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What is happening to Greater Manchester Maternity Services?

Sarah Davies

On 2nd February 2011 after five years of 'consultation', NHS Northwest bosses voted to close three of our city's remaining 11 maternity units. Despite all the campaigning and time and energy put in by local people, Manchester is to follow the centralising trend and create large 'baby factories'. The largest, Bolton, is planned to accommodate 7,200 births. Trafford, the first maternity unit to close as part of the reorganisation, closed last year, with the assurance that the possibility of a freestanding birth centre would be fully explored. We now know that a birth centre there has just been deemed 'too costly' by the PCT and the plan has been ditched. The obstetric and neonatal units at Salford, Bury and Rochdale will close, despite big campaigns in each area to retain them. There will be a freestanding birth centre at Salford, and the possibility of freestanding birth centres 'considered' in Bury and Rochdale. Cause for some optimism? Hardly.

Salford already has one of the biggest 'alongside' birth centres (660 births last year) but its experienced team of community midwives is to be disbanded, and the unit run as a satellite of St Mary's Hospital in Central Manchester. It is highly unlikely that birth centres in Bury and Rochdale will be approved, as their PCT is in the process of making swingeing financial cuts. The birth rate has risen by 16% since the deceptively named 'Making it Better' plans were first mooted, but this has not deterred the planners. They believe centralisation will bring economies of scale and are determined the units should close, despite lack of space in the other maternity hospitals which has prompted a search for 'beds' further afield. The closures will mean increased travelling for women and families in an already congested city. For homebirths transfer times will be longer.

NHS Northwest espouses a rhetoric of 'choice' which is clearly not supported by the reality; the reality is that managers increasingly see women and midwives as pawns to be moved about at will. There seems to be no understanding of the concept of safe teams, detailed so convincingly in the Kings Fund report (2008). No attention has been paid to the CQC reports about Northwick Park where problems with communication post merger actually led to the avoidable deaths of women. In Greater Manchester, women are already being discharged earlier and earlier to create capacity, while community midwives have been told they should cut the number of postnatal visits to two. Why, despite the research evidence and Government policy, have Greater Manchester maternity services ended up in such a desperate situation?

Women and midwives have been marginalised throughout the 'consultation'. Perhaps this is best summed up by the words of my 21 year old daughter who said after the meeting: 'I couldn't believe we all, women, mothers and midwives had to sit in that room listening politely to men in suits ... It was really patronising and out of order'. However, it's not always men making the decisions, and the campaigns have had great support from fathers and grandfathers! At the previous meeting, we had to listen to Liz Stevens, Chair of the Royal College of Midwives endorsing the closures with enthusiasm. A member of the National Clinical Advisory Panel (NCAT) called in by NHS Northwest to review the 'reconfiguration', Liz used her position to add weight to the Board's rubber stamping of the closures. She argued that they should go ahead without delay, and that good care 'is not about bricks and mortar'.

This action by Liz Stevens was the final nail in the coffin for those opposing closures. The findings of the NCAT report emboldened the Chief Executive of NHS Northwest to announce on *ITV News* that there was 'strong support for the rationalisation from the RCM' – this was despite opposition from Cathy Warwick and regional RCM representatives who provided detailed figures demonstrating the lack of capacity.

There are other elements that have undermined the campaign to preserve our units. These include

Fear: midwives and doctors at threatened units have been intimidated and threatened with disciplinary action if they speak out.

Medical power: midwives were outnumbered on committees, and the evidence midwives produced accorded less value than the opinion of doctors with a vested interest in the closures.

Weakened midwifery leadership: Heads of Midwifery seem unable to defend midwifery in the face of demands by Trust Boards and PCTs to cut and 'rationalise' services.

A culture of learned helplessness (Seligman 1992): Some midwives, ground down by overwork and a lack of appreciation of their role said, 'what's the point in saying anything? It won't make any difference!'

Greater Manchester's recent struggle illustrates midwifery's strengths and also its difficulties. We do have amazing resilience, skills and commitment to providing a good service. There is also widespread fear and passivity, a culture of individualism and lack of a coherent shared philosophy. To move forward now, I believe we must act collectively with childbearing women. We need to organise – midwives and women together. In Greater Manchester at our next ARM meeting (6th April) we will be discussing the setting up of a joint midwives and mothers activists group aimed at keeping the spotlight on our maternity services and promoting good midwifery care for all women.

REFERENCES

Kings Fund (2008) Safe births, everyone's business. www.kingsfund.org.uk/publications/safe_births.html
Seligman M E P (1992). *Helplessness*, Freeman, New York.