

# Maternity review

## Terms of reference

### Context

1. Births in this country are up by almost a quarter in the last decade, and are now at their highest in 40 years. Having a baby is the most common reason for hospital admission in England.
2. Recent advances in NHS care - including assisted conception technologies - mean we are now seeing increasing numbers of multiple births, preterm deliveries, older mothers, and expectant women who have pre-existing medical problems.
3. Whilst for the majority of women and their families, having a baby is a joyous experience, for some there are significant risks, poor experiences, and still too often heartache and loss as seen in the tragic events at the University Hospitals Morecambe Bay NHS Foundation Trust. Stillbirth rates, though declining in recent years, are higher than in many other high-income countries, and there is also wide variation in the care provided to women across the country.
4. Research by the Women's Institute and the NCT suggests that whilst only a quarter of women want to give birth in a hospital obstetrics unit, over 85% actually do so. Provision of midwife-led units has increased in recent years does not provide all women an appropriate choice. The latest NICE guidance makes clear that births in midwife-led units (both freestanding and alongside consultant led obstetric-units) and homebirths can be as safe, for low risk pregnancies, as those in consultant led obstetric units, and that these result in less intervention.
5. Maternity care costs the NHS around £2.6 billion in 2012-13, a rising share of the NHS budget. 35% of all clinical negligence claims received last year in the NHS, by value, were for obstetrics. The total cost of maternity clinical negligence cover in 2012-13 was £482 million - 20% of the total budget.

### Scope and purpose

6. The *NHS Five Year Forward View* committed to a review of maternity services to ensure they develop in a safe, responsive and efficient manner.
7. The Review will develop proposals for the future shape of modern, high quality and sustainable maternity services across England. The proposals should, in particular, seek to achieve three complementary objectives:
  - first, review the UK and international evidence and make recommendations on safe and efficient models of maternity services, including midwife-led units
  - second, ensure that the NHS supports and enables women to make safe and appropriate choices of maternity care for them and their babies

- third, support NHS staff including midwives to provide responsive care.
8. In developing proposals, the Review will pay particular attention to the challenges of achieving the above objectives in more geographically isolated areas, as highlighted in the Morecambe Bay Investigation report.

### **Chair and review panel membership**

9. The Review will be led by an external Chair, supported by a diverse panel of experts and other stakeholders with an interest in improving the quality of maternity services. The appointment of the Chair and other review panel members will be announced shortly.

### **Key principles**

10. In taking forward its work, the Review will be expected to:
- engage widely, openly and transparently at all times;
  - adopt an evidence-based approach, including making use of international comparisons;
  - promote the importance of inter-professional cooperation in achieving good outcomes;
  - make strategic links with other key programmes relevant to the scope of this review, including working closely with the recent review announced in Scotland;
  - consider the costs, benefits and implementation challenges of proposals, including the workforce; and
  - seek to achieve a broad consensus around final proposals.

### **Timeframe**

11. The review will be expected to conclude and publish proposals by the end of the year.