

Julia Lopez MP

Executive Offices, Trust Headquarters

Sent Via Email

Queen's Hospital

Rom Valley Way, Romford, RM7 0AG

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Phone: 01708 435 444/3

www.bhrhospitals.nhs.uk

 @BHRUT_NHS

Dear Julia,

Thank you for taking the time to meet me and my senior nursing team last week to discuss our decision to suspend our Midwifery Continuity of Carer (MCoC) service. We have now written to the families who will be affected to explain our reasoning, and a copy of that text is enclosed.

I promised to write to set out our rationale and some of the background.

We have been working hard to meet the recommendations of [the Ockenden report](#) that was written in the wake of the failure of maternity practices at Shrewsbury and Telford NHS Trust. One of the recommendations of this report is that:

“All trusts must review, and suspend if necessary, the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts.”

As you know, MCoC allows for a small team of midwives to provide care all the way from ante natal appointments, through to delivery - where 24-hour care during labour is available - to post-natal check-ups. The ratio of midwife to mothers in a MCoC team is one midwife for 36 women.

This is a much lower number of mothers per midwife than in a typical community midwifery service, where one community midwife would typically look after 150 women.

MCoC is designed to support women who are most at risk during their pregnancies. We introduced the service as a pilot in Upminster, Cranham, and Harold Wood where – with some exceptions – we tend to care for lower risk mothers. Our intention had been to review where we provided the service once we could see that it was working, but this was delayed during the pandemic.

We have 34 midwife vacancies at BHRUT, which is a ten per cent vacancy rate. To be compliant with the national Ockenden recommendation, we will suspend the MCoC service from 23 May. All of our boroughs will continue to have access to community midwives, and the team providing MCoC will work as part of this service to improve the midwife to mother ration across the full BHRUT footprint.

We know that 115 women affected by this change are more than 28 weeks into their pregnancies. We will strive to provide them with the MCoC service up to the point of labour.



MCoC is usually offered from the 28-week stage, so 152 women who are less than 28 weeks pregnant will receive their care from a community midwife rather than a MCoC team. The key difference is that the community midwives have larger caseloads and can't provide support during labour.

We are confident that MCoC is a strong model that delivers high quality maternity care, and we want to bring it back as soon as we can. We have good plans in place to fill our vacancies, including by recruiting overseas midwives, and with students who will be joining us in November.

Once our staffing is at safe levels, we will resume MCoC. The service will first be brought back to areas where we know we have the highest levels of health inequality and deprivation, and where we can focus on the most vulnerable mothers who are most at risk.

We cannot sustain a service where in one borough there is a midwife for every 36 women compared to another of our boroughs where it is one to 150. We need to use our resources fairly and where the most benefit will be delivered.

We discussed the evidence base for MCoC. This link takes you to the 2021/22 NHS planning guidance, which sets out the objective of making MCoC the default model by March 2023, "with rollout prioritised to those most likely to experience poorer outcomes," and "where safe staffing allows and building blocks are in place". Section 1.3 of this cites a range of research that supports it as a model of care.

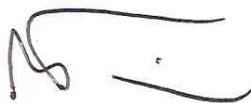
https://www.england.nhs.uk/wp-content/uploads/2021/10/B0961_Delivering-midwifery-continuity-of-carer-at-full-scale.pdf

I am sorry that we have had to take this step. As we explained when we met, we need to be supporting and encouraging people to choose midwifery as a career. Our maternity services face an ongoing battle from year to year to make sure that we are safely staffed, and post-Ockenden we need a national focus on building a sustainable workforce.

I was pleased to see that workforce and training were the first two essential actions in the Ockenden report, and we would be grateful for anything you can do in your role as a Member of Parliament, and a member of the government, to support these goals.

I will write to you when we are ready to reintroduce MCoC within our three boroughs, and will set out the basis on which we have chosen the areas to prioritise.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Matthew Trainer', with a long horizontal flourish extending to the right.

Matthew Trainer
Chief Executive

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