Department of Health & Social Care

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Derek Winter DL
Senior Coroner for the City of Sunderland
Sunderland City Hall
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06 July 2023

Dear Mr Winter,

Thank you for your letter of 29 September 2022 to the then Secretary of State for Health and Social Care Thérèse Coffey about the death of Charlotte Warkcup. I am replying as Minister with responsibility for Mental Health and Women's Health Strategy.

Firstly, I would like to say how deeply saddened I was to read of the circumstances of Charlotte's death. I can appreciate how distressing her death must be for her parents and those who knew and loved Charlotte, and I offer my heartfelt condolences. It is vital that we take the learnings from what happened to Charlotte to prevent future deaths.

In preparing this response, Departmental officials have made enquiries with NHS England and the Care Quality Commission.

Whether standalone midwife led birthing centres are a safe environment for delivery as opposed to those with immediate onsite access to a maternity unit within a hospital

You may wish to note that although Freestanding Midwifery Units (FMU's) are 'freestanding' in the sense that they are not physically based in an acute hospital with an obstetric unit, they remain a fully integrated part of the whole maternity service; they are staffed by midwives employed by the maternity service and served by local ambulance services. FMU quality, safety and outcomes are governed by maternity service protocols written by midwives and doctors, and women who labour in FMUs can be safely transferred into hospital should the need arise.

The National Institute for Health and Care Excellence guidance, on '*Intrapartum care for healthy women and babies*'[1] states that both Low-risk multiparous women and Low-risk nulliparous women are advised that planning to give birth in a midwifery-led unit (freestanding or alongside) is particularly suitable for them because the rate of interventions is lower and the outcome for the baby is no different compared with an obstetric unit.

You may also wish to note that a multi-disciplinary research progamme[2], jointly funded by the National Institute for Health Research (NIHR) Service Delivery and Organisation programme and the Department of Health Policy Research Programme has explored whether standalone midwife led birthing centres are a safe environment for delivery as opposed to those with immediate onsite access to a maternity unit within a hospital.

The Birthplace national cohort study was designed as part of the Birthplace in England Research Programme to answer questions about the risks and benefits of giving birth in different settings and included differences in adverse perinatal outcomes for planned births in freestanding midwifery units and alongside midwifery units compared with planned births in an obstetric unit.

Data was collected on care in labour, delivery and birth outcomes for the mother and baby for over 64,000 'low risk' births in England including nearly 17,000 planned 'low risk' home births, 28,000 planned 'low risk' midwifery unit births (AMUs and FMUs) and nearly 20,000 planned 'low risk' obstetric unit births.

The study found that for 'low risk' women, the incidence of adverse perinatal outcomes was low (4.3 events per 1000 births). For planned births in freestanding midwifery units and alongside midwifery there were no significant differences in adverse perinatal outcomes compared with planned birth in an obstetric unit. Women who planned birth in a midwifery unit (AMU or FMU) had significantly fewer interventions, including substantially fewer intrapartum caesarean sections, and more 'normal births' than women who planned birth in an obstetric unit

The study also found that for multiparous women, there were no significant differences in adverse perinatal outcomes between planned home births or midwifery unit births and planned births in obstetric units. Furthermore, for multiparous women, birth in a non-obstetric unit setting significantly and substantially reduced the odds of having an intrapartum caesarean section, instrumental delivery or episiotomy.

The recruitment and retention of midwives to ensure continuity of care

The Department recognises that professional staff is the NHS's most valuable asset, and the importance of ensuring that maternity units have the appropriate number and mix of staff to deliver high quality care for all women.

That is why, we have invested £165m of funding since 2021 to grow and support the maternity workforce and improve neonatal care.

The Government has also committed to expanding midwifery training places by 3,650 over a four-year period with an increase of 650 in September 2019 and 1,000 in each of the subsequent years.

And as part of the biggest nursing, midwifery and Allied Health Professional recruitment drive in decades, since September 2020, the Government has made available:

- A new, non-repayable training grant of at least £5,000 per academic year for eligible students; and
- Further funding of up to £3,000 per academic year for eligible students, for example to cover childcare costs or for specialisms struggling to recruit.

To improve working conditions to deter people from leaving the profession, the NHS People Plan has been developed to focus on improving the retention of NHS staff by prioritising staff health and wellbeing. This includes a wellbeing guardian role, a focus on healthy working environments, empowering line managers to hold meaningful conversations with staff to discuss their wellbeing, and a comprehensive emotional and psychological health and wellbeing support package.

The People Plan is also focused on improving working conditions for staff through flexible working and supporting an inclusive & compassionate workplace culture. £45 million has been invested in 2022/23 to support the continuation of 40 mental health hubs across the country,

the Professional Nurse Advocates programme, and expanding the NHS Practitioner Health service.

The improved detection of babies who are of small gestational age

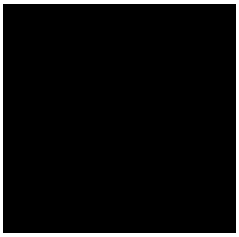
The Government's Maternity Safety Ambition is to halve the 2010 rates of stillbirths, neonatal and maternal deaths and brain injuries in babies occurring during or soon after birth by 2025. The ambition also includes reducing the rate of pre-term births from 8% to 6% by 2025.

The Saving Babies' Lives Care Bundle (SBLCB) is a set of guidance that was developed to support progress of the stillbirth element of the ambition, and brings together four key elements of care based on best available evidence and practice in order to help reduce stillbirth rates. This supports commissioners, providers and professionals in making care safer for women and babies. The elements of care bought together by the SBLCB include: Risk assessment and surveillance for fetal growth restriction; Raising awareness of reduced fetal movement; and Effective fetal monitoring during labour.

Version 3 of the Care Bundle is being developed for publication in 2023, and is expected to introduce a more nuanced risk assessment, aiming to reduce intervention whilst maintaining the focus on the birth of babies at risk. The plan is to clarify this further so that all members of staff caring for women have clear, practical guidance.

Since 2010, the stillbirth rate has reduced 19.3%, the neonatal mortality rate for babies born over the 24-week gestational age of viability has reduced by 36%, and the proportion of babies born preterm has reduced from 8% in 2017 to 7.5% in 2020. Whilst good progress has been made against some elements of the ambition, the Government is committed to continuing its work to improve outcomes for mothers and babies

I hope this response is helpful, and I thank you again for bringing these concerns to my attention.



MARIA CAULFIELD MP