

Maternity Services Wigtownshire

Consultation Key Findings

Final Report

March 2024



DUMFRIES AND GALLOWAY
Health and Social Care

sleeping
GIANTS

Maternity Services Wigtownshire: Consultation Key Findings

Executive Summary

Background

A review of maternity services in Wigtownshire, led by independent experts, was carried out in 2023. After considering a range of different service options, two options were scored equally. These options were:

Option 1: The current maternity services arrangement:

- Midwife led care and support is provided for pre-planned, low risk births which take place at home.
- All high risk and unplanned births would still be recommended to take place at Dumfries and Galloway Royal Infirmary.
- Care before and after birth will remain the same as it is now and either provided at home, the Oaktree Family Centre in Stranraer, or for more complicated cases, at Dumfries and Galloway Royal Infirmary.

This option can be delivered within the current midwifery and workforce budget.

Option 2: This would provide the same level of midwife led care and support for pre-planned, low risk births but give women the choice on whether they have their baby at home or in the Galloway Community Hospital. No midwives are based at the Galloway Community Hospital and women who have their baby would be expected to go home within a few hours of giving birth.

All other services would be delivered as they are now and in the same way as in Option 1.

This option would cost more because there would be a one-off cost of approximately £103,000 to reinstate a birthing suite at Galloway Community Hospital. Option 2 can be delivered with the current midwifery workforce budget.

As part of a wider consultation to find out what people think of these options, NHS Dumfries and Galloway asked a local social enterprise, Sleeping Giants, to carry out a survey. An online and paper version of the survey were available to complete between November 2023 and February 2024. 97 people completed an online version and a further 4 completed a paper version.

The largest proportions of respondents were health and social care staff (40.6%, 41) and people who had accessed maternity services in Dumfries and Galloway in the last 10 years or planned to have a baby (35.6%, 36). The remainder had a family member who had accessed services, knew someone who had or were categorised as 'other'. The survey responses were analysed

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separately for members of the public (which includes all respondent groups other than staff) and staff; the key findings from this analysis are summarised in this report.

Members of the Public: Views on the Consultation Options

All respondents were asked what they liked about Option 1 and Option 2 and, conversely, what they thought could be improved about each option. In response to the first of these questions, most respondents described something that they liked about both options, but some gave a more mixed response (i.e. they described what they liked and disliked) or a negative response (they described only what they disliked or were concerned about). The most commonly liked feature of both options was that low risk births could take place in Wigtownshire (either at home or in the Galloway Community Hospital). A key issue here, and throughout the survey responses, was the length of the journey to Dumfries. Some respondents felt strongly that travel during pregnancy and labour was unnecessary, and that women should not have to experience the discomfort of a long journey when in labour or face the possibility of giving birth at the roadside.

Charts A and B summarise the type of response given in relation to Option 1 and 2 and show that more respondents described something they liked about Option 2 than Option 1. 12 respondents said that they liked that Option 1 gave women the choice of a home birth, with some perceiving this as preferable to travelling to Dumfries. For Option 2, 29 respondents liked that women could give birth locally and 14 liked that gave a choice of where to give birth. A home birth was perceived as inaccessible to some low risk mothers and therefore the option to deliver in the Galloway Community Hospital could increase the number of women giving birth in Wigtownshire.

Chart A: Summary of Response Types to 'What do you like about Option 1?'¹

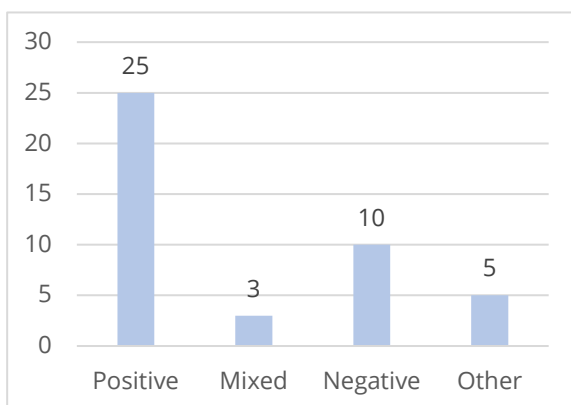
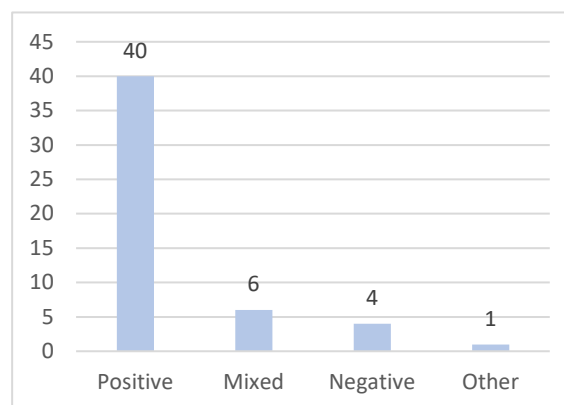


Chart B: Summary of Response Types to 'What do you like about Option 2?'



Although some respondents thought that local deliveries were positive, a smaller number expressed concern about the distance to Dumfries in the event of an emergency (three respondents stated this in relation to Option 1 and two when describing Option 2). Reflecting these concerns, some respondents expressed a preference for a Dumfries and Galloway Royal Infirmary delivery regardless of whether they were low or high risk.

¹ The sentiment of a small number of responses was unclear and therefore they were categorised as 'other'.

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Improvements were suggested to both options; for Option 1, these most often related to improving or increasing the maternity services locally. It was also suggested that the experience of women could be improved by enabling them to travel to Dumfries and Galloway Royal Infirmary in the early stages of labour to alleviate some of the discomfort experienced (and not be sent home).

The suggested improvements to Option 2 were more varied but included changes to the proposed early discharge from Galloway Community Hospital (mentioned by five respondents) and the need for sufficient numbers of staff (five respondents). Another four respondents called for Option 2 to go beyond what was been proposed and further increase the maternity services in Wigtownshire.

The survey asked respondents to indicate how much they would be affected if Option 1 and Option 2 were chosen and presented a sliding scale from 0 (not at all) to 10 (a lot). While Option 1 had a lower average impact score than Option 2 (4.1 and 5.8 respectively), the follow up comments suggest that the higher impact score given to Option 2 reflects the expectation held by some respondents that pregnant women would benefit from the additional choice it offered. In contrast, where Option 1 was expected to have an impact, it was most often thought to be a negative one because of the distance pregnant women were required to travel to Dumfries.

Health and Social Care Staff: Views on the Consultation Options

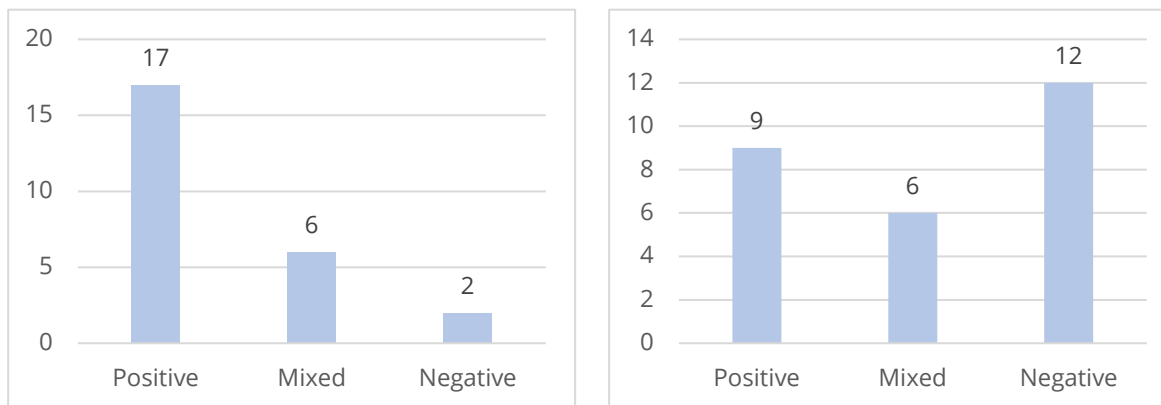
Staff members were asked the same questions as the members of the public and the type of response given to the question 'what did you like' about the options are summarised in Charts C and D. As these charts show, and in contrast to the members of the public, more staff respondents described something they liked about Option 1 than Option 2. A key theme to emerge from the staff responses was that, although some emphasised the importance of giving women choice, there were concerns about the strain home births and births in Galloway Community Hospital placed upon midwives.

The most liked feature of Option 1 was that it gave women the choice of having a home birth (eight staff members) and seven staff said that they liked that Option 2 gave women the choice of giving birth closer to home. The higher number of negative comments made about Option 2 reflect a perception held by some staff that, by offering a choice of where to give birth in Wigtownshire, the demands on midwives would increase. Because on-call community midwives are required to provide region-wide cover, some could face long journeys at the end of a long shift to attend a birth in Wigtownshire. It was also suggested that care quality would be adversely affected because it might take several hours for a midwife to reach a woman and the attending midwife might need to cancel appointments for their own caseload.

Chart C: Summary of Response Types to 'What do you like about Option 1?'

Chart D: Summary of Response Types to 'What do you like about Option 2?'

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The improvements suggested to both Option 1 and Option 2 reflected staff concerns and often related to midwife numbers or the geographic area covered by midwives on-call. Staff also wanted women to be given clear information about the choices available to them and the risks associated with both.

Staff members were asked to indicate how much they would be affected if Option 1 and Option 2 were chosen and presented with a sliding scale from 0 (not at all) to 10 (a lot). The average impact score for Option 1 was 3.3 and 6.1 for Option 2, which indicates that staff expected to be most affected by Option 2. The explanations given for the impact scores reflect the concerns expressed earlier and most often referred to the demands on both staff and wider services. Some staff thought that Option 2 would lead to poorer maternity care and inequities in services across the region with a midwife led hospital birth only being available to those in Wigtownshire. For midwives, Option 2 was expected to lead to poorer job satisfaction, work life balance and unsafe working conditions.

Further concerns were expressed about the potential for Option 2 to create false expectations about the breadth of services that could be provided at the Galloway Community Hospital and therefore lead to women presenting with care needs that cannot be supported (i.e. high risk mothers or women experiencing an emergency). Staff also questioned if an early discharge could lead to women being sent home when support was still required.

Summary of Key Points:

The survey did not ask respondents to indicate a preference for Option 1 or 2 and the findings therefore provide a broader understanding of what members of the public and staff thought of both options rather than conclusive endorsement of either option. A series of key points can be drawn from the analysis presented here that should be taken into consideration in the decision making process.

Given the sample size, we do not know how representative the findings are of the wider population. The analysis presented in this report has therefore sought to ensure that the different viewpoints shared are heard so that they too can be considered when planning maternity services in Wigtownshire.

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Indeed, different opinions on Option 1 and 2 (as well as maternity services more broadly) were expressed and indicate that a breadth of needs and preferences underpin an individual's decision on where to give birth. While some respondents preferred Option 2 because it was perceived to reduce the need for travel, others expressed a preference for giving birth in the Dumfries and Galloway Royal Infirmary regardless of whether they were high or low risk. Delivery here was perceived to be safer because, in the event of an emergency, they would be closer to the specialist care required.

These contrasting views emphasise the importance of offering low risk mothers a choice of where to give birth. To enable an informed choice to be made, clear and transparent communication on the available birthing options and associated risks will be an important component of whichever option is chosen.

Although health and social care staff views were also mixed, significant concerns were expressed about the provision of both home births and hospital births in Wigtownshire. While the importance of offering choice was recognised, the region-wide on-call service meant that Galloway Community Hospital deliveries were expected to place additional burdens on an already stretched service. Some staff therefore expected Option 2 to adversely affect both them and the quality of maternity care.

Overall, the available findings suggest that there is no single option that suits the needs and preferences of all. While some women would continue to choose Dumfries and Galloway Royal Infirmary as their preferred location to give birth regardless of the services provided in Wigtownshire, others would welcome the increased choice offered by Option 2. However, the strong views expressed by staff and members of the public suggest that further communication will be required as NHS Dumfries and Galloway continue to plan future service provision.

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1 Introduction

1.1 Background

The Clenoch birthing suite at Galloway Community Hospital was suspended in 2018 due to staffing pressures. At the request of the Dumfries and Galloway's Integration Joint Board (IJB), a review of maternity services in Wigtownshire took place in 2023 and was led by independent health professionals. Two of the options for birthing services considered in the review scored equally, these are:

Option 1:	<p>The current maternity services arrangement:</p> <ul style="list-style-type: none">• Midwife led care and support is provided for pre-planned, low risk births which take place at home.• All high risk and unplanned births would still be recommended to take place at Dumfries and Galloway Royal Infirmary.• Care before and after birth will remain the same as it is now and either provided at home, the Oaktree Family Centre in Stranraer, or for more complicated cases, at Dumfries and Galloway Royal Infirmary. <p>This option can be delivered within the current midwifery and workforce budget.</p>
Option 2:	<p>This would provide the same level of midwife led care and support for pre-planned, low risk births but give women the choice on whether they have their baby at home or in the Galloway Community Hospital. No midwives are based at the Galloway Community Hospital and women who have their baby would be expected to go home within a few hours of giving birth.</p> <p>All other services would be delivered as they are now and in the same way as in Option 1.</p> <p>This option would cost more because there would be a one-off cost of approximately £103,000 to reinstate a birthing suite at Galloway Community Hospital. Option 2 can be delivered with the current midwifery workforce budget.</p>

The IJB asked a team from NHS Dumfries and Galloway to find out what people think of these two options. In addition to a series of face-to-face events carried out by NHS Dumfries and Galloway around Wigtownshire, both online and paper versions of a survey were made available for completion between November 2023 and February 2024. Sleeping Giants – a locally based social enterprise – were asked by NHS Dumfries and Galloway to co-produce the survey with them and then analyse the findings. This report presents the findings from this survey.

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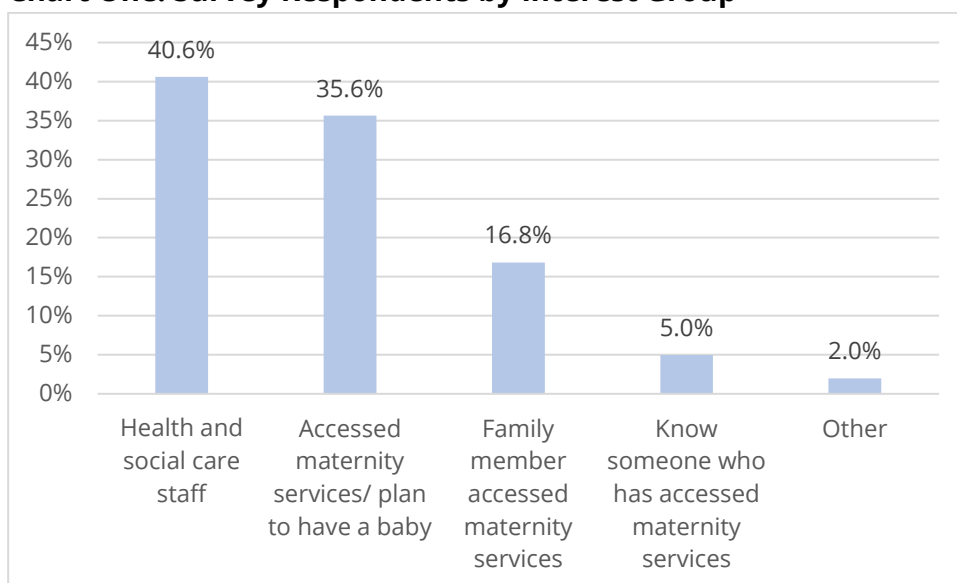
1.2 About the Survey

To ensure respondents understood the purpose of the consultation and the differences between the two options, the survey presented information about the review process and descriptions of both Option 1 and 2. It then asked a series of questions that explored:

- What people liked about each option.
- What people thought could be improved about each option.
- If and how people would be affected if Option 1 and Option 2 were chosen.
- Any other views on maternity services.

While 168 people clicked on the online version of the survey, only 97 of these answered one or more of the consultation questions (i.e. 97 people commented or answered a question on the consultation options in the online survey). An additional 4 people shared their views via a paper version of the survey. The findings summarised in this report are based on these 101 responses. As Chart One shows that while the largest proportion of these (40.6%, 41) were submitted by health and social care staff,² over a third of respondents (35.6%, 36) had accessed maternity services in Dumfries and Galloway in the last ten years or planned to have a baby. Smaller numbers of respondents had a family member who had accessed services (16.8%, 17), knew someone who had accessed maternity services (5.0%, 5) or were categorised as 'other' (2.0%, 2). The findings presented here therefore offer a balance of staff and public views on maternity services.

Chart One: Survey Respondents by Interest Group



Base: All Respondents (101)

Table One summarises the characteristics of the 56 members of the public who completed the online survey³ (members of the public includes all interest groups other than health and social care staff). Please note, none of these respondents reported having a disability.

² This includes a small number of health and social care staff who had also accessed maternity services.

³ The paper version of the survey did not ask for demographic information.

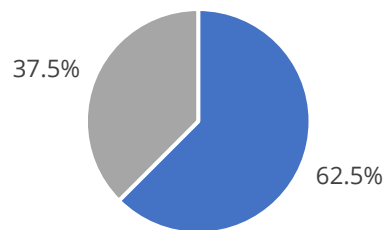
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Table One: Summary of Members of Public Survey Sample

Gender:

Most of the sample were women (62.5%, 35). The remainder (37.5%, 21) did not provide their gender or are not reported here because of the small number. No one identified as transgender.

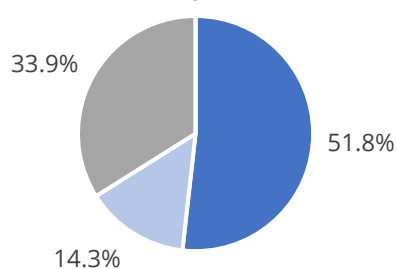
■ Woman ■ Did not answer/ suppressed



Age:

Over half (51.8%, 29) were aged 15-44 years and 14.3% (8) were 45-64 years. The remainder (33.9%, 19) chose not to provide their age or are not reported here because of the small number.

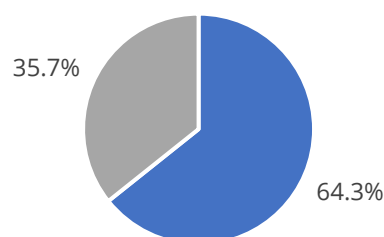
■ 15-44 years ■ 45-64 years ■ Did not answer/ suppressed



Sexuality:

All of those who provided their sexuality were heterosexual (64.3%, 36). Over a third chose not to answer this question (35.7%, 20).

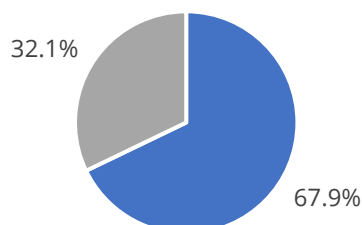
■ Heterosexual ■ Did not answer



Ethnicity:

Over two thirds (67.9%, 38) identified as White. This includes White - Scottish, White - Other British and White - Other. The remainder (32.1%, 18) did not answer or are not reported here because of the small numbers.

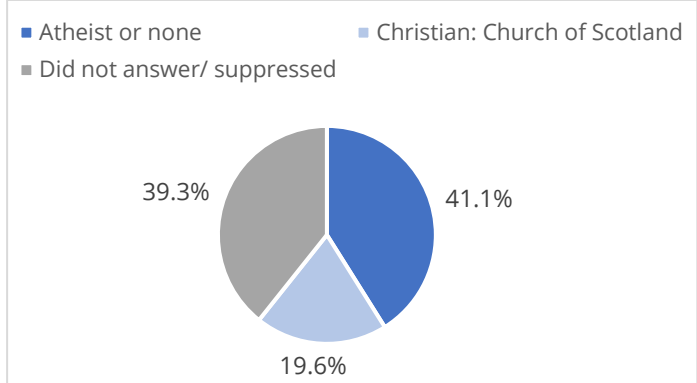
■ White ■ Did not answer/ suppressed



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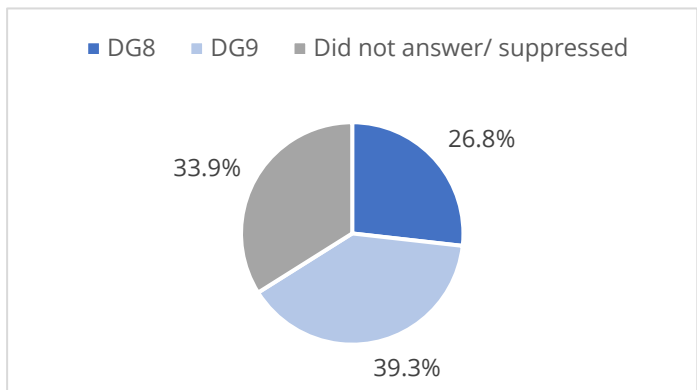
Religion:

Most respondents said that they were atheist or had no religion (41.1%, 23) and 19.6% (11) Christian: Church of Scotland. The remainder (39.3%, 22) did not answer or are not reported here because of the small numbers.



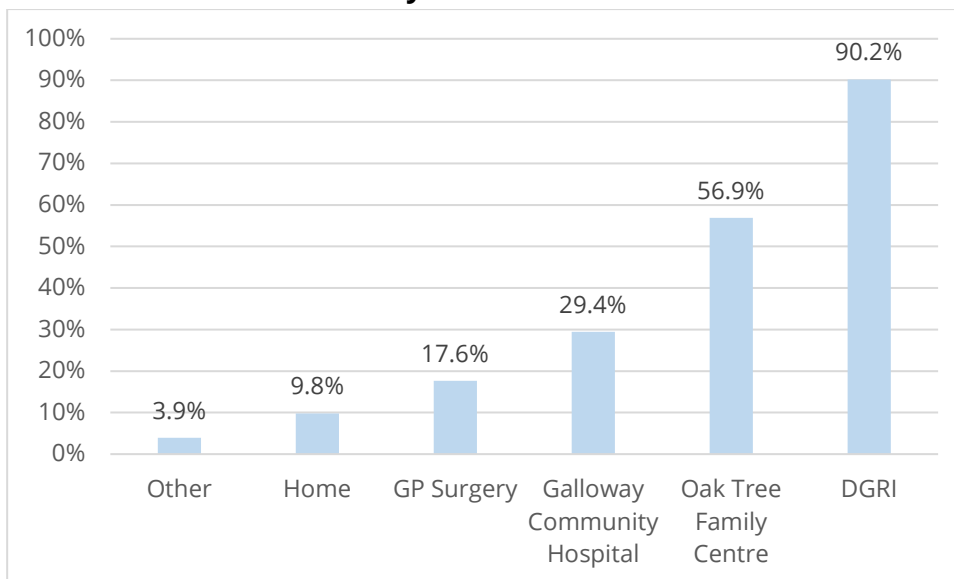
Postcode area:

The largest proportion of respondents (39.3%, 22) were from the DG9 (Stranraer) postcode area. 26.8% (15) were from the DG8 (Newton Stewart) area. The remainder (33.9%, 19) either did not provide their postcode or are not reported here because the numbers are too small.



Those respondents (51 people) who had accessed maternity services or had a family member who had accessed services in the last 10 years were asked where they had received care. As Chart Two shows, Dumfries and Galloway Royal Infirmary (90.2%, 46) and the Oaktree Family Centre (56.9%, 29) were the two most commonly reported.

Chart Two: Where Maternity Services had been Accessed



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1.3 Report Structure

The remainder of this report is structured as follows:

- Section 2 presents a summary of the views of members of the public on the two consultation options.
- Section 3 summarises the views of staff members.
- Section 4 presents the conclusions that can be drawn from these findings.

2 Views on Consultation Options: Members of the Public

2.1 Introduction

The survey described the two options for maternity services in Wigtownshire (see Section 1.1) and asked a series of questions about both. The responses given by members of the public to these questions are summarised in this section.

A variety of views were expressed on both options and the responses given suggest that members of the public recognised and understood the differences between the two options. However, there were a small number of exceptions and these should therefore be considered when reviewing the findings:

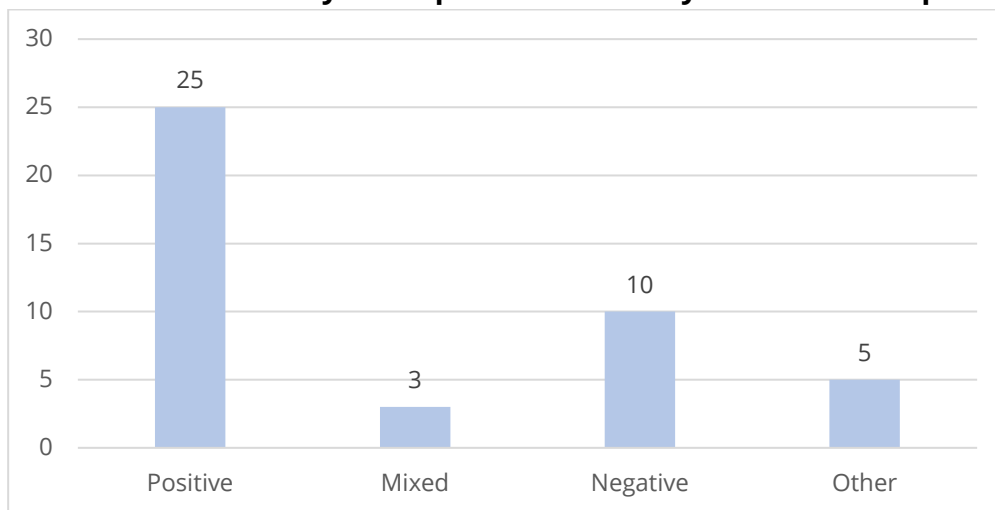
- Four respondents said that delivery in the Galloway Community Hospital was safer than a home birth but did not explain why in their answers. While it might be that a hospital delivery simply feels safer to some, it is also possible that there is an expectation that midwives can offer care in the hospital that is not available in a home birth.
- Being sent home from the Dumfries and Galloway Royal Infirmary when in the early stages of labour was a concern for some respondents and two of these stated that the ability to be reviewed by midwives at the Galloway Community Hospital would determine if it was the right time to travel to Dumfries and therefore a positive feature of Option 2. Again, it is not possible to determine from the responses given whether these respondents recognised that midwives would not be based at the Galloway Community Hospital in Option 2.
- Another respondent thought that Option 2 "*would bring more maternity job roles to the area*".

2.2 Views on Option 1

43 respondents answered the question, 'What do you like about Option 1?' and Chart Three summarises the type of responses given. Because respondents were asked to identify what they liked, it would be expected that most of the comments would be positive. Indeed, 25 of the respondents who answered this question described something they liked. However, some responses were mixed (three respondents identified something they liked and something they didn't like) and 10 were negative (they didn't describe anything they liked but rather raised an issue or concern). A further five comments were made that cannot be categorised in this way because there was insufficient detail to attribute sentiment to them or they called for an increase in services in Wigtownshire without referring to Option 1.

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Chart Three: Summary of Responses 'What do you like about Option 1?'



The features that respondents liked, disliked or were concerned about are summarised in Table Two.

Table Two: What Respondents Liked About Option 1 or Disliked/were Concerned About Option to have a home birth:

12 respondents liked that low risk mothers were given the option to deliver at home and some of these went on to explain that this was preferable to travelling to Dumfries.

"That low risk births have a choice of where they want to be."

"Means we wouldn't need to travel to Dumfries or anywhere meaning it's a more comfortable environment."

"It offers the choice to stay home removing the need to travel to Dumfries while in labour."

It provides appropriate and safe care:

Five respondents thought that Option 1 was "safe" in that it provided the support of a midwife or specialist teams in Dumfries and Galloway Royal Infirmary as appropriate to need.

"Having support from specialist teams at DGRI as needed."

"...Complications can occur with no specialist services - but this is also happening with having to travel with mums delivering on the road so better having a midwife than none when there is complications."

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Lower costs:

Four respondents referred to the cost of Option 1 and said that it either cost less than Option 2 or saved money. For example:

"Saves money by not having a staffed maternity section at Stranraer hospital."

"Saves spending money changing service."

Other comments:

Some of the other things that respondents liked included:

- It provided a consistent and familiar service (one respondent).
- It was equitable with provision elsewhere in the region (two respondents).
- It's known to be achievable (one respondent).
- It's a *"good and fair option"* (one respondent).
- It provides antenatal and postnatal care locally (two respondents).
- Three respondents stated that a hospital birth was preferable to a home birth.

Concerns/ features of Option 1 that were disliked:

Some respondents chose to use this question as an opportunity to share what they didn't like or were concerned about. For example:

- Four respondents said that home births aren't currently being offered:⁴

"In theory this is great but it's not happening. Women are not being offered the option of at home births, no matter what you are being told. No one is being offered them."

- Four respondents said that they didn't like anything about Option 1. While three didn't offer further details, the other stated that there's *"no consideration for distance or rural roads..."*
- Three respondents were concerned about the length of the journey needed should there be an emergency or the potential delay in the arrival of an ambulance.

"This seems sensible however the risk of something going wrong during delivery would lead to a transfer time of up to two hours which is a real concern."

- A respondent was concerned that the home births could create maternity staffing shortages and that additional midwives were required.
- One respondent thought that Option 1 was unsatisfactory because it has *"been unsuccessful in empowering women to have home births"* and went on to state that Option 2 had been recommended by independent experts (one respondent).
- Another respondent said that it's *"a disgrace expecting women to travel 75 miles for check ups..."* without commenting on Option 1 and another that *"Stranraer should have their [sic] open again."*

⁴ NHS Dumfries and Galloway have reported that between August 2022 and August 2023, there were 16 planned home births in the local area.

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The suggested improvements to Option 1 were varied but many echoed these comments. 11 out of the 28 suggestions related to improving or increasing the maternity services available locally. For example, a respondent called for the provision of full maternity services in Stranraer and two called for more staff.

"Having a midwife in Stranraer when needed would definitely be a bonus rather than coming from Dumfries."

For four others, maternity services could be improved by increasing access to midwives (especially out of hours) and antenatal care more broadly in Wigtownshire.

"As stated out of hours midwife service... Weekend support instead of having to travel to Dumfries for a scan when low movement for example."

"Midwives are on seven days a week but do not accept patients unplanned at this time and some women still need to go to Dumfries despite staff being on (possibly due to limited staff). Patients should get seen Mon-Sun when they are on, even to check for labour prior to transfer to assess for safe transfer."

"More effort to have all pre-natal care in Stranraer. Easier access to appointments..."

Two respondents would like to have the choice of a hospital birth locally and another three simply stated a preference for Option 2.

"To improve Option 1, I would certainly recommend a second option closer to home where women can give birth that isn't in their own house. This again links to the personal circumstances of the mother including their home environment."

Five of the suggestions addressed some of the issues associated with births at the Dumfries and Galloway Royal Infirmary: three wanted women to be admitted in the early stages of labour (rather than being sent home or having to make the journey when more dilated) and two said that help with accommodation or transport was needed.

The remainder of the comments were more varied and included:

- Three restated their earlier concerns that home births were not being offered to women in Wigtownshire.
- Two emphasised the importance of delivery within a "safe medicalised setting" or where "hygiene was of the highest calibre and there is a backup professional."

No clear differences emerged in responses by respondent group. For example, of the seven respondents who did not identify something they liked about Option 1, four had accessed maternity services, two had a family member who had accessed services and one knew someone who had done so. However, more women who had accessed maternity services (or

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planned to in the future) completed the survey than the other respondent groups and this finding is likely to be indicative of differences in sample size rather than opinion.

2.3 Views on Option 2

Respondents were also asked what they liked about Option 2 and, as would be expected given the question wording, the comments made by the 51 people who chose to answer were mostly positive: 40 described something they liked, six respondents gave a mixed response (they described something positive and negative about Option 2) and four gave a negative response (they didn't describe anything they liked). Three out of four of these respondents who gave a negative response had accessed maternity services and the fourth had a family member who had accessed services; all four questioned the safety of giving birth in Wigtownshire (these responses are described further in Table Three).

Chart Four: Summary of Responses to 'What do you like about Option 2?'

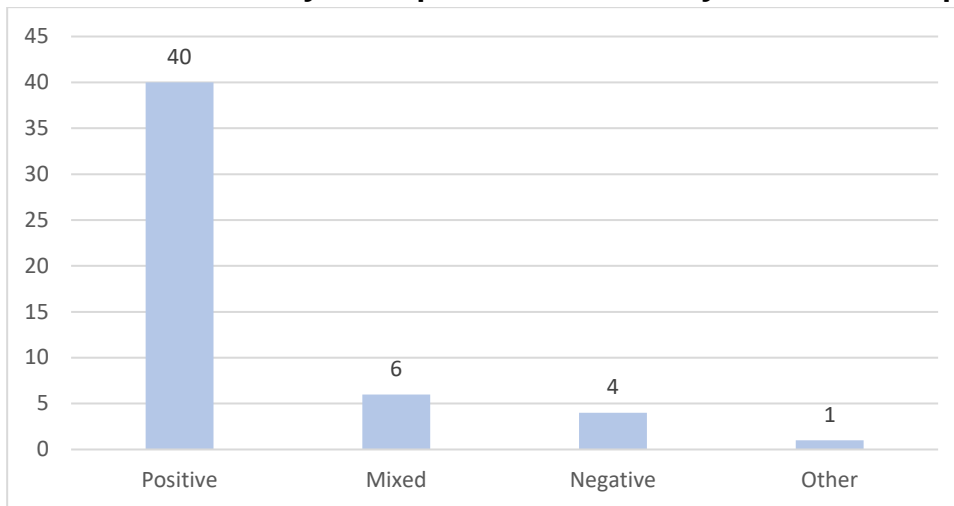


Table Three: What Respondents Liked About Option 2 or were Concerned About

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Can deliver close to home/ avoid journey to Dumfries:

The most common type of response (made by 29 people) referred to the opportunity to give birth closer to home and therefore remove the need for travel to Dumfries.

"Women have a chance of being able to have their babies near to home, without travelling or added stress. Even one baby being born in a controlled environment in Stranraer is better than the 0 we have just now."

"Low risk births have the choice of hospital closer to home rather than traveling to Dumfries."

"I think we should definitely have the option to give birth in the Galloway Community Hospital, because it's ridiculous having to travel from Stranraer to Dumfries when in labour."

Some of these respondents described how they or someone they knew had given birth at the roadside and thought that Option 2 would reduce the likelihood of this happening.

"The fact that I personally know a few young mothers who had to stop and basically have their babies at the roadside on the way to Dumfries, with only their untrained husband to help, a few of who had been to Dumfries in the previous 24hrs and been sent home again."

"Less chance of mothers giving birth by the roadside and family members won't have the stress of transporting mums in labour to Dumfries."

Provides choice:

14 respondents liked that Option 2 gave women a choice of where to give birth.

"Women have a choice about whether to deliver closer to home or to make an up to two-hour journey."

"One of the key advantages is the flexibility it offers in terms of the birth location. With the option to choose between home or Galloway Community Hospital, expectant parents have more choices and can select the setting that aligns best with their preferences and needs."

The opportunity to deliver in the Galloway Community Hospital was important here and seven of these respondents referred to it in their answers. While most referred to the increased choice offered by this option, two respondents said they would prefer a hospital delivery:

"I want to give birth in a hospital, in my own community."

Another respondent felt that, because home births are not a feasible option for all, it meant more women would now be able to deliver locally:

"I like the new idea that women can have this option especially if it is not a good option for a woman to have the baby at home i.e. there's illness at home or it is overcrowded."

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It's safe:

Five respondents referred to the perceived safety of Option 2. The opportunity to deliver in a hospital was again important here for a variety of reasons. For one respondent, the Galloway Community Hospital was closer to Dumfries than some homes and therefore better positioned should an emergency transfer be needed:

"It offers the choice of being closer to home for some more rural mothers but still potentially closer to Dumfries than their home may be should an emergency transfer be required."

Another two respondents stated that delivery in a hospital would be safer than a home birth without explaining why:

"It would still feel safer than a home birth."

"Means it's more accessible for people who don't drive or have access to a lift to Dumfries to give birth and means it's a sometimes safer environment to give birth than at home, definitely would be an more convenient option for mothers including myself who would definitely give birth in Stranraer rather than Dumfries again."

The remaining two responses suggest that there is an expectation that appropriate emergency care could be provided locally:

"Option to have a midwife led birth but with the safety of access to hospital."

"That the maternity services are closer to our home so if there was an emergency, you feel closer to professional care."

Other comments:

The following other (and less frequent) types of comments were also made:

- Three respondents liked that it offered midwife led care throughout pregnancy and birth.
- Two felt that it would offer women peace of mind.
- One respondent repeated their earlier statement that they supported Option 2 and that it had been recommended by the experts who had led the earlier review.
- Another said that offering a service equitable to that in Dumfries was essential to attract people to the area.

Concerns/ what people didn't like:

Like Option 1, some respondents chose to use this question to describe what they didn't like about Option 2. These responses included:

- While they welcomed the opportunity given to some women to deliver locally, two respondents stated that Option 2 was likely to benefit only a few:

"Probably prevents some mothers travelling but it will only be a small amount of women in the west."

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- Two respondents said that a long transfer would still be required in an emergency situation. For example,

"Better than current but does not allow for late appearing emergency which could result in a life threatening drive to Dumfries."

- A respondent did not think there was sufficient midwives to deliver Option 2.
- Another said that they didn't want to give birth in a *"place that does not deliver babies that often"* and a second respondent said that they would prefer to travel to the Dumfries and Galloway Royal Infirmary so that they had the option to stay overnight if extra support was needed.
- While one respondent thought that giving birth in the Galloway Community Hospital was preferable to a home birth because of cleanliness, the early discharge was *"not ideal with a small baby"*.

Respondents were also asked to describe what they thought could be improved about Option 2 and 29 chose to do this. The suggested improvements were varied but one of the more commonly mentioned (five respondents) related to the early discharge from the Galloway Community Hospital:

"Having more than a few hours in Galloway Community Hospital - worrying to discharge women so quickly and the only other option would be to be transported to Dumfries and Galloway Community Hospital - a few extra hours might make a big difference and prevent needing a bed in Dumfries."

"The only negative about Option 2 for me is I wouldn't like the short amount of time in hospital. I think a longer period of support should be available."

Another five respondents called for sufficient numbers of suitably trained staff:

"Ensuring there are sufficient midwives available ideally in Stranraer or at least Dumfries and Galloway."

"...Additionally, there could be an investment in ensuring that both home birth and hospital birth settings have adequate staffing, equipment, and facilities to provide safe and high-quality care. This would involve assessing and addressing any potential gaps or challenges in each setting to ensure a consistent standard of care regardless of the chosen location."

Four respondents wanted more maternity services to be provided in Stranraer and called for Option 2 to go further:

"I believe this is the beginning of a better avenue for future mothers. However, I do not think it is striving for its greatest potential either. I appreciate the reintroduction of a

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more local birthing option for low risk births (and I do believe that high risk births should continue to be directed to DGRI). However this questionnaire is limiting the possibilities at the Galloway Community Hospital. Staffing issues should be addressed and the opportunity for mothers in and around Stranraer should also be considered."

"The Clenoch was shut without consultation. There should be an option for women in labour, needing reassurance, or giving birth to have assistance that isn't up to two hours away!"

Another respondent called for "higher risk mothers to be supported..." and two called for an improved out of hours service:

"I think access for checks out with 9-5 without the need to travel to Dumfries would be advantageous."

Two respondents queried how Option 2 would work in practice ("would there be 24/7 cover of a birthing suite?") and another three queried the definitions of low and high risk births. Other comments made included:

- Pregnant women should be provided with detailed information on the delivery options available to them (one respondent).
- Offer water births (one respondent).
- A respondent wanted to make sure that low risk women could still choose to deliver in Dumfries and conversely, another stated that women shouldn't be pressurised to go to Dumfries.
- Two respondents expressed concerns about access to the appropriate care in an emergency and another simply said that Option 2 "shouldn't happen."

2.4 How Option 1 and 2 Would Impact

The survey asked respondents to indicate how much they would be affected if Option 1 and Option 2 were chosen and presented a sliding scale from 0 (not at all) to 10 (a lot). While Option 1 had a lower average impact score than Option 2 (4.1 and 5.8 respectively), the follow up comments suggest that the higher impact score given to Option 2 reflects the expectation held by some respondents that pregnant women would benefit from the additional choice it offered. In contrast, where Option 1 was expected to have an impact, it was most often thought to be a negative one because of the distance pregnant women were required to travel to Dumfries. The different ways in which each option was anticipated to have an impact are discussed in turn below.

Average Impact Scores	
Option 1:	Option 2:

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4.1⁵

5.8⁴

Of the 24 people who chose to describe the impact that Option 1 would have on them, 14 had provided an impact rating of 5 or more (therefore indicating that this option would affect them in some way).⁶ Most often, these respondents referred to the distance to Dumfries (mentioned by 10 respondents). For some, Option 1 meant that women would have to make a lengthy journey when in labour and therefore risk either delayed access to care in the event of an emergency or the possibility of delivering at the roadside:

"The risk caused by the distance, road conditions and frequent diversions."(gave Option 1 an impact rating of 10)

"Fear that either a mother, a baby or both could be put at risk, as my daughter was one of the mums that delivered on route to Dumfries by car."(did not provide an impact rating)

"My daughter or daughter in-law would face the risk of long transfer times should things not go to plan."(gave Option 1 an impact rating of 6)

Others simply did not think that they should have to travel to access maternity services:

"I live almost two hours from DGRI and would rather not have another child than plan another delivery at DGRI."(gave Option 1 an impact rating of 8)

"I have friends and family members who are due babies in the near future. The current model is not a happy way for expectant Mums to spend their pregnancies, constantly having to go up and down the A75 and this option sounds like this would just continue."
(gave Option 1 an impact rating of 8)

A respondent also stated that Option 1 meant that a midwife might not arrive in time for a home birth:

"Would still be the same, option is there to give birth however waiting on a midwife from Dumfries to come and help isn't ideal as some labours including myself are very very fast and they would probably miss it."(gave Option 1 an impact rating of 5)

Conversely, a smaller number of respondents (six) said that it would have little or no impact because Option 1 represents the current service or that they/ family did not plan to have another baby:

"Hardly at all as its what's in place right now."(gave Option 1 an impact rating of 1)

"It does not affect me as I have finished having my family."(gave Option 1 an impact rating of 0)

The remainder of the responses were more varied and included:

- Women did not have much choice about where to give birth under Option 1 (two respondents):

⁵ Based on 45 responses.

⁶ Four provided an impact rating of 2 or less and another four chose not to provide any impact rating.

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"Low risk birth but do not want home birth. No choice but to go to Dumfries hospital."(gave Option 1 an impact rating of 8)

- Two respondents said that while they would not be affected by Option 1, their friends or family would be (without specifying how):

"It will affect my family should they choose to remain living in this area."(gave Option 1 an impact rating of 8)"

"This affects my friends and family's decisions regarding whether to have more babies or not due to lack of service provision in Stranraer."(gave Option 1 an impact rating of 8)

- A respondent was unsure how they'd be affected. Whilst they would have preferred to deliver their first child at Dumfries and Galloway Royal Infirmary, it would be easier to manage childcare arrangements if a second child was born closer to home. (gave an impact rating of 5)

While Option 2 had a higher average impact score of 5.8 (based on 45 responses), some of the descriptions of how people would be affected suggest that respondents anticipated that it would affect them in a more positive way. 33 people chose to explain how they would be affected, 11 of whom said that it would enable women to give birth closer to home and therefore benefit them, friends, family or women more generally.

"It would give my children the option that they deserve to have their own children safely delivered within reasonable travelling distance safely."(gave Option 2 an impact rating of 8)

"I would feel far more at ease. Knowing my family and friends are close by, no travelling whilst dealing with the stress of labour."(gave Option 2 an impact rating of 10)

"Being able to have a birth closer to home and not have the fear of giving birth in the car on the way to Dumfries. Having a first labour which was very fast this is a concern of mine for my current pregnancy."(gave Option 2 an impact rating of 10)

Four thought that Option 2 gave more choice on where to deliver:

"Women would have more freedom of choice about where they wanted to labour. Stranraer wouldn't feel as isolated."(gave Option 2 an impact rating of 8)

"A birthing suite at GCH would be a much more attractive option."(gave Option 2 an impact rating of 10)

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Three respondents also thought that it would provide a safe birthing options by reducing the risk of giving birth in the local A&E department or by providing a “safe place” or “safe local delivery” more broadly.

In contrast, three respondents thought that Option 2 would place additional strain on maternity services:

“Women in other areas of the region could be affected as their midwife could be covering the on call. Higher cost, impact on other services.” (gave Option 2 an impact rating of 7)

Seven respondents said that they would not be impacted because they or their family were not planning to have a baby or that it wouldn't affect where they chose to give birth.

“Living in Newton Stewart I would likely still choose to give birth in Dumfries.” (gave Option 2 an impact rating of 2)

“It would not affect me as I am a high risk pregnancy. Would be lovely if I was a low risk.” (gave Option 2 an impact rating of 0)

The remainder of the responses were more varied and included:

- An expectation that it would bring more maternity job roles to the area (one respondent, gave Option 2 an impact rating of 10).
- Concerns about early discharge (one respondent, gave Option 2 an impact rating of 5).
- Concern about the distance to Dumfries (one respondent, gave Option 2 an impact rating of 7).

2.5 Final Comments

In the final section of the survey, respondents were asked ‘Is there anything else you'd like to say about maternity services in Wigtownshire?’ and 32 chose to make a further comment. 14 of these referred to calls for more or better local service provision. For example:

“Personally and professionally I feel Stranraer would greatly benefit from a full maternity service. There have been too many births in the emergency dept / hospital and on the roadside. It is basic care that we are failing on.”

“Reopening Wigtownshire maternity services is important for several reasons: 1. Accessibility: The reopening of maternity services would ensure that expectant parents in the region have access to essential care close to home. This is particularly crucial for those who may face challenges in traveling long distances for appointments or in the event of an emergency. 2. Safety: Having local maternity services can help ensure the safety of both mothers and babies. In cases of complications or emergencies during pregnancy or childbirth, timely access to skilled medical professionals and necessary facilities can make a significant difference in outcomes. 3. Continuity of Care: Reopening maternity services would allow for a seamless continuum of care for expectant parents. This means that individuals can receive consistent antenatal, intrapartum, and postnatal

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care from a familiar healthcare team, fostering a trusting and supportive relationship throughout the entire journey. 4. Community Support: Local maternity services can play a vital role in building a sense of community and support for expectant parents. It provides an opportunity for parents to connect with other families in the area, access support groups, and receive culturally sensitive care that reflects the needs and preferences of the community. 5. Economic Impact: The reopening of maternity services can also have positive economic effects on the region. It can attract healthcare professionals and create job opportunities for local residents, contributing to the overall economic development of the area."

Some of these comments also expressed the frustration felt by members of the public at the perceived lack of maternity services available in Wigtownshire:

"Maternity services in Wigtownshire are a joke and non-existent."

"It is terrible that this is even something having to be argued for. Stranraer is constantly forgotten about and it is all because of money, not the women of Wigtownshire."

"The service should never have been phased out. There was a policy of persuading young mothers that their birthing experience would be better and safer having their baby in Dumfries. The information was provided to reduce births in Stranraer through unnecessary negative persuasion."

Three others emphasised the importance of giving women the choice to give birth closer to home.

"As someone from Stranraer it would be nice for parents to give birth in their own town (county) to be able to say "I come from Stranraer where I was born".

While six respondents chose to use this question as an opportunity to praise existing services – especially given the pressures they faced – three described a more mixed experience:

"Amazing maternity services in Wigtownshire although they are stretched very thin. More antenatal and post birth support would be nice but again I do think that this is due to the services being stretched."

"As a high risk pregnancy, I would have preferred all my appointments to be at DGRI as I felt like I didn't see one midwife continuously - no one really claimed my care. Also, to have all scans at DGRI as I had someone different every time and it meant no continuity of care. However all the staff were lovely."

Some of the other comments made reflected the challenge of finding a service model that fitted the needs and preferences of all:

"Without trained professionals in place in Stranraer, maternity care would be compromised and mother and baby put at risk. However, Stranraer is badly served and the distance to Dumfries makes it even more so. A resolution would be very difficult to achieve to satisfy all parties concerned."

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“Thank you for the external review and all the hard work - there is no easy solution and there is no way that we can expect a full maternity service (like DGRI offer) in Stranraer, it's unreasonable and these two options are the best you can do in a very rural area.”

3 Views on Consultation Options: Health and Social Care Staff

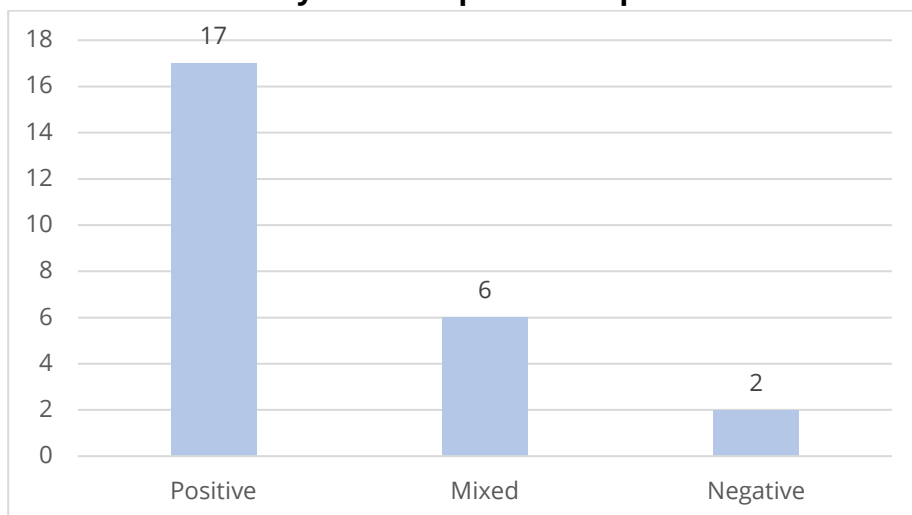
3.1 Introduction

The survey asked health and social care staff the same questions about the two options for maternity services (see Section 1.1) and the 41 responses received are summarised in this section.⁷

3.2 Views on Option 1

25 staff chose to answer the question ‘what do you like about Option 1?’ As with responses from the members of the public, it would be expected that most of the answers would be positive given the question wording. However, while 17 positive responses were given (respondents referred to something that they liked about Option 1), six gave a more mixed response (they cited both something they liked and a concern about Option 1) and two were negative (they didn’t describe anything they liked about Option 1).

Chart Five: Summary of Staff Option 1 Responses



As summarised in Table Four, while some welcomed the opportunity for low risk mothers to give birth at home, concerns were expressed about the distance to Dumfries and the strain home births placed on the region’s maternity staff.

⁷ 17 of these were submitted via a device with the same IP address, none of these responses were identical and all are included in the findings presented here to ensure that the staff voice is heard. It is likely that staff will have accessed a shared device in an office space.

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Table Four: What Staff Liked About Option 1 or were Concerned About

Provides a home birth option:

Eight respondents liked that some women were able to choose to have a home birth:

"If a woman is low risk and wishes a homebirth this is an option offered having carried out a robust factual risk assessment."

"Option 1 continues to offer the home birth service to all women suitable in the region. Along with giving them the option to birth in a hospital setting. Option 1 continues to offer choice of birth."

Offers appropriate care:

Two respondents thought that Option 1 provided appropriate services to both low and high risk births:

"This option is more likely to support women across the whole region who wish to have their baby at home and there is a clear differentiation between the midwifery service that can be supported in a home environment for women at low risk of complications and for all other women who prefer to have additional security of rapid access to specialist medical or neonatal care, then they are supported with their choice for birth at DGRI."

Equitable provision across the region:

Three staff members said that Option 1 meant that the provision of maternity services across the region was equitable:

"It keeps the service equitable to all women across our region."

"This is the equitable service to all other women in our caseloads in Dumfries and prevents it being a favoured service in west."

Other comments:

Smaller numbers of staff cited other features of Option 1 that they liked, these included:

- It cost less (one respondent).
- The option is currently working well (one respondent).
- Women can receive most antenatal and postnatal care in Wigtownshire (two respondents).
- The safer option (one respondent).
- More viable due to staffing (one respondent).

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Concerns/ what staff didn't like:

While six staff members described something they liked in their response, they also raised concerns about the staffing and safety implications of home births in Wigtownshire.

"Whilst women should absolutely have a choice in where they give birth in low risk cases, this option already stretches the very small workforce to its limits. The demographics and geography of Dumfries and Galloway mean that midwives are attending homebirths over two hours away from their base or home. This potentially leaves a woman birthing by herself. A low risk pregnancy does not rule out a high risk postpartum emergency."

"This is my preferred option. However, due to the size of Dumfries and Galloway, I feel this service would work better if more midwives were recruited in the west of the region to reduce the number of births without a midwife present. Currently there are midwives who could potentially have to travel >2hours to attend a home birth, which in the middle of the night after working a full day, is putting both service users and staff members at risk."

Another two staff members gave a wholly negative response, one of whom shared these concerns about the distance midwives were required to travel for home births. The other simply answered that *"I don't"* when asked what they liked about Option 1.

The suggested improvements to Option 1 reflected these responses. 27 staff answered this question and most (18) referred to staffing. As the following examples show, these referred to a need for more midwives and/or the geographic area midwives were expected to cover when on call.

"More midwives so that they are not working under such pressure. We have an extremely experienced team of midwives here and need to look after the staff we have got."

"I worry about the distances travelled by midwives who are on call for planned home births. E.g. Annan midwife on call for Wigtownshire home birth. The time it takes this midwife to attend could be critical."

"The distance community midwives cover could be improved for Option 1 - as community midwives are covering the whole region for home births and may be travelling 1-2 hours to attend these births."

"In the ideal world we would have more staff perhaps a second on call team to provide care more locally so staff are able to attend sooner. Like in the good old days. This is not going to happen in the NHS / economic place we are in nowadays."

"Recruitment more midwives to provide service locally."

"Staff providing on call cover for their own teams would improve continuity and encourage more women to homebirth."

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The other, less frequently suggested improvements included:

- Ensure women are aware of the services available to them (two staff members).

“Raising awareness that midwifery support for birth at home would be the same as in GCH so home birth more comfortable environment.”

- Better transport and communication (one staff member).
- Guidance on distance and travel times (one staff member).
- A local triage service that goes beyond 9-5 so that fewer unnecessary journeys to Dumfries are made (one staff member).

Finally, four staff respondents did not suggest improvements but instead described their broad support for Option 1. For example:

“I think the service works really well at the moment.”

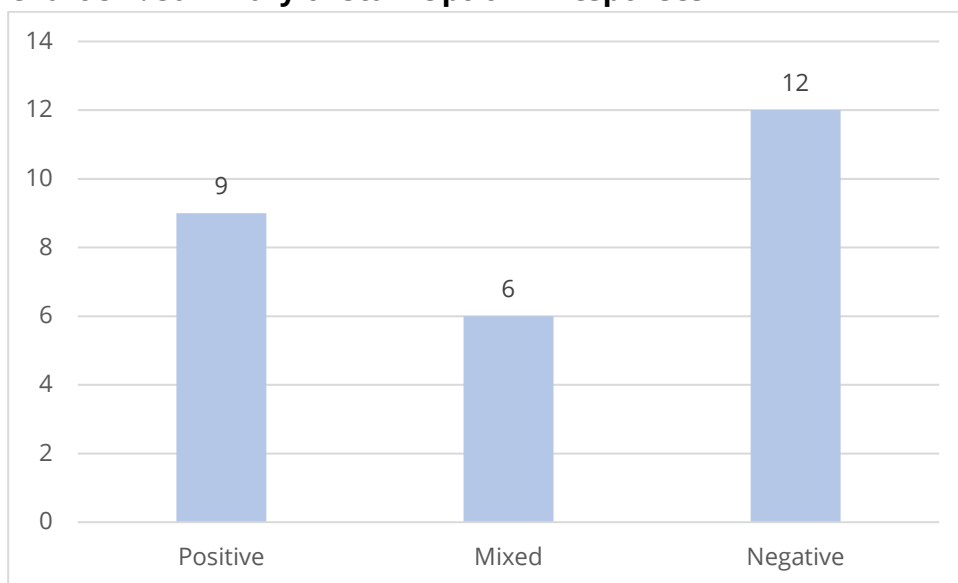
“This is a fair choice and we know that women across the region can access it equally.”

“Nothing, it’s safe and reasonable given our rurality and population.”

3.3 Views on Option 2

Of the 27 staff members who chose to answer the question, ‘What do you like about Option 2?’, nine responses can be categorised as positive (i.e. they only referred to something that they liked) but 12 were negative (they only referred to something they disliked or a concern) and six mixed (referred to something they liked and a dislike/concern).

Chart Six: Summary of Staff Option 2 Responses



The responses given are summarised in Table Five and reiterate many of the comments made on Option 1: while staff recognised that Option 2 gave women a choice of where to give birth, some were concerned about the implications of this on staff and safety.

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Table Five: What Staff Liked About Option 2 or were Concerned About

Delivery close to home:

Seven staff liked that women could deliver close to home and/or avoid the journey to Dumfries. For example:

"Women are able to give birth closer to home, within their local community."

"I understand why some women will want to have the opportunity to birth locally if it is safe to do so and it would be ideal to be able to meet this need."

Offers more choice:

Five staff referred to the increased choice offered by Option 2:

"More choice for women/less travel."

"Another option is provided for those that would prefer to give birth locally but not at home."

Other comments:

The other comments made included:

- A midwife led unit is a *"great place to work if the necessary supports are there and there is not high risk women birthing there."*(one respondent)
- Two staff referred to the perceived safety offered by Option 2. While one of these was concerned about the time it might take for a midwife to travel to Wigtownshire, they thought that:

"Delivering in a birthing centre does seem safer for the midwives with additional hands if required and the other midwife hasn't arrived yet..."

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Concerns/ what staff didn't like:

The most commonly mentioned concern or dislike again related to staffing and resource implications of Option 2. 10 staff made a comment of this type and examples of these include:

"I don't like the idea of Option 2, I think it's stretching an already stretched service. Staff are struggling and we struggle to recruit."

"As with Option 1, Option 2 would be as difficult to cover and women would be given false sense of security that there is a birthing centre open for them and fully staffed. Previously, as noted, fewer and fewer women utilised this service when it was available to them. The Maternity staff needed to cover this may be over two hours away. For Midwives, the reality of working all day, driving across the region, being out on call all night and then having to drive home is dangerous. This will cause staff dissatisfaction, stress, burn-out and sickness. The message from this could cause lower recruitment of new Midwives and continue to cause poor staff retention. Also, the staff manning the on-call rota will be required to attend homebirths across the East of the region. There are not enough staff members to have more than two Midwives on call at any one time. If the on-call Midwives are in the East of the region and a woman turns up in labour at the Galloway hospital, what is the planned provision for her?"

Three staff said that Option 2 would create an inequitable maternity service in the region, with only mothers in Wigtownshire being able to choose to deliver in a midwife led unit.

Three felt that Option 2 didn't offer any benefits to mothers and one said that few people would choose to deliver at Galloway Community Hospital:

"Covering the unit 24/7, no obstetric team covering the hospital, no safer than a homebirth, I think woman would be likely to think it is "safer" than a home birth as it's a hospital but in reality in an emergency situation no more trained personnel attending."

"I cannot particularly see an advantage to this option. I worry that the women and babies will be discharged too soon if there is not the option of an overnight stay. This will potentially have an effect on breastfeeding rates and complications."

Another three simply said that they didn't like Option 2 and a fourth staff member felt that the costs couldn't be justified given the small number of women that would benefit from it and would create false expectations about what could be provided.

Again, the responses to the question 'What do you think could be improved about Option 2' echoed these comments as well as those made in relation to Option 1. Of the 27 staff who answered the question, 16 referred to the staffing implications of Option 2 and concerns were

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again raised about the distance midwives would be required to travel, or the time required to reach women. Indeed, a staff member suggested that this could only be sustained if midwives were allocated a driver in the same way as on-call doctors and district nurses.

Some staff respondents therefore called for more locally based on-call arrangements or additional staffing to be allocated to Wigtownshire. In the absence of this, it was thought that Option 2 would place additional strain on existing staff and women could face delays in receiving midwifery care.

"Providing an additional option to deliver within Galloway Community Hospital puts further pressure on the existing midwifery team and their availability to provide this level of service."

"Midwife based local for better response time."

"If you want to provide this service you have to have the staff locally to be able to do so safely."

"Having a small team based at the community hospital so that it is permanently staffed."

"If this was to go ahead who is to staff it? The only way this appears reasonable or feasible would be to employ more midwives for a deviated home birth/ community hospital service..."

Three respondents also suggested that upskilling staff at the Galloway Community Hospital might help to mitigate some of the issues created by the current staffing model.

Because of these concerns, four staff called for clear communication and transparency with women about the maternity services offered by Option 2.

"Women MUST be made aware of the length of time they may have to wait for an attending midwife, because many would not choose to birth here if they thought they would have to wait for a midwife to come from Dumfries..."

While many of the staff completing the survey had concerns about the feasibility of Option 2, four stated that it should not be implemented:

"I think Option 2 is not a viable option. We strive to provide a high standard of care in Wigtownshire and implementing Option 2 would impact negatively on the excellent care we provide for many women, and only provide intrapartum care for a very small proportion of our caseload."

"Option 2 is not an option."

Other comments made included:

"...establish clear guidelines and protocols for home births while maintaining high standards of safety. Third, create collaboration between home birth midwives and hospital staff to ensure seamless transitions when transfers are necessary. Finally, invest in modernized equipment, facilities, and training to support both home births and hospital births, ensuring the best possible care for all expectant mothers."

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"All births carry risk."

"Option 2 gives women choice and with families to consider, this is important."

3.4 Perceived Impact of Options 1 and 2

Staff members were also asked to indicate how much they would be affected if Option 1 and Option 2 were chosen and presented with a sliding scale from 0 (not at all) to 10 (a lot). The average impact score for Option 1 was 3.3 and 6.1 for Option 2, which indicates that staff expected to be most affected by Option 2.

Average Impact Scores	
Option 1: 3.3 ⁸	Option 2: 6.1 ⁴

The follow up question asked respondents how they might be affected if Option 1 and Option 2 were chosen and the answers to these questions again often reflected the concerns expressed earlier in the survey (see Sections 3.2 and 3.3). 18 staff members described how they would be affected if Option 1 was chosen and, despite being the same service that's currently in place, the most frequent response (made by nine staff members) referred to the demand on services and staff. While midwives' on-call requirements were mentioned here, so too were the demands on wider health and social care staff.

"Working in the core in DGRI could potentially see a massive increase in workload due to community having an increased workload, e.g. more people coming through to MAU to be assessed." (gave an impact rating of 7)

"I would have to work as part of an on-call rota covering a very wide geographic area. I would potentially travel to a homebirth and not arrive in time to deliver care for birth." (gave an impact rating of 10)

"The distances for on call I feel are unsafe for staff at times." (gave an impact rating of 3)

Five staff explained that because Option 1 represents current services, it would have little or no effect on them.

"We already provide cover for low risk woman opting to have home birth and some high risk woman for that matter so this is no different." (gave an impact rating of 0)

In contrast though, two other members of staff gave an impact rating of 10 because it would either affect their "day-to-day work" or they "already provide on call for this service."

Three other respondents again reiterated concerns regarding the safety of Option 1:

⁸ Based on 35 responses

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"With no out of hours midwife service, if there is an emergency - as has happened on at least 2/year over the past 3 years, there is no one who is skilled/qualified enough to give support to the existing medical and nursing staff in the ED at GCH, which is where the mothers are brought to - especially if the SAS crew do not feel safe taking them for nearly 2 hours to DGRI on their own."(gave an impact rating of 3)

"...This current service means that I would have to travel at least 1 and 1/2 hours, or potentially much longer before I even arrive at the family's house. As a result women could potentially labour and have their baby without a midwife present. This is obviously always a risk, however this increases significantly with the distances having to be covered by on call midwives."(gave an impact rating of 5)

23 staff members also described how they would be affected if Option 2 was chosen and 18 referred to the demands on services and staffing. Many of these responses shared their frustrations and concerns, with some stating that Option 2 would negatively affect their quality of life and job satisfaction. There was a belief that, in providing an on-call service, midwives would be required to travel long distances, possibly after completing a shift. In addition to being unsafe for staff and mothers, some respondents thought that this could have a knock-on impact on their caseload (i.e. they might need to cancel appointments to attend a birth in Wigtownshire). For one, this would lead to them leaving the service.

"With the suggestions that the community team would be covering when on-call, it would potentially have a massive impact on the care for my own women and my team colleagues. I work part time, if I am out on a marathon shift covering a woman in labour, for an entire shift, off the following day my workload has to be rescheduled, cancelling appointments at short notice on occasion impacting on my women. On a personal level re safety I would be driving over two hours to attend the hospital, potentially having worked all day, then cover the hours needed there, as we know lengths of labour vary massively, often straight forward, however often stressful. I would then have the two hour drive home, exhausted. It is not safe. I have worked similar on calls before, lengthy periods, tired driving home, having to pull over to snooze as I felt unsafe to drive, this was an hour's drive not two hours. Weather conditions and the state of the region's roads are all relevant too driving day or during the night. Women would be quicker driving to Dumfries to have hospital care than the time it takes me to get there, obviously some colleagues live much closer and the first on call midwife could be in attendance."(gave an impact rating of 9)

"Option 2 could have a detrimental effect to the working morale of staff particularly in community who are already feel over stretched and underappreciated. It could go on to further affect the care for women in East of the region as midwives from this area may spend more time covering the West of the region to enable this service. Resulting women's care being affected. Option 2 may result in further burn out for staff resulting in staffing issues. Midwives may be travels >2 hours to reach this unit to provide care. How will this affect the ongoing home birth service? for example what happens if a home birth in Dumfries is labouring and then a woman in at the Galloway is labouring who decided where midwives go?"(gave an impact rating of 10)

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Given the length of time it might take for a midwife to travel to a birth, four staff members also questioned who would care for the patient while they waited for their arrival:

"If midwife delay and patient presents early... who will take ownership and care of patient."(gave an impact rating of 8)

"This has implications far wider than just Wigtownshire. Midwives who are out on call then can't work the following day. This will have an impact on caseloads. Who waits with them until the midwife arrives this can impact on A&E services and ambulance services."
(gave Option 2 an impact rating of 10)

The other, less frequently made, comments included:

- The option to deliver at Galloway Community Hospital would create false expectations about the service on offer (two staff members):

"I feel this option could be dangerous to staff and patients, accident waiting to happen. I feel patient understanding of the service would be misunderstood. We have worked hard to prevent women from attending A&E in Stranraer this will only encourage them. I also think this will cause further staffing issues as staff will look for employment elsewhere."(gave Option 2 an impact rating of 10)

- Concern about the early discharge from Galloway Community Hospital (gave Option 2 an impact rating of 5).
- One staff member, who gave an impact rating of 10, said that their "day-to-day" work would be affected yet another said:

"Would not affect me as it is similar to how things are now, albeit the venue of birth might change."(gave Option 2 an impact rating of 0).

These responses suggest that staff feel that home births in Wigtownshire places midwives under pressure which will be exacerbated further by the offer of a midwife led birth at Galloway Community Hospital.

3.5 Final Comments

The survey also provided respondents with a space to make any other comment about maternity services in Wigtownshire and 22 staff members chose to do so. Some of these echoed comments made throughout the survey; for example, two described what they perceived to be the safest options for mothers:

"We are very lucky to have the level and number of skilled midwives in our area that we do and we must do all we can to maintain this and encourage recruitment to the service. However, the absolute priority must be about the safety of the unborn and home or hospital births must only be sanctioned where that safety and health of the baby has been fully assessed and understood by the mother. Mothers must be aware that there could be a lengthy wait for a midwife to arrive from the other end of the region and that their or their baby's condition could deteriorate in that time. At home, alone, whilst waiting for the midwife and without immediate obstetric guidance, that may well not be

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in the best interest of the baby. As lovely as it is to have home births or to be born close to home, there is just no justification for putting either mother or baby at risk unnecessarily."

"I've had excellent experiences with prenatal care at Oak Tree centre and then two deliveries at DGRI. I personally wouldn't feel safe to deliver my baby in a midwife unit that was not near a consultant led unit."

Some additional points were raised and the frustration experienced by some was apparent in these responses. For example, the following comment describes the contrasting views held by staff and members of the public:

"We have amazing midwives in the West. Leave them to do their jobs. They work so hard for our community providing tip top care to our women. Congratulate them and reward them. Don't pile more onto them. This consultation is placing them under so much pressure and stress. They are stressed doing on calls for the other side of the region as well as their day jobs of providing one to one care. The public are not interested in the day of a midwife. They appear to feel hard done by because something was taken away. Things have changed and midwifery staff cannot be recruited. More time and energy should go into addressing this rather than spreading the service more thinly. We are an area that has a GP crisis. Who do the midwives turn to when a delivery goes wrong? A GP? The on-call anaesthetist? Where are they? Where is the support from medical staff for the midwife when she needs it? The short answer is, it's not there due to a staffing crisis.... This cannot be seen as safe practice. There are many other areas that need financial backing in our area - not this."

The following concerns were raised in another response:

- Because of the location and distances involved, neonatal transportation teams may take three or more hours to reach women and air transfers are subject to weather conditions.
- Emergency department staff do not have experience or expertise in caring for newborns and locum staff limits training opportunities.
- Women should be made aware of these limitations to enable informed decision making.
- The option to give birth at the Clenoch may mean that women present there with concerns rather than travel to the DGRI and therefore high risk births may take place in Stranraer.

Some other respondents chose to make suggestions about the future of maternity services. One of these said that, while they would welcome the reintroduction of services at the Clenoch, *"a lot of thought and planning would be required to get this exactly right to provide a safe, well staffed service should deliveries commence again at GCH."* Another asked if an obstetrician could visit the Galloway Community Hospital regularly so that the number of journeys to Dumfries were reduced for high risk mothers.

4 Summary

4.1 Introduction

The findings from the online survey summarised here form part of a wider consultation on the options being considered for maternity services in Wigtownshire. The conclusions that can be drawn from these findings are presented in this final section.

4.2 Key Points

The survey did not ask respondents to indicate a preference for Option 1 or 2 and the findings therefore provide a broader understanding of what members of the public and staff thought of both options rather than conclusive endorsement of either option. The following key points can be drawn from the responses given and should be taken into consideration in the decision making process.

1. As would be expected given the questions asked in the survey, most members of the public identified features of Option 1 and Option 2 that they liked. The offer of giving birth locally in both options (either at home or in Galloway Community Hospital) were perceived particularly positively.
2. However, the available evidence indicates that public views on Option 2 were more positive than they were for Option 1: more respondents described something that they liked about Option 2 and Option 2 had a higher average impact score because of its expected benefits for pregnant women. While concerns regarding the distance to Dumfries were raised in descriptions of its anticipated effects, more respondents felt that Option 2 would bring about positive impacts by enabling women to have a hospital birth closer to home. For these respondents, travel to Dumfries was unnecessary and women should not have to experience the discomfort of a long journey when in labour or face the possibility of giving birth at the roadside.
3. While this is an important finding, because of the sample size, we do not know how representative these views are of the wider population. The analysis presented here has therefore sought to ensure that the different viewpoints shared in the survey are heard so that they too can be considered when planning maternity services in Wigtownshire.
4. Indeed, different opinions on Option 1 and 2 (as well as maternity services more broadly) were captured in the survey and indicate that a breadth of needs and preferences underpin an individual's decision on where to give birth. In contrast to the views summarised in point 2, some members of the public expressed a preference for giving birth in the Dumfries and Galloway Royal Infirmary regardless of whether they were high or low risk. Delivery here was perceived to be safer because, in the event of an emergency, they would be closer to the specialist care required.
5. These contrasting views emphasise the importance of offering low risk mothers a choice of where to give birth. Indeed, the choice offered by Option 2 on where to give birth locally was another commonly liked feature of this proposed service offer. A home birth was

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perceived as inaccessible to some low risk mothers and therefore offering the Galloway Community Hospital as a delivery option was thought to increase the number of women who could give birth in Wigtownshire. For others, a local hospital delivery was simply the preferred setting for childbirth.

6. To enable an informed choice to be made, respondents called for the appropriate information on birth options and the associated risks of each to be shared with women. Clear and transparent communication will therefore be an important component in whichever option is chosen.
7. Improvements were suggested to both options. Members of the public called for Option 1 to offer improved or increased maternity services in Wigtownshire so that fewer journeys to Dumfries were required. More staff and an out of hours midwifery service were among the actions identified as necessary to achieve this. It was also suggested that the experience of women could be improved by enabling them to travel to Dumfries and Galloway Royal Infirmary in the early stages of labour to alleviate some of the discomfort experienced (rather than been sent home).
8. In Option 2, respondents wanted the opportunity to be able to stay in the Galloway Community Hospital for longer to ensure any required support could be provided. A need for more sufficiently trained staff in the area was also called for.
9. While the survey sought to explore views on Option 1 and 2, for some respondents, neither represented their preferred maternity services offer. These respondents used the survey as an opportunity to express their frustration at the suspension of the Clenoch Suite at the Galloway Community Hospital and called for a more comprehensive service model to be established.
10. Although the views of health and social care staff were also mixed, significant concerns were expressed about the provision of both home births and hospital births in Wigtownshire. While some emphasised that women should be offered a home birth or the choice to deliver locally, the region-wide on-call service meant that midwives could face long journeys to attend home births in Wigtownshire (particularly challenging for those based in the East or who had completed a long shift). Providing the opportunity for women to give birth in the Galloway Community Hospital was therefore perceived to place additional burdens on an already stretched service.
11. Staff described their concerns about the impact of Option 2 on the quality of care they could offer. In addition to the potential delays in care for women in Wigtownshire, wider provision across the region could be affected because attendance at births in the west might mean that midwives need to cancel caseload appointments. More broadly, staff thought that Option 2 might create inequities in the maternity services available across the region with a midwife led hospital birth only being available to those in Wigtownshire.

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12. Further concerns were expressed about the potential for Option 2 to create false expectations about the breadth of services that could be provided at the Galloway Community Hospital and therefore lead to women presenting there with care needs that cannot be supported (i.e. high risk mothers or women experiencing an emergency). Staff also questioned if an early discharge could lead to women being sent home when support was still required.
13. Some staff also anticipated that Option 2 would have an adverse impact on them: they thought that region wide on-call requirements would damage their job satisfaction, work life balance and lead to unsafe working conditions.
14. Given these concerns, staff – like members of the public – called for transparent and clear communication with women about the services that could be offered in Option 2.
15. Suggested improvements were similar for both options and related to a perceived need for more midwives and trained staff in Wigtownshire.

Overall, the available findings suggest that there is no single option that suits the needs and preferences of all. While some women would continue to choose Dumfries and Galloway Royal Infirmary as their preferred location to give birth regardless of the services provided in Wigtownshire, others would welcome the increased choice offered by Option 2. However, the strong views expressed by staff and members of the public suggest that further communication will be required as NHS Dumfries and Galloway continue to plan future service provision.