

2010 Update Configuration of Maternity Care Trust Questionnaire

Following on from the data collected by the Healthcare Commission in the 2007 review, which was also used to map maternity care as part of the Birthplace in England Research Programme, we are collecting basic information for an overview of changes in the organisation and provision of maternity care. All trusts are being asked to participate by responding to this short questionnaire.

Please return by Friday 26th November 2010

Attached label with Trust Name and Trust ID here







Trust details

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st 3 irs	1	ı you
rs		
	In <i>next</i> 3 years	
No	Yes	No
ly one		
t 🔲 1	Not avail	able
1 Marcl	h 2010?	
t	Marc	

	nge in paediatric cover for very suite and theatre										
Cha	nge in obstetric consultant staffing										
	nge in funded midwife blishment										
	nge to the locations where enatal care takes place										
Note: A change in cover can be in the hours medical staff are available in the unit and/or a change in the time when a service is provided. Hence moving from a 40 to 60 hour consultant presence would be a change in cover. Please list all the maternity units currently in your trust: Maternity unit definitions (OU, AMU, FMU) are provided on the back page											
	Name of unit		Unit type OU, AMU		Neonatal service on site		Level of neonatal				
	Name of unit			OU, AM	U se			neonatal			
	Name of unit				U se						
1	Name of unit			OU, AM	U se	rvice o	n site	neonatal			
1 2	Name of unit			OU, AM	U se	rvice o	n site	neonatal			
	Name of unit			OU, AM	U se	rvice o	n site	neonatal			
2	Name of unit			OU, AM	U se	rvice o	n site	neonatal			
2	Name of unit			OU, AM	U se	rvice o	n site	neonatal			
3 4	Name of unit			OU, AM	U se	rvice o	n site	neonatal			
2 3 4 5	Name of unit			OU, AM	U se	rvice o	n site	neonatal			
2 3 4 5 6	Name of unit			OU, AM	U se	rvice o	n site	neonatal			

How many women delivered in the trust in the year to 31 March 2010?

Please tell us about past and planned changes in capacity and staffing in your trust:

In last 3 years

Increased Same Decreased

and

In next 3 years

Same

Increased

Decreased

Total number of women delivered in alongside midwifery units

Total number of women delivered in freestanding midwifery units

Total number of women delivered

Total number of women delivered in obstetric units

Total number of women delivered at home

Please tick correct response for each point

Change

Change in the overall number of maternity care delivery units

Change in obstetric cover

Change in the delivery bed capacity

4: Lead Neonatal Intensive Care Unit

6.

7.

8.

9.		ve there been changes planned for the configuration of maternity care last 3 years that have not yet taken place?	Yes No
		If Yes, please give details below:	
10.		uld you tell us about any other important changes that have taken ace in maternity care in your trust since the Healthcare Commission Revi	iew in 2007?
		THANK YOU	
		Please return in the envelope provided to:	
F	REE	POST	
		Tel:	
		Email:	

Maternity Unit Definitions:

Freestanding midwifery unit (FMU): an NHS clinical location offering care to women with straightforward pregnancies during labour and birth in which midwives take primary professional responsibility for care. General Practitioners may also be involved in care. During labour and birth diagnostic and treatment medical services including obstetric, neonatal and anaesthetic care, are not immediately available but are located on a separate site should they be needed. Transfer will normally involve car or ambulance.

Alongside midwifery unit (AMU): an NHS clinical location offering care to women with straightforward pregnancies during labour and birth in which midwives take primary professional responsibility for care. During labour and birth diagnostic and treatment medical services, including obstetric, neonatal and anaesthetic care are available, should they be needed, in the same building, or in a separate building on the same site. Transfer will normally be by trolley, bed or wheelchair.

Obstetric unit (OU): an NHS clinical location in which care is provided by a team, with obstetricians taking primary professional responsibility for women at high risk of complications during labour and birth. Midwives offer care to all women in an OU, whether or not they are considered at high or low risk, and take primary responsibility for women with straightforward pregnancies during labour and birth. Diagnostic and treatment medical services including obstetric, neonatal and anaesthetic care are available on site, 24 hours a day.



