1. SUMMARY

The maternity service at Whipps Cross University Hospital provides services for over 5,000 women per annum. Plans are afoot to upgrade facilities and, indeed, to review models of care provided to women who use our service, with particular emphasis on reaching out to mothers who find it difficult to attend for antenatal care and who often have very poor outcomes.

2. BACKGROUND

The maternity service at Whipps Cross University Hospital is housed in a building that was built in the 1970s for 2,500 deliveries per annum. Currently, over 5,000 deliveries are undertaken per year in the maternity unit and this is predicted to increase. There are five phases in the building programme looking at upgrading the facilities. The facilities take into account privacy and dignity issues, but also facility and design that optimise natural birth, ie: use of birthing pools. Furthermore, the plans include providing state of the art facilities for mothers who require necessary intervention, ie: operating theatres; high dependency rooms for mothers who are critically ill and, indeed, facilities for mothers whose babies have died. For the increase in activity there are plans afoot to expand the neonatal unit and associated facilities for parents.

3. IMPLICATION PARAGRAPHS

There has been much interest nationally in the caesarean section rates. While the concern that has been raised is that the caesarean section rates appear to be increasing, to address this increase much work has been done nationally and locally which includes provision of a low risk delivery unit. This is run entirely by midwives and there are very clear criteria for mothers who are suitable to use this
facility. Furthermore, there are clear criteria that require transfer of mother to the delivery suite should there be any deviations from the norm. It is to be noted in the last year the rate of deliveries in the Lilac Birth Centre at Whipps Cross University Hospital has increased in one year from approximately 200 deliveries per year - approximately 5% - to currently 700 deliveries, which is approximately 15% of total deliveries. Month by month, this rate is increasing and is having a positive impact in our caesarean section rate, which has over the year decreased by 1%.

Community midwifery services are currently undergoing review with the intention to have community midwives working in teams in geographical areas. The plan is to have six geographical teams, with two additional teams: one team to provide 24/7 care for mothers who elect to have a home delivery and another team to provide enhanced antenatal and postnatal care for mothers that have risk factors, ie: teenage pregnancy; domestic violence; drug users. It is well-recognised that these mothers find it difficult to attend antenatal clinic and, sadly, their outcomes, ie, their mortality and morbidity rates are often disappointing. Restructuring the teams will allow better succession planning, better continuity and will also provide the opportunity to develop new services.

**Early Pregnancy Unit**

Currently, more and more pregnancies are being diagnosed at an earlier gestation, as a consequence mothers are seeking assistance should they experience early miscarriage. Currently, this is provided on Rowan Ward and the plan is to enhance the service that we provide so that mothers will have a ‘one stop service’, ie: they attend clinic; have an ultrasound scan if required; have various blood tests if required; a decision will be made regarding next steps for these mothers. This will be undertaken in a purpose built unit that will be adjacent to the maternity unit, albeit separate, with its own entrance and the intention is to ensure that mothers who do have complications of early pregnancy are seen most promptly by appropriate medical staff.

**4. CONCLUSION**

Activity is increasing in maternity services and there is a commitment from Whipps Cross University Hospital to ensure that the experience provided to mothers is first class and that the clinical outcomes are of a very good standard. To that end, various modifications both to the building and delivery of care pathways have been undertaken. There are early positive results (increase in the use of the birthing unit and decrease in the caesarean section rate); however, this must be seen as an ongoing project.