

The case for an Isle of Man

maternity strategy



Royal College
of Midwives

Overview of maternity care provision on the Isle of Man

The Jane Crookall Maternity Unit, located at Noble's Hospital, is the only maternity unit on the Isle of Man. There is currently no standalone midwifery unit or homebirth service on the island.

The unit is staffed by 31 midwives and five obstetricians/gynaecologists. Once part-time working is taken into account, there are the equivalent of just over 29 full-time midwives (referred to as the whole time equivalent or WTE).

Maternity staff attended 683 births in 2021, up five per cent on 2020.

In addition, there are three Band 2 midwifery assistants in post, although the current funding would support six. They have limited additional training to work in the maternity setting apart from breastfeeding education and training to act as circulating nurse in maternity theatres.

They mainly undertake housekeeping and stock maintenance duties and do not provide care directly to women.

Island healthcare, including maternity services, has been provided since April 2021 by Manx Care, an arm's-length body of the Isle of Man Government, having previously been provided directly by the Department of Health and Social Care. This change followed the report of the Independent Review of Health and Social Care, which concluded in 2019, chaired by Sir Jonathan Michael.

Women needing more specialist care are referred to Liverpool Women's NHS Foundation Trust, in England, with 27 such referrals in 2021.

The Isle of Man's maternity services have links with Jersey and Guernsey, which similarly run their own healthcare services separate from the National Health Service in the UK. These tri-island links allow all three services to share information and learning that helps them tackle some of the challenges they share as small island healthcare systems.



The challenge facing Isle of Man maternity care

Put simply, the Isle of Man needs more midwives.

Birthrate Plus is the only midwifery-specific workforce planning tool.¹ It assesses all the work midwives need to do in a geographical area, examines the specific needs of local women, and come up with recommendations on the number of midwives needed locally for a provider to be able to deliver safe effective care.

In fact, the situation on the ground has worsened.

In 2019, the island's maternity services underwent a Birthrate Plus review. This found that more midwives should be employed, but this staffing increase was never funded and never happened.

The island's maternity service, just like maternity services on the mainland, is allocated a budget which funds a certain number of midwives, 'the funded establishment'. Often, services will have fewer than this number available for work at any one time. Some staff may not be replaced when

they leave, for example. In short, there is a workforce shortfall.

The most recent published figures for the Isle of Man are stark. The service has a funded establishment of just over 36 WTE midwives. Already this is almost two short of the Birthrate Plus recommendation of 38.89 WTE midwives. As stated above, however, the number of midwives actually in post and available to work is just over 29. That is a vacancy rate of almost a fifth (19%), leaving the service significantly understaffed.

In addition, 10 midwives are aged 55 or older, meaning they could retire at any time, with a further midwife who is in her early fifties. More midwives are needed now simply to make up for the loss of these midwives as they make plans to retire.

There is a small number of bank midwives available, who are themselves retired midwives. They work predominantly in the community or providing antenatal care, with only one available to work on the maternity ward. Trained maternity support workers are not available to support the midwifery team.

The island's midwifery workforce shortage limits the ability of Manx Care to deliver the maternity service that should be available to women locally, a key deliverable in the Isle of Man's Health and Care Transformation Programme².

The importance of this was powerfully underlined by the publication of the Ockenden report in March 2022³. This report was a review of maternity care at Shrewsbury & Telford Hospital NHS Trust, but the

¹ Home - Birthrate Plus® (www.birthrateplus.co.uk/)

² Isle of Man Government - Health and Care Transformation (www.gov.im/about-the-government/departments/cabinet-office/health-and-care-transformation/)

³ Ockenden report - Final (www.ockendenmaternityreview.org.uk)



recommendations made within it are applicable across the NHS in England. The findings of the review, though, are extremely helpful for all those providing maternity care wherever they are. Among the report's "immediate and essential actions" is "financing a safe maternity workforce." This is absolutely fundamental.

Increasing the number of midwives on the Isle of Man is more challenging than it is on the mainland. The service cannot easily recruit people from a little further away, it is not just a matter of simply driving further into work each day. A move to the Isle of Man requires a decision to relocate your life and possibly family.

The challenge is however unavoidable. In the short term, more may need to be done to recruit and then retain staff from elsewhere. In the longer term however the Isle of Man Government should consider innovative ways in which it could offer financial support to island residents who want to train as a midwife elsewhere but then return, once qualified, perhaps for a minimum period of time in exchange for the financial support.

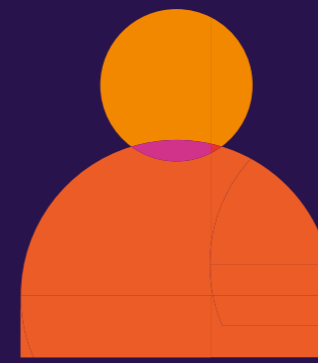
We also need a new focus on improving overall job satisfaction, both to keep midwives in post and to encourage them to maintain and extend their skills. Maximising the contribution of midwives, promoting and developing enhanced skills and roles, expanding leadership roles such as lead midwife or consultant midwife, increasing specialist midwife posts and providing clear career pathways will enhance the attractiveness of midwifery as a career.

A focus on midwifery leadership and the retention of midwives through clear career pathways to leadership roles is an essential component of any strategy to ensure that the midwifery voice is strong when it comes to advocating for the high quality, safe maternity services that all of us strive to provide.

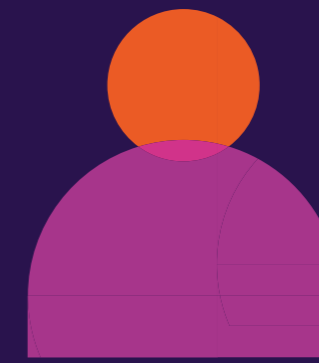
Overall, when it comes to midwifery staffing, the warning lights should be flashing red for Manx Care. More midwives are needed, and they are needed as a matter of urgency.

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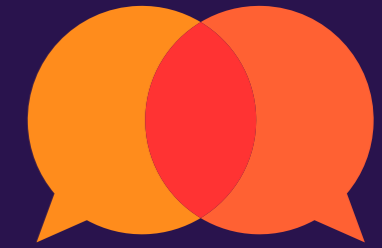
Delivering a strong maternity service and effective change in the long term requires robust professional leadership. The RCM believes midwifery leadership can be strengthened right across the UK, including in the Isle of Man, as described in the RCM's midwifery leadership manifesto⁴, namely:



1. Appoint a Director of Midwifery, Head of Midwifery and Lead Midwife for the service, who can provide a strong midwifery leadership voice.



2. Appoint a consultant midwife. These are highly experienced and acknowledged clinical experts in their field. They lead, support, coach, mentor, inspire and empower their midwifery colleagues. They are leaders with both the responsibility and the ability to evaluate, develop and improve the provision of maternity services.



3. Appoint specialist midwives. These midwives provide expert advice to colleagues and to women and their families. They act as a resource on issues relating to their area of specialism, such as maternal mental health or smoking cessation, championing improvements in the services where they work.



4. Make a commitment to fund ongoing midwifery leadership development. Organisations that offer career progression and personal development in leadership and management are more likely to attract and retain talent, and RCM members tell us that they believe leadership and management training will improve their personal performance.



5. Seek professional input into the appointment of midwife leaders. Directors and Heads of Midwifery must have the skills, experience and credibility to lead and manage maternity services.

⁴ www.strengthening-midwifery-leadership-a4-12pp_7-online-3.pdf (rcm.org.uk)

Changing age profile of women using maternity services

When considering the staffing needs of a maternity service it is not simply the number of babies born that determines the number of midwives needed. An understanding of the demographic changes in the women who need maternity care will also inform the resources that are needed. The more medical and social complexity, the more staff and other resources are needed to provide safe, quality care.

In a pattern that the RCM has seen in the United Kingdom, there are growing number of older women who need the care of a midwife and other members of the maternity team. Data from the Isle of Man shows that, in 2019 and 2021, the majority of women who were booking for maternity care were aged 31 or older. In all other recent years, most women were aged 30 or younger.

This is an important trend because older women will, on average, need more support from maternity services and is an important indicator that more resources are required.

There is also additional worrying data on obesity. Body Mass Index (BMI) In 2020, 44 women on the Island were recorded as having a BMI of 35 or more. In 2021, it was 77 women.

Women who are obese or severely obese often require closer monitoring, and therefore more resources are necessary to provide them with the care they need. Obesity is linked to the increasing prevalence of diabetes among pregnant women, particularly the increasing incidence of gestational diabetes.

Diabetes during pregnancy can place the woman and her baby at greater risk of serious health complications. The identification of

women who have pre-existing diabetes or who are at an increased risk of developing gestational diabetes is another example of how good maternity care can contribute to improved public health, putting prevention and early intervention at the centre of midwifery practice.

Many other health and social issues have an impact on maternity services. Mental health problems are common causes of morbidity and mortality, with associated risks of adverse neonatal outcome. The identification, support and appropriate referral of women with mental ill health is important to protect the both the mother and the baby. There are also wider issues around the number of women struggling with alcohol or drugs.

These women will need intensive support from their midwives as well as from other members of the wider multidisciplinary team, all of which has significant implications for the size of the workforce required.

The service needs to analyse this evolving situation and examine the workforce implications of the changing complexity of the midwife's caseload.

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Giving women on the Isle of Man choice over their care

Women should have the opportunity to exercise informed choice over the care they receive. One important way in which this can be realised is through choice of where a woman gives birth. Typically, in the UK, this would be:

- in a consultant-led unit,
- in a midwife-led unit that is either standalone or situated alongside a consultant-led unit,
- potentially the choice of giving birth at home.

Currently, Manx Care offers only consultant-led care with birth taking place at the Jane Crookall Maternity Unit at Noble's Hospital. There are no other maternity units and a homebirth is not currently an option available to pregnant women on the island. An island healthcare system will, of course, face particular challenges, but presently women on the Isle of Man are denied choice that is available to many women who live elsewhere.

The Isle of Man's Health and Care Transformation Programme is ambitious for the health and care for Manx people and is to be lauded. A key part of the programme is the creation of care pathways so that people receive evidence-based, high quality care. There is a clear case, in our view, for care pathways for women using maternity services.

Maternity care pathways could, for example, establish midwifery-led care pathways for women while also developing pathways for those women who need the skills and expertise primarily of an obstetrician. There are also opportunities to consider the development of continuity of midwifery carer models.

There is compelling international evidence that continuity of midwifery carer – with women receiving care throughout pregnancy from the same midwife or small number of midwives – leads to safer, more personalised care, with benefits to mother and baby.

A Cochrane review⁵, for example, showed that continuity of midwifery care had significant benefits. These included the woman being seven times more likely to be attended at birth by a known midwife, less likely to lose their

baby, less likely to experience preterm birth, and more likely to have a more positive maternity experience. At the same time, there were no identified adverse outcomes when compared to women receiving shared or obstetric-led care.

In recent years continuity of midwifery carer has been a central element of maternity services transformation agendas across the UK. It is also a key part of the new standards of proficiency for midwives, published in November 2019 by the Nursing and Midwifery Council, the profession's regulator. These standards of proficiency represent the knowledge, understanding and skills all midwives must demonstrate.

The option of a homebirth was effectively withdrawn from women in 2017 due to the lack of staff to provide the service alongside maintaining safe staffing levels at the maternity unit. In the three years prior to this change (2014–2016), a total of 27 women had requested a homebirth and 10 had a homebirth⁶.

Despite a dedicated homebirth team being set up in August 2021, the service was suspended after just one homebirth, also in August. An assessment suggested that a lack of midwives, the impact on the maternity unit, and a lack of confidence in the midwifery workforce to carry out homebirths following such a long gap in its provision contributed to the decision.

Maternity care pathways could also set out which women would be able to make an informed choice about a homebirth. Setting this out and funding its implementation would deliver real improvements to care received by women on the Isle of Man.

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⁵ Sandall J, Soltani H, Gates H, Shennan A, Devane. (2016) Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database Systematic reviews 4. Art. No. CD004667

⁶ www.gov.im/media/1356837/maternity-option-isle-of-man.pdf



Improving the safety of Isle of Man maternity care

As shown earlier, the island's healthcare system needs, as a matter of urgency, to employ more midwives. That is the single most important step Manx Care could take that would make the care they deliver safer and better.

Recent years have seen repeated failings in UK maternity services, resulting in avoidable harm to women and babies, most recently in the tragic events at Shrewsbury & Telford Hospital NHS Trust.

The landmark report, led by senior midwife Donna Ockenden, set out 15 immediate and essential actions for all maternity services in England. Central to these is the need for workforce planning and sustainability which includes a demand for sufficient protected time allocated for multidisciplinary training, including emergency drills. Protected time, as well as a sufficient budget for this training, is absolutely vital to delivering safe maternity care. Other recommendations directly relate to clinical governance and leadership.

Manx Care is not part of the National Health Service, of course, but it can and should still learn from the experiences of England, by proactively implementing, where relevant, the lessons learnt.

Conclusion

Maternity services on the Isle of Man are an important part of the wider health system and have a central role in the development of a population health approach to services on the island. Maternity services when appropriately resourced and supported are the earliest intervention that can influence the health of women, and their infants.

Women and their families deserve a maternity service that reflects the needs of the population, challenges health inequalities and offers choice to women within a safe, sustainable model of care.

It is time to start that work without delay.

In this document we identify many of the pressures on maternity services on the Isle of Man. We believe that there is now an urgent need for a review of maternity and neonatal services which will:

1. Analyse the issues impacting on the workforce and propose solutions to support, retain and recruit a sustainable workforce to provide high quality maternity services to women on the island

2. Examine models of service provision which provide safe, sustainable and effective care for the population.

3. Understand the population needs on the island





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