

Dear Sir

I should like to express enormous gratitude to Tom Barker and the Save Our NHS Leicestershire campaign group for all their efforts in challenging the Leicester Hospitals revamp plans. In his recent letter to Mailbox Tom urged everyone to get involved in two on-line public meetings which they will be holding on the 9th and the 21st of November. I shall certainly try but, like many elderly people, I find the thought of trying to be involved on-line very daunting.

In the meantime, may I, through Mailbox, make public my main concern about the planned revamp.

Above all, I am extremely worried about the proposed changes to maternity provision in Leicestershire. As I understand it, the intention is to build a new maternity hospital on the LRI site, close the stand-alone midwife-led unit in Melton and set up a stand-alone midwife-led unit at the General Hospital on a trial basis of one year only.

I should like the UHL management to explain what the benefits of this arrangement would be and whether they have considered both the financial costs and the costs in terms of the welfare of mothers-to-be and their babies. Recent research in this area shows that a totally different arrangement would be infinitely preferable. I would urge the UHL management to look at that research. They would find that the best people-centred approach has actually been shown to be the most cost-effective.

If the plan to build the new maternity hospital on the LRI site goes ahead, Dr Denis Walsh, Associate Professor in Midwifery, University of Nottingham (now retired), estimates that there will be upwards of 11,000 births per year, making it one of the largest hospitals in the UK. "This results in an assembly-line model of birth that loses the personal touch and leads to a higher level of complaints from women. It also leads to higher levels of interventions – so expect caesarean rates to go up. In addition, mega units like this are more expensive to run," he maintains. His comments are based on research conducted by Dr Walsh with several colleagues and published in 2017 under the title "Mapping midwifery and obstetric units in England".

In their report, Dr Walsh and his colleagues point to earlier research which showed that "outcomes for low risk women were better and care was less costly if births were planned in midwifery units rather than obstetric units, without compromising the safety of babies. In particular, having a baby in a midwifery unit reduced caesarean section rates by two thirds. There was also a reduced risk of instrumental delivery or of receiving medical interventions, and significantly greater likelihood of having a normal birth. The linked economic study also

found that cost per woman was less than traditional labour wards and care more cost effective.”

Dr Walsh supports the idea of a stand-alone midwifery unit on the General Hospital site but he adds “it will be set up to fail if they trial it for one year and expect 500 births to happen there over that time. It should not be a trial. They should promote it as necessary provision to meet NHS’s own policy on choice of place of birth for women. Then they should aggressively market it to women who, by and large, are unfamiliar with the model. The Trust should performance-manage themselves on achieving a target of 500 births over a 3 year-period by investing staff, training, facilities and promotion, making it a flagship service. This is the only way it will succeed and there are excellent examples of this approach in other places in England.”

Clearly, a stand-alone midwifery unit would only succeed if it had the full support, understanding, encouragement and commitment of the UHL NHS managers. Sadly, it would appear that that essential understanding and commitment is currently lacking.

It is abundantly clear that the UHL NHS managers need to invest more thought into providing the best possible maternity provision in Leicestershire for the benefit of future generations. Taking all the evidence into consideration, it seems obvious to me that, at the very least, they should be planning to establish a scaled-down new maternity hospital plus two fully supported and well-equipped stand-alone midwife-led units across three sites – Melton, the General Hospital and the LRI.

I sincerely hope that the UCL management will be prepared to give due consideration to the evidence about how to achieve the best possible outcomes for mothers-to-be and their babies both now and in the future

Yours,

Elizabeth Warren

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Leicester.