

Ref: FOI/GS/ID 7213

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11 March 2022

## **Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to home birth support and ambulance services.

*You asked:*

*I would like to know the current pressures on ambulance and midwifery services and likely support if I am giving birth from mid-April onwards. I have received conflicting information from midwifery team and obstetrician as to the situation and likely restoration of services and would like to know:*

- a) any data relating to pressure on ambulance services and why staffing/vehicle issues are not being addressed to increase levels of support to deliver a reasonable level of service, following what I am informed is a year of no home birth provision due to reduction in service availability*
- b) any data around midwifery teams and capacity to support home births, whether this is a factor in suspension in service and how this is being addressed*
- c) how the decision regarding support for home births is being considered - how regularly, by whom and considering what factors, and when a decision can be expected relating to April/May 2022 births*
- d) likely triage/transfer time based on ambulance service provision over the last year if I choose to birth unassisted at home and require emergency care in hospital, particularly should there be severe post-partum haemorrhage.*

The Trust confirmed that we will be unable to answer the questions relating to the ambulance (SECAMB) information.

Trust response:

- a. To be answered directly by SECAMB. Contact details have already been supplied.
- b. The difficult decision was made to temporarily suspend the Trust homebirth service on 22nd July 2021. This was in response to increased acuity (23%

increased activity) and 26.3wte (average 15%) midwifery staffing deficit. In the interests of the safety of all of our patients, the Trust Escalation Policy for Maternity Services was invoked in order to mobilise support for the main obstetric unit from the community midwifery workforce. These issues were further compounded by the Omicron wave of Covid and subsequent increase in staff sickness and isolations by 7.3% in December.

c. The suspension of the homebirth service has been reviewed on a fortnightly basis by the Community Midwifery Matron in conjunction with the Director of Midwifery and the Senior Midwifery Management team, with data sought on acuity and staffing from the Maternity Care Pathway team. Several proposals for reinstatement of the homebirth service have been submitted to the Senior Maternity Triumverate for approval in October, December and January but due to safety concerns (safe staffing, SECAMB response times, staff training needs) these were rejected. These concerns have now been addressed and the appropriate action plans implemented. A further proposal for the reinstatement of the homebirth service was approved by the Senior Maternity Triumverate and subsequently presented to and approved by the Trust Board in late February. A date has now been set for the relaunch of the homebirth service in early-April. We are currently working with the Trust's Communications Teams and we will announce the confirmed date for the relaunch shortly.

Before and during this period, ongoing programmes of targeted recruitment have been ongoing, and despite the national midwifery staffing crisis we have successfully recruited 21 midwives who are now in post. As such we have been able to step down our Escalation as there is less need for support from our community midwifery colleagues.

d. To be answered directly by SECAMB. Contact details have already been supplied.