

Union Street | St Helier | Jersey

Deputy Doublet
Chair, Health and Social Security Scrutiny Panel
BY EMAIL

27 January 2025

Dear Chair,

Re: Home Births

In response to your letter of 17 January 2025, please find our responses below:

- 1. A timeline of events, including when the last home birth took place, when the curtailment of the service began, and when it was suspended. Please add any other key dates you feel the Panel and public should be informed of.**
 - Last home birth: September 2024.
 - Curtailment of the service began: The home birth service has not been fully operational for many years, relying heavily on the goodwill of midwives to cover on-call duties. Since June 2024, it has not been possible to provide consistent on-call coverage.
 - Full suspension of service: 14th October 2024.
 - (Guernsey suspended since 2020 and Isle of Man since 2023.)
- 2. That the intention is to reinstate a sustainable service following completion of the review and retraining of all relevant staff, and what the parameters of this service would be.**
 - The intention is to reinstate a sustainable home birth service following the completion of the internal review and the retraining of relevant staff. The reinstated service will be subject to specific parameters and will only resume once it is fully safe to do so.
 - It is important to note that the home birth service will always remain discretionary and cannot be guaranteed, as its availability will depend on the acuity and workload across the maternity department;
 - **Comprehensive Staff Training:** Ensuring all midwives are adequately trained in updated protocols for home births, including emergency response and risk management.
 - **Clear Eligibility Criteria:** Establishing consistent and transparent guidelines for eligibility to ensure the safety and well-being of both the mother and baby.
 - **Robust On-Call System:** Implementing a reliable and equitable system for staffing on-call midwives, ensuring availability and timely response.
 - **Enhanced Communication Protocols:** Strengthening communication pathways between the team providing home births, maternity unit, and other healthcare professionals to ensure seamless coordination.
 - **Home Birth Guideline:** Keep updated in line with NICE guidance.
 - **Updated Equipment and Resources:** Reviewing and enhancing the availability of equipment and resources required to safely facilitate home births.

- **Regular Audit and Feedback Mechanisms:** Introducing a system for regular reviews, audits, and stakeholder feedback to ensure continuous improvement and adherence to best practices.

3. Whilst we understand that a definitive date for the completion of the review cannot be provided at this time, or a date for when the service will be available again, an estimate of which quarter in 2025 you are aiming to achieve both things.

While a definitive date is not yet available, we are currently aiming to complete the review and initiate service reinstatement in Quarter 3 of 2025, although this may take longer.

4. How expectant mothers, who had expressed that they wanted to have a home birth and who were known to the Maternity Unit prior to the suspension, were informed and what alternative options and support were.

Expectant mothers who had expressed interest in a home birth were informed directly by their named midwife during their antenatal appointments as far back as June 2024, prior to their home birth assessment. During these discussions, they were informed of the suspension of the home birth service and provided with alternative options, which included:

- **Midwife-Led Births at the Maternity Unit:** Support was offered for births in the midwifery-led rooms to ensure continuity of care in a homely and supportive environment.
- **Tour of Midwifery-Led Rooms:** Expectant mothers were given the opportunity to tour the midwifery-led rooms, designed to provide a calming and comfortable setting akin to a home birth experience.

This approach aimed to ensure clear communication and provide mothers with reassurance and viable alternatives tailored to their needs.

5. The reason/s for the decision to suspend the service and not continue to offer a limited home birth service, as had been happening for some time, whilst conducting the review and retraining staff.

The decision to suspend the home birth service was made due to the inability to provide a consistent on-call service, as the number of midwives available to support the service had declined. This step was taken to ensure that there were no compromises to safety or the quality of care during the review process. Continuing a limited service was deemed unviable, as the high number of on-call shifts required from the remaining staff posed a significant risk of burnout and could have negatively impacted staff wellbeing.

Our intention remains to reinstate a sustainable home birth service following the completion of the internal review and the retraining of relevant staff. However, it is important to note that the reinstated service will operate within defined parameters and will only resume once it is fully safe to do so.

Additionally, the home birth service will always remain discretionary and cannot be guaranteed, as its availability will depend on the acuity and workload across the maternity department at any given time. We are committed to ensuring that the service is both safe and sustainable

Key reasons:

- Insufficient number of trained midwives to provide consistent on-call coverage.
- Increased risk of burnout among staff due to excessive workload.
- Inability to guarantee timely and safe care for home births due to staffing shortages.
- The service being reliant on goodwill rather than a sustainable operational model.
- Identification of gaps in training or updated guidance for staff.
- Desire to ensure all midwives are adequately trained and prepared.

6. What are the other operational areas of the home birth service that are under review in addition to staff training?

The review includes staff training, clinical guidelines, risk management practices, equipment availability, and operational logistics such as on-call rostering and communication systems.

7. Had there been any specific recent issues or incidents within the service that has necessitated the suspension and review?

The review was necessitated by feedback from midwives, highlighting the need for improved systems and training to ensure safety and consistency in care delivery.

8. Confirmation of the number of midwives currently available to work within the department.

The department currently has 46 midwives available, including those in full-time and part-time roles. Some of these have specialised roles such as perinatal mental health midwife who also undertakes clinical shifts within their working week.

9. Have there been recent changes in eligibility for home birth that may have impacted access to the service and caused the 79% decrease in the number of home births from 2023 to 2024?

There have been no recent changes to the eligibility criteria that would have directly impacted the service. However, there has been an increase in individuals requesting home births outside of established guidance. The 79% decrease in home births from 2023 to 2024 reflects evolving circumstances within the midwifery team, which have influenced the availability of the service.

10. Was there any communication, prior to the recent media reports, on the suspension of service to primary care providers and external antenatal services and support groups?

Prior to the media reports, communication was made with the Communications Team, HCS Executives, maternity staff, and the Maternity Voice Partnership (MVP) via email to ensure key stakeholders were informed.

11. What efforts have been made to communicate with staff members, their representatives and relevant unions, about this service area? What form has this communication taken, and how will staff and unions be able to contribute to the review? Will former staff be given an opportunity to contribute to the review?

Staff and union representatives have been engaged through meetings and regular updates, with a focus on encouraging involvement in the review process, particularly for those working in the community setting. Contributions to the review are welcomed from all staff members, and former

staff members can also participate if they request to be involved. For clarity, no such requests have been received to date.

12. What provision has been made available to support the wellbeing of midwives during the suspension?

Wellbeing support for midwives during the suspension of the home birth service has included access to counselling services, team debriefings, and regular communication and meetings to address concerns and provide updates on the progress of the review.

13. Is the department aware of any independent midwives working in Jersey or qualified midwives resident in the Island but not working for any health services? What is the legal position on private services being offered to assist with a birth?

The department is not aware of any independent midwives currently residing in Jersey. The legal position regarding private services for home births requires that any midwife providing such services must be registered with the NMC (Nursing and Midwifery Council) and the JCC (Jersey Care Commission) and must hold appropriate liability insurance.

14. An estimate or range indicating the costs associated with a home birth.

The estimated cost of a home birth typically includes expenses related to midwifery services, medical supplies, and any additional resources (such as a birthing pool) required for safe delivery at home. While the specific costs can vary based on location and individual circumstances, the cost factors include:

- **Midwifery Services:** Salaries and on-call payments for midwives attending home births.
- **Medical Supplies:** Equipment such as oxygen, sterile kits, medications, and monitoring tools.
- **Training and Development:** Ongoing education and skill updates for midwives.
- **Infrastructure and Logistics:** Support services for on-call coverage and transportation if emergencies arise.

It is difficult to put an exact amount on the cost of a home birth, as this depends on various factors, including staffing, medical supplies, and logistical support. However, as a benchmark, private arrangements for a home birth might cost between £2,000 and £5,000, depending on the level of care and services provided.

15. An outline of any recent improvements to the maternity unit including which aim to provide a 'homely' environment. Please include images where possible.

Recent improvements to the maternity department include significant upgrades to the facilities and equipment. This includes an increase in birthing options, such as additional birthing pools and new birthing beds designed to support optimal birthing positions. A designated midwifery-led area has also been established, featuring two dedicated birthing rooms, providing a more homely and supportive environment for expectant mothers. A video of the updated spaces will be uploaded to the States Assembly website imminently.

We hope this provides the clarity the Panel requires. Should you need further details or wish to discuss any of the responses in more detail, please let us know.

Yours sincerely,

Minnistre pouor la Santé
et les Sèrvices Sociaux

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