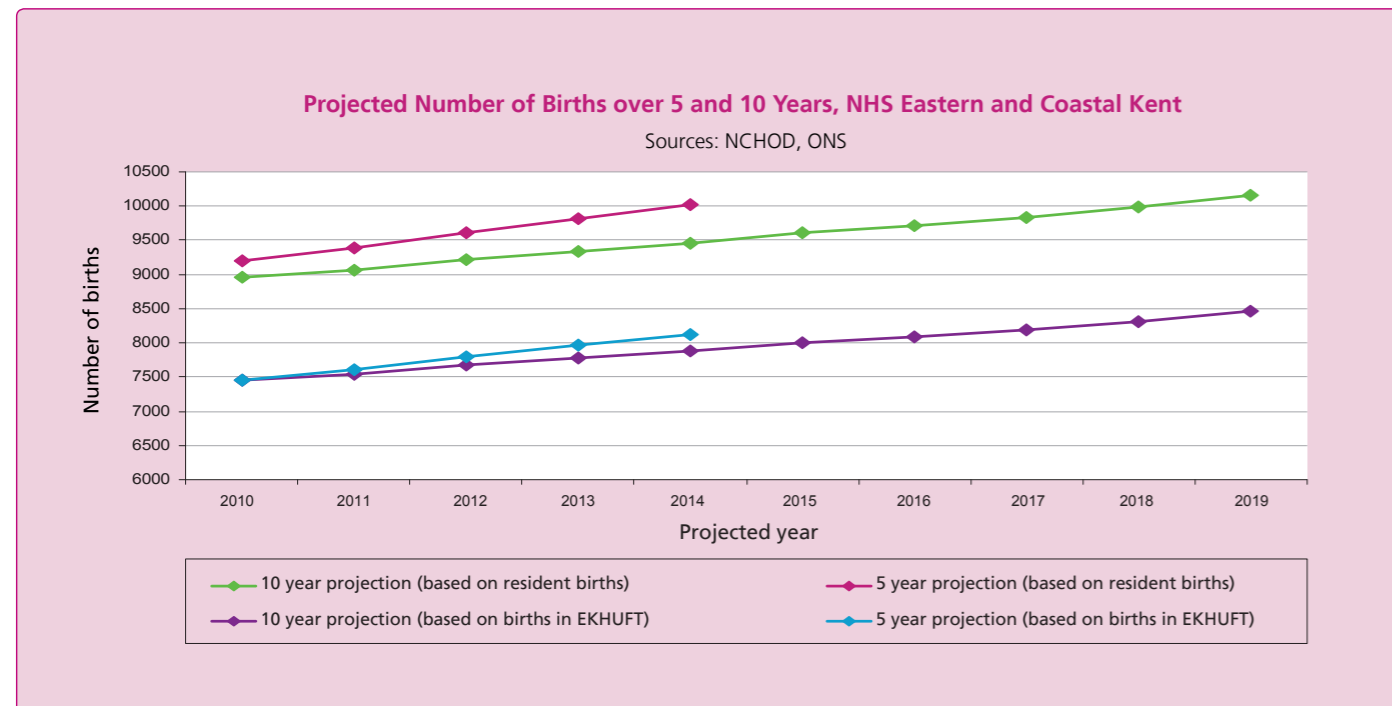
Year-on-year increase in births in east Kent

(Data source – East Kent Hospitals University Foundation NHS Trust.)

	2003 - 04	2004 - 05	2005 - 06	2006 - 07	2007 - 08	2008 - 09	2009 - 10	2010 - 11
Total live births delivered by EKHUFT	6,462	6,477	6,671	7,080	7,100	7,373	7,336	7,454

Birth activity

(Based on resident births. Includes Swale. Data source – Public Health, Kent and Medway)



By reviewing the services now, we can ensure we are set up to cope with these additional numbers in future.

For more details on any of the explanations given here please visit our website:

www.easternandcoastalkent.nhs.uk/maternityreview

Our ambition

Our ambition is to find a more permanent solution for the future based on:

- **Quality and Safety** – Every woman and child should have a safe delivery with one-to-one care
- **Accessibility** – Services should be as close to home as possible
- **Choice** – Every woman should have a choice about how they give birth (at home, a midwife-led service, a consultant-led service)
- **Sustainability** – Maternity services are planned for the future to provide the safest ratio of staff to mothers
- **Fair** – Every woman and child should receive the same high standard of care.

These values will influence the final decision we make.

Your thoughts

In August we asked 279 local people which three were the most important to you. While many of you agreed with us that all five were important, you told us your top three priorities were:

- **safety** (31 per cent)
- **choice** (19 per cent)
- **fairness** (19 per cent)

What you told us

The NHS has always recognised the importance of working with staff, patients, GPs and the public.

We know that engaging with public and staff is important to ensure all the issues are discussed and debated openly and that any decisions are informed by local opinion as well as clinical evidence.

We have been working closely with the Maternity Services Liaison Committee, made up of local parents and health professionals. We visited children's centres and other parent groups to listen to their views. We have been talking to parents about their recent birth experiences and the reasons behind their birth choices.

These early views have been used to inform the options set out in this document.

We have carried out ...

- Nearly 100 in-depth one-to-one interviews with mums and dads at local children's centres, at health visitor clinics, breastfeeding support groups, sing-along sessions and parent toddler groups at Dover, Thanet, Swale, Ashford, Shepway and Canterbury.
- 567 mums have completed paper surveys giving details about their recent birth experiences.
- 78 have commented online through a survey.
- The Maternity Services Liaison Committee has hosted a Facebook discussion.
- Focus groups have been held with seldom heard communities including young parents and those with learning disabilities.
- NHS teams spoke to people including our Health Matters Reference Group, parents and staff interested in helping to shape the future of maternity services in east Kent at community roadshows, play days, teddy bear picnics, summer fetes and other community events.
- More than 80 people have asked to be kept updated with the review and contribute further to the process.
- Staff have also completed the online survey and talked through the plans with their director and head of service.

We've listened carefully to what you have told us and we've summarised some of the main themes.

Parents and parents-to-be

You told us:

- three quarters of you rate your overall experience of maternity services as 'excellent' or 'very good'
- the majority of you are extremely pleased with the support from midwives during antenatal care and you are keen to see this service remains as it is
- your top priorities are safety, choice, and fairness
- almost half – 42 per cent – of those interviewed preferred a midwife-led service on the same site as a consultant-led service because it allowed you to have a low-intervention birth with the back-up of a consultant-led service near-by
- 25 per cent favoured standalone midwife-led centres, 20 per cent home birth, and 13 per cent consultant-led centres
- you like the birthing centres and the fact they have a calm, relaxed environment
- midwife-led centres are invaluable in supporting mums breastfeeding
- midwives were excellent, although in Ashford especially, they were very short of time
- you would have liked more one-to-one care and support after giving birth.



Proud dad Stuart Headley-Read with his son born at 10pm on Wednesday, 24 August weighing 7lb 3oz.

'Maternity unit still offered a natural birth'

Helena and Stuart Headley-Read were living in High Halden when they found out they were expecting their first child.

They later moved to Maidstone but still chose the Singleton Unit at Ashford for the birth of their son.

Teacher Helena, 33, said: "I wanted a water birth as I wanted a calm birth experience and only natural pain relief.

"Even though we moved, we still chose the Singleton Unit so I could be transferred quickly to the maternity centre upstairs if there were any complications.

"When I went into labour I didn't panic at all. The thought of having to be transferred from Dover or Canterbury to Ashford would have concerned me."

Helena did have to be transferred after midwives detected meconium, the earliest stools of a baby, in her waters.

Helena said: "I was disappointed not to have the birth I expected but grateful to be able to have the painkillers and for the happy ending."

Stuart, 35, who works in film and TV, said: "I was surprised at what a natural process it still was in the maternity unit and the staff were brilliant at answering all of our questions."



Michelle Davis and Steve Elliott, with baby Lauren born on 24 August.

'For baby number two I'd opt for Ashford'

Michelle Davis and partner Steven Elliott from Whitfield in Dover chose Dover Birth Centre for the birth of their baby as it was close to home, family and friends.

Two weeks overdue Michelle was booked in to be induced when she went in to natural labour the day before.

As a scan suggested that Michelle's baby was breech she was sent to Ashford.

Michelle, 25, said: "Fortunately, it turned out the baby wasn't breech after all so I was transferred down to the Singleton midwife-led centre as I wanted a natural birth.

"I started in the birthing pool which really eased my back and the pain but then it started to get too much and I opted to have an epidural.

"I couldn't fault the midwife, she was with me all the time, answering all my questions. I really couldn't be happier.

"I was pleased I had been transferred in the end. If I have another baby, I'd choose the Singleton midwife-led centre in Ashford over Dover so I could be easily transferred upstairs to the consultant service if there are any complications."

Staff and midwives

You told us:

- they want to spend more time with mums but are often too busy to be able to
- the majority of midwives said staffing levels at Ashford and Margate need to be increased as a priority
- the main causes of problems in the existing service are staffing levels, rising numbers of patients, lack of admin support, the skill mix of staff and IT difficulties
- there needs to be an increase and improvement in the number of midwives and the current skill mix and in admin support to free clinical staff from doing clerical work.



The options

In the past six months, the Maternity Services Review group has taken all the available evidence along with all the comments from parents, midwives, staff and GPs and considered a number of options.

As part of the review we had to consider the possibility that there would be no additional investment in maternity services, which would have meant offering a service without additional midwives.

However, the NHS Kent and Medway Board agreed that because of the increasing number of births expected and the changing pattern of where women are choosing to give birth, it would not be possible to deliver the level of one-to-one care in labour we want to achieve without investment. Therefore, all three options presented here include extra investment into maternity services in east Kent on top of the £31 million spent each year.

The NHS faces a time of significant challenge in how it best uses its resources to meet patients' needs. All public sector services are planning to achieve more with the same level of funding. So, any investment in maternity services may affect the level of funding we are able to give to other NHS services.

On the following pages we set out the options for you.

Option 1: Our preferred option

Stop births at **Dover** and **Canterbury** centres but retain midwife-led antenatal care, day clinics and postnatal support. Open the new midwife-led service at Margate.

Advantages

- ✓ **A safer and fairer service for women:** A better distribution of staff across sites will mean women at high risk of complications are more likely to receive one-to-one midwife care in labour.
- ✓ **Women still have a choice of birth experience:** Two midwife-led centres, two consultant-led centres and community midwifery teams supporting home birth means parents still have a choice of birth experience.
- ✓ **A more sustainable service:** Concentrating staff across two sites instead of four means unexpected closures due to lack of staff is less likely.
- ✓ **This is the most cost effective option:** This will need an additional annual investment of £700,468.
- ✓ **The new midwife-led birth centre in Margate can open:** The new centre can open and provide four extra labour/postnatal beds. This will provide Thanet mums with a closer midwife-led unit than they currently have. Canterbury and Dover mums will have this additional option of a co-located midwife-led unit.
- ✓ **Increased capacity at Ashford:** An increase in births at Ashford will be possible in the midwife-led unit and two more labour beds will soon be available.
- ✓ **Antenatal and postnatal day care is mostly unaffected:** Antenatal and postnatal care will still be available at all sites, including Dover and Canterbury.
- ✓ **Likely to result in an increase in home births:** Since the temporary closure of Canterbury birth centre more mothers are choosing a home birth. We would expect this trend to continue with more women experiencing a natural childbirth.
- ✓ **Reduction in ambulance journeys for low risk mothers:** 25 per cent of women who transfer to a consultant-led centre due to complications will no longer need an ambulance journey.

Parents would be offered a choice of:

- Home birth
- Co-located midwife-led centre at Ashford (Singleton)
- Co-located midwife-led centre at Margate
- Consultant-led maternity service at Ashford
- Consultant-led maternity service at Margate
- Antenatal and postnatal services at all of the above plus Maternity services at Dover and Canterbury

Disadvantages

- ✗ **Reduction in number of midwife-led units:** There will be a reduction in choice of local birth centres for low risk women at Dover and Canterbury.
- ✗ **Travel distances will increase for some parents:** Women in Dover and Canterbury who want to give birth in a midwife-led centre will have to travel further to give birth.
- ✗ **Increased demand at Ashford and Margate:** There is the potential for higher activity in the consultant-led units in Margate and Ashford as a result of an increase in transfers from midwife-led centres on the same site.
- ✗ **Possible rise in higher intervention births:** Women are more likely to transfer from midwife-led units next to consultant-led units for extra pain relief. This can lead to more medical intervention and higher rates of caesarean sections. Research shows that less intervention in a delivery results in better outcomes for mother and baby.
- ✗ **Possible increased pressure on midwives:** A potential increase in home births could put extra pressure on midwives who have to travel into the community.
- ✗ **Reduction in postnatal care:** Postnatal care during the night will not be available at Dover and Canterbury.

Why this is our preferred option

The Maternity Review Group believes that offering the choice of giving birth at two hospitals – with two midwifery led units and two consultant-led units – is the safest, fairest and most sustainable option for the future.

This preference is supported by local GPs and many parents. During the review, parents told us they prefer the option of a natural, calm and home-like midwife-led service with the back-up of a consultant-led unit close at hand.

If we arrange services in this way, we will be able to transfer some of our midwives from Canterbury and Dover to where the greatest need is. This will mean we can establish a midwife to birth ratio of 1:28 in Ashford and Margate, and offer more one-to-one care to all women in active labour.

We can also invest in around 30 (full time equivalent) midwifery staff. These will be a mixture of midwives and support workers. The support workers will be able to take over some of the non-essential midwifery tasks, like admin, from the midwives leaving them free to use their skills more effectively caring for women in labour.

If we do this, we will be in a much stronger position to cope with the rising birth rate. Our services are less likely to be disrupted – reducing anxiety for parents – and we can open the new midwife-led service at Margate.

Parents will continue to have the full range of choices about the type of birth they want – a home birth, a low intervention birth at a midwife-led centre or a consultant-led unit for those mums at higher risk of complications. This also means that babies will always be near one of the two special care baby units based in Ashford and Margate.

We know local services are important to people. That's why Dover and Canterbury midwife-led centres would continue to offer all their current day and community services. So, mothers-to-be will still be able to go there if they have any concerns about their baby's movements, for their scans or for post-natal breastfeeding help and advice.

We would still run the consultant clinics at Canterbury and at Dover, the various midwifery clinics and day care services on both sites as well as parent education classes. Home births in all areas will continue to be available to low-risk women.

We recognise that some people will be disappointed that we are not recommending keeping Dover and Canterbury open for births. We have looked at this in considerable detail but all the available evidence to date has led us to conclude that this is just not possible and would continue to present us with quality and safety issues and an unfair service for mothers-to-be across east Kent.

Most Canterbury and Dover mothers already choose Ashford or Margate, which is one of the reasons why the Canterbury and Dover centres are only running at 20 per cent bed capacity – even before the closures. As we still have to staff these centres 24 hours a day, seven days a week when they are open, we believe retaining either or both of these centres will have little impact on reducing the staffing pressures.

We don't have a limitless pot of money and this option – while it includes an investment of more than £700,000 – is the most cost effective. In the current climate we have to make sure we spend every NHS pound wisely. This means focusing our resources on facilities that are chosen by more than 90 per cent of mothers.

If we do this, we believe all parents and babies in east Kent will continue to receive a safe, first-class maternity service now and in the future.

Maternity Review Group

Option two

Stop births at **Dover** midwife-led centre but retain midwife-led antenatal care, day clinics and postnatal support. Open the new midwife-led centre at Margate.

Advantages

- ✓ **Improved safety and fairer service:** Midwives from Dover can be transferred to services with the greatest need and mothers with higher health risk are more likely to receive one-to-one care. However see point one of the disadvantages.
- ✓ **Retains range of birth options for parents:** Parents can still choose the standalone midwife-led centre at Canterbury or one of two midwife-led centres in Margate or Ashford located alongside the consultant-led service.
- ✓ **The new midwife-led centre in Margate can be opened:** The new centre can open and provide four extra labour/postnatal beds. This will provide Thanet mothers with a closer midwife-led unit than they currently have. Canterbury and Dover mothers will have this additional option of a co-located midwife-led unit.
- ✓ **Antenatal and postnatal day care would be unaffected:** Mothers and mothers-to-be would still be able to attend Dover Maternity centre for antenatal check ups and monitoring and postnatal care during the day.
- ✓ **Likely to result in an increase in home births:** Since the temporary suspension of births at the Canterbury midwife-led centre more mothers are choosing a home birth. We would expect this trend to continue with more women experiencing a natural childbirth.

Parents would be offered a choice of:

- Home birth
- Standalone midwife-led centre at Canterbury
- Co-located midwife-led centre at Ashford (Singleton)
- Co-located midwife-led centre at Margate
- Consultant-led maternity service at Ashford
- Consultant-led maternity service at Margate
- Antenatal and postnatal services at all of the above plus Dover midwife-led centre

Disadvantages

- ✗ **Less impact on staffing pressures than option one:** While midwives from Dover can be transferred to Ashford or Margate we believe this will have less impact on reducing staff pressures long-term. It would release just three midwives to be split between Ashford and Margate.
- ✗ **Temporary suspensions of services still likely:** If Canterbury birth centre is still under used and Ashford and Margate still under pressure it is likely that births at Canterbury will be temporarily suspended so staff can be transferred to support mothers at high risk of complications.
- ✗ **Inefficient use of staff:** Births in Canterbury have been on a gradual decline since 2009 and the senior midwives who are still staffing these centres will not be used most effectively due to the small numbers of women giving birth there.
- ✗ **Substantial investment needed:** Staffing this option would cost £1,475,241 annually. This investment may mean reduced funding for other NHS services.
- ✗ **Reduction in postnatal care:** Postnatal care during the night will not be available at Dover.
- ✗ **Increased travel:** A small number of people will have to travel further for low intervention birth.
- ✗ **Possible rise in higher intervention births:** Research shows that less intervention in a delivery results in better outcomes for mother and baby. However, women are more likely to transfer from midwife-led wards next to consultant-led units for extra pain relief. There is a tendency for this to lead to more medical intervention and higher rates of caesarean sections.

Option three

Stop births at **Canterbury** midwife-led centre but retain midwife-led antenatal care, day clinics and postnatal support. Open the new midwife-led service at Margate.

Advantages

- ✓ **Improved safety and fairer service:** Midwives from Canterbury can be transferred to services with the greatest need and mothers with higher health risk are more likely to receive one-to-one care. However see point one of the disadvantages.
- ✓ **Retains range of birth options for parents:** Parents can still choose the standalone birthing centre at Dover or one of two midwife-led centres in Margate or Ashford next to the consultant-led service.
- ✓ **The new midwife-led unit in Margate can be opened:** The new centre will be able to open and provide four extra labour/postnatal beds. This will provide Thanet mothers with a closer midwife-led unit than they currently have and Canterbury and Dover mothers will have this additional option of a co-located midwife-led unit.
- ✓ **Antenatal and postnatal day care would be unaffected:** Mothers and mothers-to-be would still be able to attend Canterbury centre for antenatal and postnatal care during the day.
- ✓ **Likely to result in an increase in home births:** Since the temporary suspension of births at Canterbury more mothers are choosing a home birth. We would expect this trend to continue with more women experiencing a natural childbirth.

Parents would be offered a choice of:

- Home birth
- Standalone midwife-led service at Dover
- Co-located midwife-led service at Ashford (Singleton)
- Co-located midwife-led service at Margate
- Consultant-led maternity service at Ashford
- Consultant-led maternity service at Margate
- Antenatal and postnatal services at all of the above plus Canterbury midwife-led centre

Disadvantages

- ✗ **Less impact on staffing pressures than option one:** While midwives from Canterbury can be transferred to Ashford or Margate we believe this will have less impact on reducing staff pressures long-term. It would release just three midwives to be split between Ashford and Margate.
- ✗ **Temporary suspensions of services still likely:** If Dover birth centre is still under used and Ashford and Margate still under pressure it is likely that births at Dover will be temporarily suspended so staff can be transferred to support mothers at high risk of complications.
- ✗ **Inefficient use of staff:** Births in Dover have been on a gradual decline since 2009 and the senior midwives who are still staffing these centres will not be used most effectively due to the small numbers of women giving birth there.
- ✗ **Substantial investment needed:** Staffing this option would cost £1,355,320 annually. This investment may mean reduced funding for other NHS services.
- ✗ **Increased travel:** A small number of people will have to travel further for a low intervention births.
- ✗ **Reduction in postnatal care:** Postnatal care during the night will not be available at Canterbury.
- ✗ **Possible rise in higher intervention births:** Women are more likely to transfer from midwife-led centre next to consultant-led centres for extra pain relief and complications. This can lead to more medical intervention and higher rates of caesarean sections. Research shows that less intervention in a delivery results in better outcomes for mother and baby.



More information

Visit our website

A number of documents giving more detailed information can be found on our website

www.easternandcoastalkent.nhs.uk/maternityreview

Email us

- eck-pct.maternityreview@nhs.net

Call us

- 0800 085 6606

Keep updated on Facebook

You can also keep track of what's happening by checking out the Maternity Liaison Committee's Facebook. Visit www.facebook.com and search for East Kent Maternity Liaison Committee.

We will also use local newspapers and radio to let you know what's going on and where you can go for more information.

Come to a public event

During the next three months the NHS in east Kent will make this document widely available and we will also be presenting the options at a number of roadshows. If you require a language interpreter, signer, or any other support, please call us on the number above to let us know.

Dover

3 November

Dover Town Hall,
Biggin Street, Dover
6pm to 8pm

1 December

The Ark Dover, Noah's Ark
Road, Dover, CT17 ODD
12noon to 2pm

Folkestone

29 November

University Centre Folkestone
The Glassworks, Mill Bay,
Tontine Street, Folkestone,
CT20 1JG
10am to 12noon

Canterbury

8 November

Northgate Community Centre,
Canterbury, CT1 1YX
10am to 12noon

13 December

The Westgate Hall, Westgate
Hall Road, Canterbury, CT1 2BT
6pm to 8pm

Ashford

18 November

The Ray Allen Centre, Stanhope
Road, Stanhope, Ashford
TN23 5RN
12.30pm to 2pm

Faversham

22 November

The Alexander Centre, Preston
Street, Faversham, ME13 8NY
1pm to 3pm
5pm to 7pm

Thanet

12 December

Millmead Children Centre,
Dane Valley Road, Margate,
CT9 3RU
2.30pm to 4.30pm

Some frequently asked questions

Why can't we keep everything open?

One option we looked at was maintaining our existing services as well as re-establishing births in Canterbury and opening the new Margate midwife-led unit.

However, on further examination, we have concluded this is not a viable option.

To achieve this and ensure a high quality and safe service on all sites, we would need to invest more than £2million (£2,126,667) and employ an extra 64 (whole time equivalent) staff. It would take more than two years for us to achieve this level of recruitment because there are only 38 students who qualify each year in this area as midwives. There would also be continuing annual costs related to these additional posts.

Doing this would mean our midwife to birth ratios in the Canterbury and Dover midwife-led centres would remain at 1:9 and our ratio at the consultant-led units would be 1:28. Therefore across the trust this would mean we have a midwife to birth ratio of 1:25. Given that the gold standard for midwifery staffing is a ratio of 1:28, a midwife ratio of 1:25 could be viewed as excessive. Although this would allow us to maintain all services it could only be achieved by taking funding from other NHS services in east Kent.

We need to make sure we spend taxpayers' money wisely and design services around the greatest need and this option would not satisfy these tests.

What about the Canterbury and Dover mothers who might have to travel further? Is this fair or safe?

These mothers who have to travel further are low risk mothers (less than 400) and make up just five per cent of the 7,500 mums who give birth in east Kent each year. We need to focus and design services for the majority and this means for the thousands of women choosing to give birth in Ashford and Margate.

Over the past five years women have been voting with their feet and there has been a steady decline in the number of women choosing Dover and Canterbury.

Ultimately, we realise some mothers may have to travel further but we believe this small increase in extra journey time for some will be outweighed by increasing the safe standards and levels of one-to-one care that we will be able to offer all mothers including the women with a higher risk of complications to their health or their babies.

Won't it mean more back seat deliveries?

Labour is unpredictable and there will always be some mums who labour very quickly and give birth before they reach hospital.

However, we've looked carefully at the figures during the temporary closures of Canterbury and Dover, and there has been no significant increase in mothers giving birth before they reach the hospital.

Doesn't your preferred option just mean less choice?

No. Women will still be able to choose a home birth, a low intervention midwife-led centre, or a consultant-led centre and they will be supported throughout their pregnancy whatever their choice. Less than five per cent of women (around 400 out of 7,500) may have to travel a little further to give birth.

Doesn't your preferred option result in a reduction in the overall number of beds?

While there will be fewer labour and postnatal beds the Canterbury and Dover services are underused. On average just 20 per cent of the beds are used. By transferring midwives to Ashford and Margate we will be able to increase capacity at these hospitals where more mothers are giving birth.

Will your decision affect the viability of building the new Dover hospital?

A decision on maternity services will be made early in the new year and East Kent Hospitals University NHS Foundation Trust intends to start work on detailed designs for the hospital in April 2012. At present, the hospital is intended to have the following services:

- minor injuries
- outpatient services
- minor procedures suite
- diagnostic including mobile MRI and CT
- renal haemodialysis
- ambulatory paediatric services
- occupational therapy
- physiotherapy
- day hospital / ambulatory care services
- antenatal and postnatal maternity services
- birthing unit (dependent on the outcome of maternity review).

Dover is an area of high deprivation with many parents on low incomes and without cars. How are they going to get to a hospital as far away as Ashford or Margate?

Some women from Dover are already making their way to these hospitals.

Remember, this is only for two journeys. For all their

antenatal and postnatal care they will still be able to go to Canterbury and Dover. Of course, if it is an emergency, parents will still be able to call 999.

How long can someone stay in each of the different types of services after giving birth?

It depends how straightforward the labour and birth were. As a general rule mothers with no complications during labour are discharged after six to 12 hours from both the consultant-led wards and the co-located midwife-led units. If there are complications then they will stay for longer – up to 72 hours in a consultant-led ward if necessary. A standalone birthing centre will normally discharge women after 12 hours. Partners can stay overnight at midwife-led units only.

Will co-located midwife-led units at Margate and Ashford offer the same model of aftercare as the stand-alone centres at Dover and Canterbury?

Both midwife-led centres will discharge after six to 12 hours and partners will be able to stay, as has always been the case. In the past, some mothers have transferred to a standalone midwife-led units (at present Dover only) from a consultant-led centre for recuperation after a difficult birth. This is known as 'step-down' care. However, under the preferred option this choice will no longer be available as women will not be able to transfer back to an midwife-led service once they have given birth in an consultant-led ward.

What do staff think of the review?

Overall, the people at the heart of delivering these services understand the need for a review and a change to services. We accept that some staff, understandably, may want services to remain as they are. We will need to take into account the views of staff but we must balance these with providing a service which is safe and efficient and fair to all.

You will find the answers to more questions, including travel time maps, on our website at www.easternandcoastalkent.nhs.uk/maternityreview

Glossary of terms

Antenatal

During pregnancy, before a baby is born.

Caesarean section or C-section

A caesarean section is an operation to deliver a baby by making a cut in the front wall of a women's abdomen (tummy) and womb.

Consultant

A doctor – and in the case of this document – we are referring to an obstetrician who specialises in the care of women during pregnancy and birth.

EKHFT

This stands for East Kent Hospitals University NHS Foundation Trust. The trust runs hospitals at Canterbury, Dover, Ashford, Margate and also the Queen Victoria in Folkestone.

Midwife to birth ratio

This is an equation which shows the best ratio of midwives to the number of births to ensure one-to-one care during active labour.

Obstetric

The care of women during pregnancy and birth.

Obstetrician

A doctor who specialise in the care of women during pregnancy and birth.

Placenta praevia

A low lying placenta which is usually covering or partly covering the cervix and means a woman will have to have a caesarean to give birth.

Primary Care Trust

NHS Kent and Medway, which is now a cluster of three primary care trusts, NHS Eastern and Coastal Kent, NHS Medway and NHS West Kent. The role of the primary care trust is to buy health services on your behalf. Primary Care Trusts are in the process of handing over their roles to GPs under new Government arrangements.

Postnatal

The period of time straight after giving birth.

Vacuum delivery

A ventouse (vacuum extractor) is an instrument that uses suction to pull the baby out. A soft or hard plastic or metal cup is attached by a tube to a suction device.

Next steps

At the end of the consultation, your views alongside the clinical evidence, will be used by NHS Kent and Medway and East Kent Hospitals University NHS Foundation Trust to make a decision on the future of maternity services in east Kent.

If you want this document in other languages or formats, such as braille, easy read or audio, please call **0800 085 6606** or email **eck-pct.maternityreview@nhs.net**

Polish

Ten document dotyczy usług położniczych. Jeżeli chcieliby Państwo otrzymać egzemplarz tego wydania, proszę skontaktować się z Zespołem d/s Komunikacji (Communications Team) tel. 0800 085 6606 lub e-mail eck-pct.maternityreview@nhs.net

Czech

Tento dokument se týká služeb pro těhotné ženy. Pokud máte zájem o tuto publikaci, kontaktujte prosím Komunikaci tím na čísle telefonu 0800 085 6606 nebo pošlete email na adresu: eck-pct.maternityreview@nhs.net

Chinese

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Nepalese

यो दस्तावेज मातृत्व सेवाहरूसित सम्बन्धित छ। यदि तपाईंलाई यो दस्तावेज अन्य स्वरूपमा चाहिन्छ भने निम्नलिखित नम्बर अथवा ई-मेलमा सम्पर्क टोलीसँग सम्पर्क गर्नुहोला ०१२२७ ७९११६१ वा ई-मेल eck-pct.maternityreview@nhs.net

Romanian

Acest document estedespreservicii de maternitate. Dacasolicitatiaceastapublicatie in alt format, varugamcontactatiEchipa de Comunicatii la 0800 085 6606 sau email eck-pct.maternityreview@nhs.net

Slovak

Tento dokument je o materských službách. Ak požadujete túto publikáciu v inom formáte, kontaktujte, prosím Komunikačný tím na tel. čísle 0800 085 6606, alebo na emaily: eck-pct.maternityreview@nhs.net

Appendix Three, The Consultation Survey

The consultation survey can be found overleaf.

Maternity consultation



Pull-out
survey

Supporting families during birth in east Kent

We are very interested in hearing your views on the future of maternity services in east Kent. A number of changes to current birth services have been proposed and it is important that we gather opinions from as many people as possible. These changes concern only birth services. The majority of antenatal and postnatal community-based care remains as it is now.

All responses will be analysed by the independent research team from the University of Greenwich and will be considered by NHS Kent and Medway and East Kent Hospitals University NHS Foundation Trust.

No decisions have been taken yet and your views are important in helping us to make the right decision. Please take a few minutes to answer the questions on the following pages.

Once completed, please return this survey to the freepost address below by **20 January 2012**.

*FREEPOST, RRTH-AATU-CYUA
Communications and Citizen Engagement
NHS Kent and Medway
Brook House
Reeves Way
Whitstable
KENT CT5 3DD*

You can also complete the survey online at www.easternandcoastalkent.nhs.uk/maternityreview
or alternatively email your comments to eck-pct.maternityreview@nhs.net

If your organisation requires more paper questionnaires email eck-pct.maternityreview@nhs.net

Section 1: Reasons for change

Please tell us how strongly you agree or disagree with the statements below

1. Women should be offered a choice of type of delivery: home birth, midwife-led or consultant-led services

<input type="checkbox"/>	Strongly agree	<input type="checkbox"/>	Agree
<input type="checkbox"/>	Neither agree or disagree	<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Not sure

2. The new midwife-led birthing unit in Margate should be opened

<input type="checkbox"/>	Strongly agree	<input type="checkbox"/>	Agree
<input type="checkbox"/>	Neither agree or disagree	<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Not sure

3. Midwife-led services in a hospital near a consultant-led maternity service offer the benefits of a 'home-like birth' as well as rapid access to doctors and other medical support if needed

<input type="checkbox"/>	Strongly agree	<input type="checkbox"/>	Agree
<input type="checkbox"/>	Neither agree or disagree	<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Not sure

4. I understand that maternity services in east Kent need to change

<input type="checkbox"/>	Strongly agree	<input type="checkbox"/>	Agree
<input type="checkbox"/>	Neither agree or disagree	<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Not sure

Section 2: Options

Three options are being considered for the future of maternity services in east Kent which we have outlined in this document. Please note that the following points are the same for all three options:

- Antenatal and postnatal care will **not change** and will still be provided in Canterbury, Dover, Ashford, Margate. Overnight stays will not be possible at Dover or Canterbury if birth services do not remain there.
- Staffing levels and skill mix will be **enhanced** to provide one-to-one care in labour to more women.
- **Investment** will be required for all options in a challenging climate when NHS services need to achieve more with the same level of funding.

1. Do you agree that the option selected needs to be affordable now and in the future?

<input type="checkbox"/>	Strongly agree	<input type="checkbox"/>	Agree
<input type="checkbox"/>	Neither agree or disagree	<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Not sure

2. We've set out what we think are the advantage and disadvantages of each option but now we want you to tell us what YOU think are the main advantages and disadvantages for each option.

Option 1 (summary)

- **Move birth services from both Dover and Canterbury to other hospitals.**
- **Retain existing birth services at Ashford and Margate.**
- **Open the midwife-led service at Margate hospital.**

Advantages:

Disadvantages:

Option 2 (summary)

- **Move birth services from Dover to other hospitals.**
- **Retain existing birth services at Canterbury, Ashford and Margate.**
- **Open the midwife-led service at Margate hospital.**

Advantages:

Disadvantages:

Option 3 (summary)

- **Move birth services from Canterbury to other hospitals.**
- **Retain existing birth services at Dover, Ashford and Margate.**
- **Open the midwife-led service at Margate hospital.**

Advantages:

Disadvantages:

2. Please state your preferred option from the three listed above.

<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 3
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3. Do you have any other comments?

Section 3: Improving services

Please tell us how strongly you agree or disagree with the statements below

1. Women should be able to have as normal a birth as possible, whatever type of delivery they choose.

<input type="checkbox"/>	Strongly agree	<input type="checkbox"/>	Agree
<input type="checkbox"/>	Neither agree or disagree	<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Not sure

2. Every woman should receive one-to-one care in active labour regardless of the service they choose.

<input type="checkbox"/>	Strongly agree	<input type="checkbox"/>	Agree
<input type="checkbox"/>	Neither agree or disagree	<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Not sure

3. The NHS should continue to invest in resources and practical support to help women breastfeed.

<input type="checkbox"/>	Strongly agree	<input type="checkbox"/>	Agree
<input type="checkbox"/>	Neither agree or disagree	<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Not sure

4. Antenatal and postnatal support will continue to be provided as it is by community-based teams (at all sites). Are there any improvements we should make?

5. Is there anything else you would like to say about improving maternity services?

Section 4: Monitoring, about you

Please tell us about you. All information will be kept secure and the results will be anonymous.

1. Where did you hear about the maternity review:

<input type="checkbox"/>	Online	<input type="checkbox"/>	Newspaper or other media
<input type="checkbox"/>	At a community meeting	<input type="checkbox"/>	A local newsletter

2. Are you:

<input type="checkbox"/>	A current or recent maternity service user	<input type="checkbox"/>	A carer or family member of someone using maternity services
<input type="checkbox"/>	General member of the public	<input type="checkbox"/>	Health or social services staff
<input type="checkbox"/>	Other (<i>please state</i>)		

If you represent an organisation please state the name:

3. What postcode do you live in? (*Please give the first part e.g. CT20*)

4. Please give your age group

<input type="checkbox"/>	Under 16	<input type="checkbox"/>	16-24	<input type="checkbox"/>	25-34
<input type="checkbox"/>	35-44	<input type="checkbox"/>	45-54	<input type="checkbox"/>	55-64
<input type="checkbox"/>	65-74	<input type="checkbox"/>	75 and over	<input type="checkbox"/>	Prefer not to say

5. What is your gender?

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Prefer not to say

6. What is your ethnic group?

<input type="checkbox"/>	English/ Welsh / Scottish / Northern Irish / British	<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Gypsy or Irish Traveller	<input type="checkbox"/>	Any other Asian background <i>Please state:</i>
<input type="checkbox"/>	Any other white background <i>Please state:</i>	<input type="checkbox"/>	African
<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Any other Black / African / Caribbean background <i>Please state:</i>
<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Arab
<input type="checkbox"/>	Any other mixed / multiple ethnic group background. <i>Please state:</i>	<input type="checkbox"/>	Any other ethnic group <i>Please state:</i>
<input type="checkbox"/>	Indian	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Pakistani		

7. Which option best describes your sexual orientation:

<input type="checkbox"/>	Heterosexual (straight)	<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Gay	<input type="checkbox"/>	Lesbian
<input type="checkbox"/>	Prefer not to say		

8. Do you consider yourself to have any of the following:

<input type="checkbox"/>	Long-term illness	<input type="checkbox"/>	Mental health condition
<input type="checkbox"/>	Physical disability or impairment	<input type="checkbox"/>	Learning disability or difficulty
<input type="checkbox"/>	Other disability or long term condition		

9. What is your religion? (*For example Buddhist, Christian, none, prefer not to say*)

Appendix Four, Technical Supplement

Data gathering

The public could choose to share their views and opinions on the proposed changes of the maternity services in East Kent in a number of ways. The data sent to the research team at the University of Greenwich was in the format of hard copy survey responses, that had been scanned and sent electronically, and online survey responses collated in an Excel table.

The scanned surveys were sent to us via e-mail as pdf documents. The pdf documents were stored in a restricted area on the university server and were also printed out. The printed copies of the scanned surveys were stored in a locked filing cabinet in the research office.

There were 446 individual responses in total, in both paper and electronic format. The number mentioned above refers to number of *responses*, as opposed to *respondents*, as one respondent may have responded more than once. This is especially valid for the online surveys, since there was no IP address limitation on the webpage hosting the survey. This fact cannot be distinguished in the analysis of the data. There was, however, in some cases apparent that a respondent had tried to submit a response several times and in these cases the duplicates were discarded. Other electronic responses were also discarded, when it was apparent that the response had been submitted as a test from EKHUFT or the submitted response was empty. All other responses were kept, even when part of the responses were to be considered invalid. An online response, which was submitted a day after the consultation period ended, has also been included in the analysis.

Type of survey	Number of responses	Responses removed	Total
Paper	212	None	212
Online	234	16 (duplicates, spam and tests made by EKHUFT)	250

Data coding

Codes for the closed questions in the survey were developed at an early stage in the consultation process. These are the questions that could easily be quantified, such as gender, age and the closed questions on a Likert scale.

The codes for all responses, both closed and open-ended, were then applied to all 446 responses. Each survey was given a unique identification number and the data from the surveys was entered into a Microsoft Office Excel spreadsheet.

The qualitative data gathered in the consultation were analysed using framework analysis. Framework Analysis is a method of analysis developed by the National Centre for Social Research¹,

¹ Richie, J & Lewis, J (2006) *Qualitative Research Practice: A guide for social science students and researchers*. London, Sage.

which has become popular in health service-related studies. The advantage of the approach is that it provides systematic and transparent stages to the data analysis process. The approach involved five key stages: familiarization; identification of a provisional thematic framework; indexing; charting; and mapping and interpretation.

Familiarization: In this stage, the data were read through by three researchers listing key emerging themes and concepts for each question based on the responses. The research team then reviewed the key themes; issues and concerns independently and cross-check to ensure validity.

Identifying a thematic framework: In this stage the researchers developed codes and a provisional 'thematic framework' which identified key issues, concepts and themes (codes and sub-codes) which allowed the data to be referenced. The end product of this stage was a framework in which to index the data.

Indexing: During this stage, the researchers tested the thematic framework on the dataset. The codes were then assigned to the qualitative data and entered into a statistical analysis software package alongside the quantitative data.

Charting: This involved extending the thematic framework in light of the application of the data. Codes were tested for validity using Miles and Huberman's ²qualitative data quality checks. These included: 'if-then' procedural checks on the codes and checking repeated codes against outlier themes in the data to rule out spurious codes and develop coding axes. This method was designed to encourage critical distance from the data and reduce researcher bias. Charting was a two-way process as data can be read as thematic across all respondents (by group for example) or by case for each respondent across all themes and groups - once the data were entered.

Mapping and Interpretation: Here the researchers used the information generated from indexing to define overarching concepts across the questions, map the range and nature of phenomena, and find associations between themes with a view to providing explanations for the findings. Ultimately, an overarching thematic framework relevant to all questions was developed using the codes generated from all questions.

Data analysis

After all data had been entered, the complete database consisted of only numeric values. This database was then exported from Excel into the statistical software package SPSS (originally Statistical Package for Social Sciences, complete name IBM SPSS Data Collection). SPSS is a software mainly used in social sciences for statistical analysis. For this purpose SPSS was mainly used to produce descriptive statistics about the respondents and the responses to each question. SPSS produces tables and graphs that illustrate the distribution of responses.

² Miles, MB. & Huberman, AM. (1994). *Qualitative Data Analysis* (2nd edition). Thousand Oaks, CA: Sage Publications

A more in-depth analysis of the relationship between the postcodes amongst the respondents and the options they preferred was carried out. This analysis consisted of a cross-tabulation and a chi-square analysis. Results from the cross-tabulation are shown in part 2 of the report.

The chi-square statistic tests whether two variables are independent (in this case: postcode and preferred option). If the significance value is small enough and the value of the chi-square statistic is within a specific range, we can reject the hypothesis that the variables are independent and hence draw the conclusion that they are in some way related.³

Chi-square analysis and results of the two variables Postcode and Preferred Option

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	143.953^a	12	.000
Likelihood Ratio	124.942	12	.000
Linear-by-Linear Association	2.796	1	.094
N of Valid Cases	335		

a. 3 cells (14.3%) have expected count less than 5. The minimum expected count is .64.

The chi-square test tells us that the association between the two variables postcode and the option the respondent chose is statistically significant, which means that there is a relationship between the two variables and that this association could not have happened by “pure chance”. One influences the other. However, since there were so few respondents in Dover that chose Option 2, Ashford/Canterbury-Option 3 and in Swale overall (less than 5 per category), the chi-square test is to be regarded with caution. N.B, the chi-square test has not measured the strength of this relationship; it has only established that there is an association between the variables.

However, these were the only two variables in the data that had a statistically significant relationship. None of the other variables tested had a statistically significant relationship with the variable Preferred option.

³ Field, Andy (2009). *Discovering Statistics Using SPSS*. London, SAGE Publications.