

The Birthplace Study: mapping the configuration and provision of maternity care

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Overview

- Background
- Aims and objectives
- Component studies
- Mapping study

Planned place of birth...

There is little doubt that the woman's own home is the ideal place for her confinement if there are no obstetrical, medical or domestic reasons to the contrary...

Myles 1953

Policy papers ...

*We consider that the resources of modern medicine should be available to all mothers and babies, and ... sufficient facilities should be provided to allow for 100% hospital delivery. **The greater safety of hospital confinement for mother and child justifies this objective.***

**Standing Maternity & Midwifery Advisory Committee
(Peel Report) 1970**

And then ...

Women should receive clear, unbiased advice and be able to choose where they would like their baby to be born.

**Changing Childbirth: Report of the expert
maternity group 1993**

Moving on ...

‘Depending on their circumstances, women and their partners will be able to choose between [the following] three different options...

- home
- midwifery unit
- obstetric unit ...’

Maternity matters: choice, access and continuity of care in a safe service DH 2007

Evidence?

- Reviews of research identified major gaps in evidence.
- Lack of accurate quantification of risk of adverse outcomes associated with birth **planned** in different settings

Recent media headlines

‘Home births are good for mothers but riskier for babies’ (The Guardian, 1 July 2010)

‘Home birth – proceed with caution’ (Lancet, 30 July 2010)

Home birth ‘trebles risk of baby’s death’
(Daily Mail, 1 July 2010)

Clearly we need better evidence!

Birthplace

- 4-year integrated programme of research
 - NIHR Service Delivery and Organisation (SDO) Programme
 - DH Policy Research Programme
- 6 component studies

Aim

- To compare outcomes of births **planned** at home, in midwifery units, and in obstetric units.

Component studies

1. **Terms and definitions**
2. **Mapping survey of NHS Trusts**
3. **Prospective cohort study**
4. **Intrapartum related deaths**
5. **Cost-effectiveness study**
6. **Case studies**

1. Terms and definitions

Freestanding MU: midwives take primary professional responsibility for care. Diagnostic and treatment medical services are not immediately available but are located on a separate site should they be needed.

Alongside MU: midwives take primary professional responsibility for care. Diagnostic and treatment medical services are available in the same building, or in a separate building on the same site.

Obstetric unit: care is provided by a team, with obstetricians taking primary professional responsibility for women at high risk of complications during labour and birth.

2. Mapping survey of NHS Trusts

Aim: To describe maternity service configuration, provision & use in England.

Status: Completed in collaboration with the Healthcare Commission Maternity Services Review 2007.

A1

www.healthcarecommission.org.uk

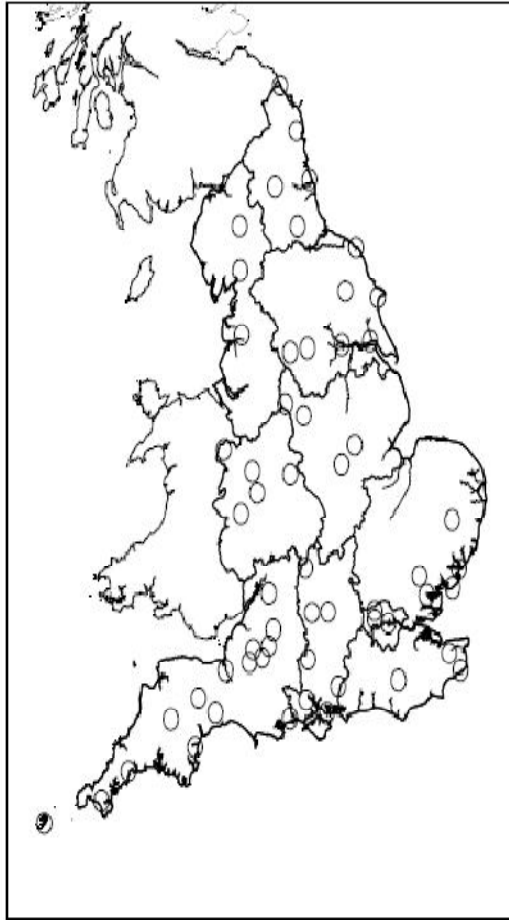
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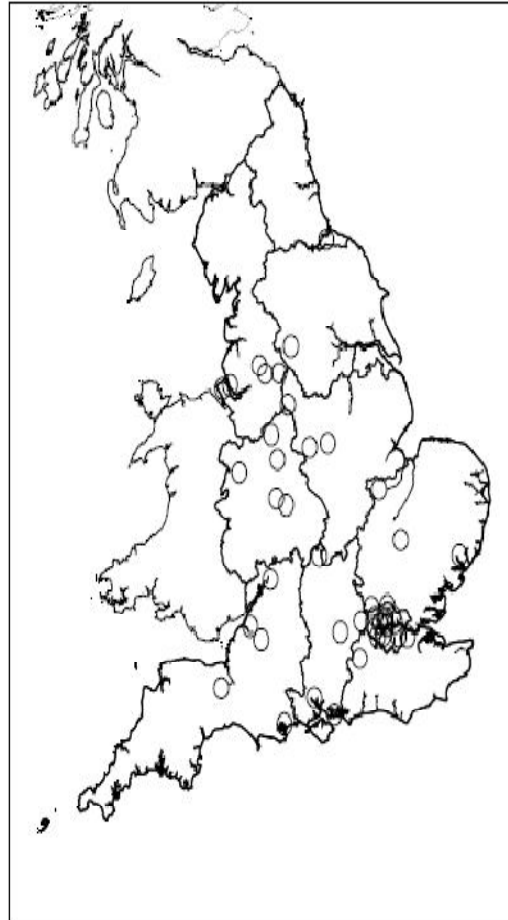
AndyK, 10/02/2009

2. Mapping survey of NHS Trusts

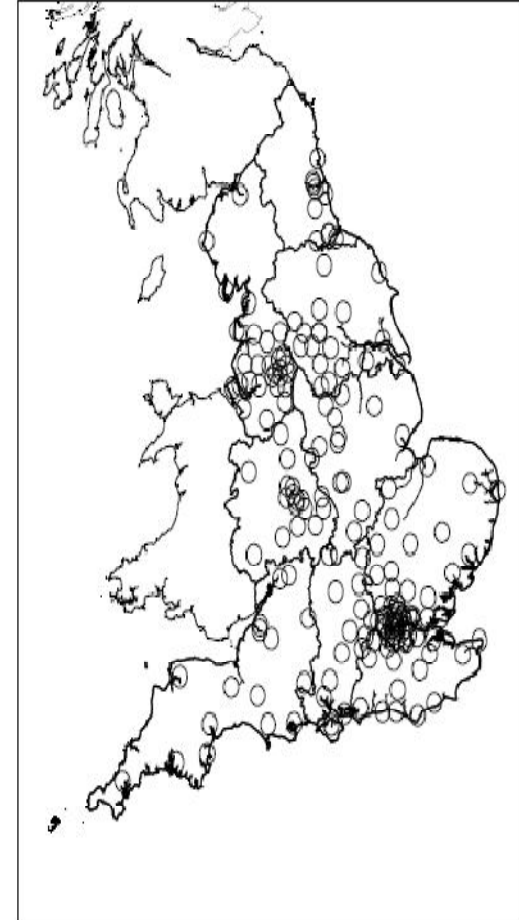
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OUs and AMUs	<input type="checkbox"/>	◆		17	13.2
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OUs, AMUs and FMUs	<input type="checkbox"/>	◆	● ● ●	2	3.3
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FMUs only			●	3	2.6



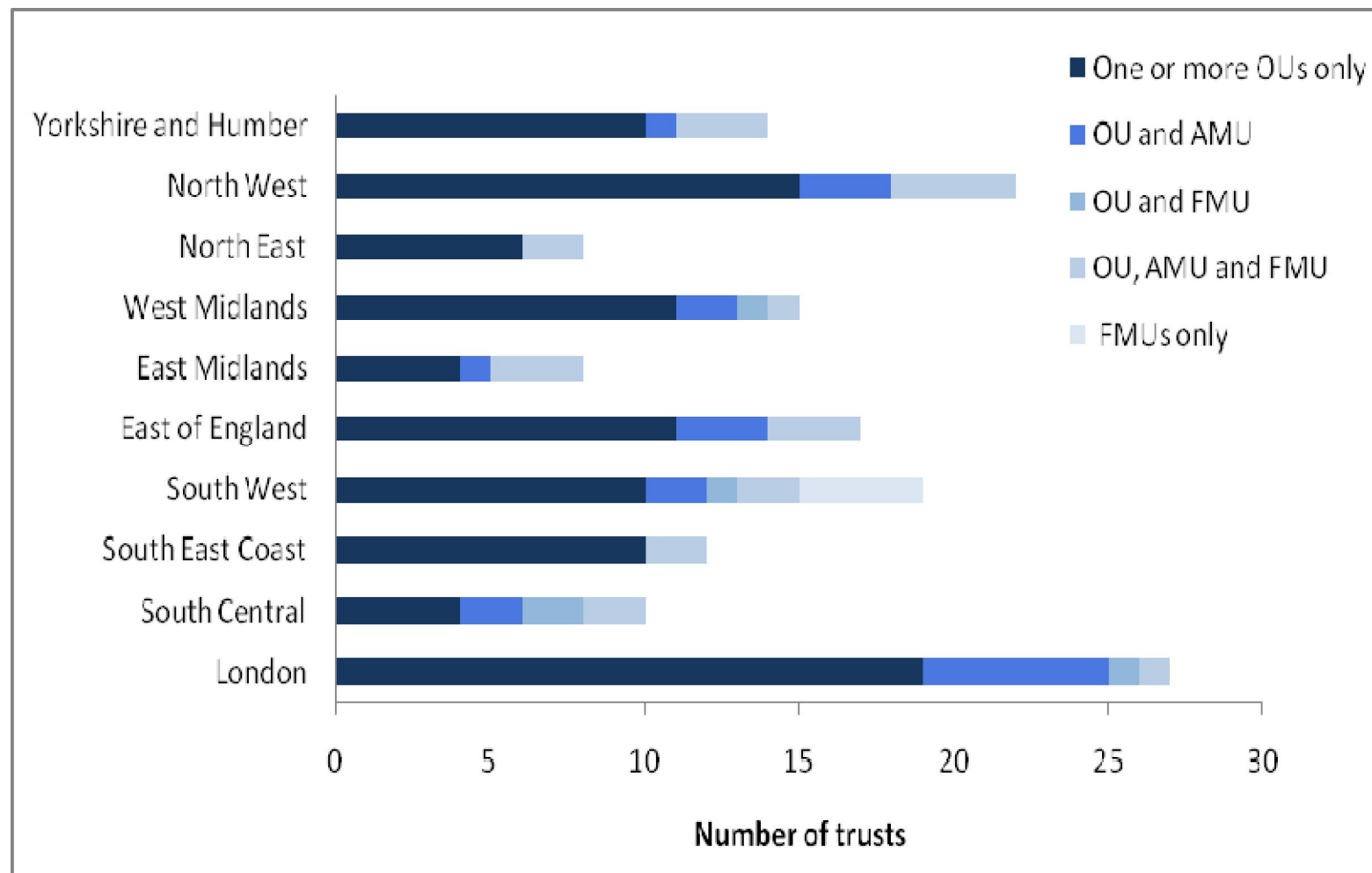
Freestanding midwifery units



Alongside midwifery units



Obstetric units



Conclusions

- In 2007, many women had limited options about planned place of birth
- Women's options appear to have increased since then
- Routine data collection would enable monitoring of changes

Birthplace team

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www.npeu.ox.ac.uk/birthplace

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