

### 6.3 Mapping Maternity – Considerations for Commissioners

In well-established midwife-led models of care 30% - 50% of total births occur in the Community Midwifery Units. (5) 40% has been used as a working average for the area-by-area notes made below. However, this should be regarded as a starting point as experience elsewhere shows that once uncertainty about the future of small maternity units is removed their activity levels increase in line with increased confidence of both midwives and women.

### 6.4 Chippenham & Trowbridge Area (Western Area)

40% of the total births in Chippenham, Corsham and Calne would provide the unit at Chippenham with around 322 births a year, not significantly different from the existing situation. The total number of births in the Trowbridge, Bradford-on-Avon, Melksham, Westbury & half of Warminster is 1099. 40% of this total would predict an activity level at Trowbridge of around 440, again not significantly different from the existing situation. Both these units serve their area well, providing an effective midwife-led service based on CMU's, and would both probably be working close to their capacity within the existing infrastructure. Their associated consultant unit would be RUH at Bath.

### 6.4 North-Eastern Area

To encourage increased take-up of midwife-led care in the northeast part of the PCT area a joint venture with Swindon is likely to be the optimal route. This could attract 185 births from within the area, which along with a similar number from Swindon would provide a Community Midwifery Unit of around 370 births per annum. (This 'Swindon element' would be only some 5% of the 3500 births at Great Western Hospital each year. In practice the numbers are likely to be greater.)

The associated Consultant Unit would be Swindon Great Western Hospital. However, to encourage this unit to be seen as serving Kennet & North Wiltshire this CMU would need to be appropriately located for good access from the west, and therefore not located on the Great Western Hospital site.

### 6.5 Eastern PCT Area

This eastern part of the PCT area presents more diverse challenges for maternity services provision, but the distances involved and the need for access need to be taken seriously. 'Mapping Maternity' indicates some significant public health considerations that need to be addressed by commissioners in any reconfiguration.

6.5.1 The 'mapping maternity' study of the outcomes for Caesarean Section rates (as an indicator of intervention levels) shows that in the eastern part of the patch CS rates are significantly higher at 27% (Marlborough); 29% (Pewsey) and 27% (Ludgershall). This compares unfavourably to lower rates around Chippenham (17%); Corsham (15%) and Melksham (19%) in the western area. Devizes itself is at 21%.

6.5.2 The factors affecting this difference in Caesarean Section rates can be complex, but the difference is stark. Relative deprivation may well be a factor, but one clear difference is the fact that there are no Community Maternity Units within the eastern part of the PCT area. Appendix 2 demonstrates the difference in outcomes that can exist between different providers, and it is hard to avoid the conclusion that a

lack of CMUs in the eastern part of the PCT area contributes significantly to lower normality and higher interventions.

6.5.3 725 births per annum (Devizes + Marlborough + Pewsey + Ludgershall + MOD) gives scope for a CMU operating at around 300 births per year. The location of any CMU would need to be based on a more precise study of the catchment area, including travel times and bus routes, and probably using surgery or postcode locations rather than generalised town areas. This would need to be linked to work on integrated midwifery management and pathways of care, and should include cross-border considerations of women who might be attracted to such a unit from Berkshire.