

# Trends in Freestanding Midwife-led Units in England and Wales 2001-2013



*The Royal College of*  
**Midwives**

A report by BirthChoiceUK for the Royal College of Midwives  
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## Key points

- In England in February 2013 there were 59 freestanding midwife-led units (FMUs) compared with 53 in April 2001. During these twelve years 30 new units opened and 21 units were permanently closed. A further three are temporarily closed, with the possibility that they will not reopen.
- In Wales in February 2013 there were 13 FMUs in Wales compared with 11 in April 2001. Within that time, six new units opened, and four units closed.
- A significant number of the new FMUs were created when obstetric services were centralised elsewhere in a trust or health board.
- In England around 12,000 women have their baby in an FMU, nearly 2% of women giving birth in an English NHS setting. Over 4% of women having a normal birth give birth in an FMU.
- In Wales around 1,500 women have their baby in an FMU, over 4% of women giving birth in a Welsh NHS setting.
- In England the majority of FMUs have 200-300 births a year, whereas in Wales the majority have fewer than 50 births a year.
- The pattern of FMUs varies greatly between and within regions, including some small rural units providing a place for just a few women a year to give birth; some well-used and long established urban and rural FMUs; and new FMUs either replacing obstetric services or created in addition to other services. All types of unit are vulnerable to closure.





## Introduction

This report has been written by BirthChoiceUK for the Royal College of Midwives to show changes in freestanding midwife-led units in England and Wales during the period between April 2001 and February 2013. Data on the number of women giving birth in FMUs is available for the financial years from April 2001 to March 2011.

Details of FMUs for the period are held in the BirthChoiceUK database and this has been used for some of the analysis. As there is no official list of FMUs open at any one time, or of details of openings and closures - either temporary or permanent - there may be inaccuracies in the report relating to timings of changes. All attempts have been made to make the report as accurate as possible.

For this report, the Birthplace Study in England definition is used such that a freestanding midwifery unit is "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."

This report does not consider policy decisions, either national or local, which have led to changes in numbers or type of FMUs or other maternity services. It also does not consider outcomes or safety of birth in FMUs.

## Methodology

Maternities by NHS communal establishment (CE) code were obtained from the Office for National Statistics (ONS) for the financial years 2001/02 to 2010/11. CE codes were matched to CE names and addresses using information provided by the Organisation Data Service at NHS Connecting for Health.

CEs where births had taken place were matched initially by postcode to hospital names in the BirthChoiceUK database which contains details of maternity units collected over 12 years. Unmatched CEs were matched manually to hospital names. Once matched to the BirthChoiceUK database, CEs could be allocated to maternity unit type (e.g. obstetric unit or FMU), to strategic health authority and to all other site-specific data within the database.

Where multiple CE codes mapped to a single hospital, data for those codes were aggregated. Births in non-maternity settings were identified. These were usually small numbers of births registered at hospitals with no maternity unit. They were aggregated as 'other' and excluded from further analysis.

Data relating to deliveries taking place at FMUs and obstetric units were identified using the BirthChoiceUK database. Data from maternity units which provided obstetric services were excluded from analyses unless they had changed status from obstetric unit to FMU during a year. Where a unit had either opened or closed in the year, the site and year was flagged and, as a full year of data was not available, these numbers were excluded in analyses of size of unit.

Where a site was an obstetric unit for part of a year and an FMU for the rest of the year, the date of change was ascertained and an apportionment made on a pro-rata basis to estimate the number of maternities relating to the period as an FMU. For 2010/11, it was not possible to make such an apportionment in two cases as the annual maternities for subsequent years were not available. Figures for maternities for 2010/11 are therefore slightly understated.

In earlier years some freestanding units were GP-led rather than midwife-led but no distinction has been made between the two types of unit in this report. The term 'FMU' therefore includes GP units.

## Findings

### Numbers of freestanding midwife-led units

#### *England*

As at April 2001 there were 53 freestanding midwife-led units in England. By February 2013 this number had increased to 59 (Figure 1; Table 1). During this time there had been an additional 30 units opening with closures of 21 units. Three units have also been temporarily closed and are at risk of the closures being made permanent. Figure 1 shows diagrammatically the changes between April 2001 and February 2013.

The increase in FMUs taking place during this time has largely been the result of FMUs taking the place of obstetric services in a locality, either by remaining on the same site or moving to a new, often purpose-built site nearby. An example of this latter situation is at the Royal Blackburn Hospital where obstetric services have moved to Burnley and midwife-led services have moved to the newly built Blackburn Birth Centre.

Whilst the majority of the 21 closures during the period are of well-established FMUs, a significant number of the closures (5) are due to the closure of FMUs which were set up to replace obstetric services. In some cases these midwife-led services have been moved to become alongside midwife-led services at sites where obstetric services have been centralised. For example, Brent Birth Centre was moved to Northwick Park Hospital, and a new alongside unit was opened at the Queen Elizabeth the Queen Mother Hospital in Margate, replacing the FMU at Kent and Canterbury Hospital. Figure 2 sets out the changes by year and type showing the complexity of reconfigurations. All openings and closures are listed in Appendices 1 and 2.

Figure 1: Changes in FMUs between April 2001 and February 2013 in England

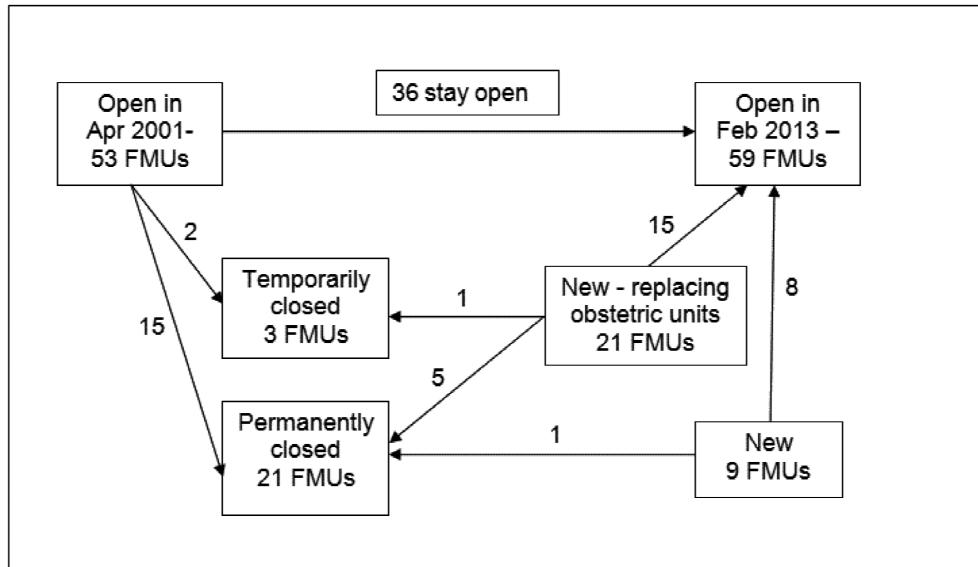
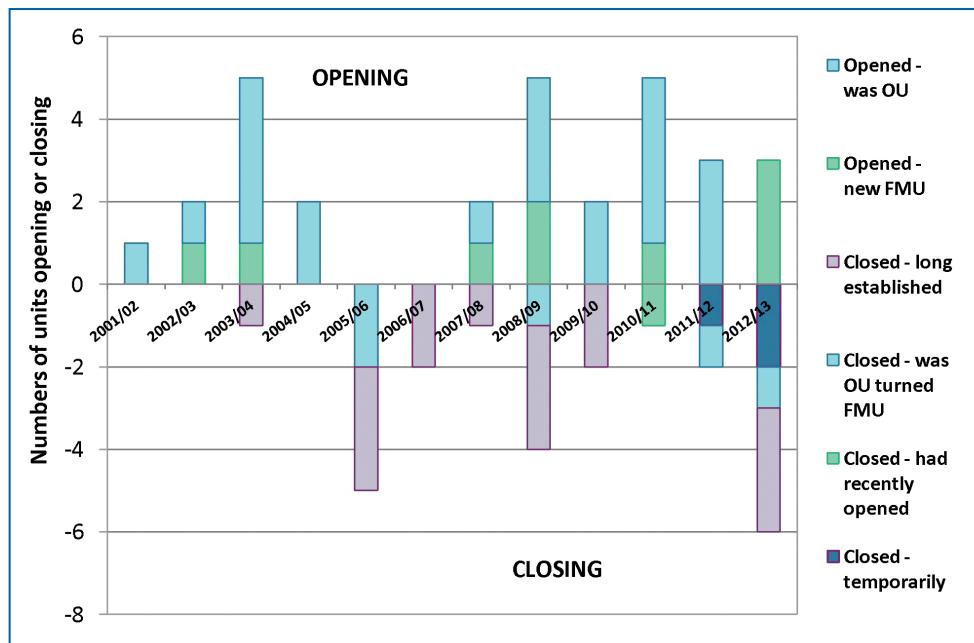


Table 1: Changes in numbers of FMUs in England 2001/02 to 2012/13

	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Total open at start of year	53	54	56	60	62	57	55	56	57	57	61	62
Opened in year	1	2	5	2	0	0	2	5	2	5	3	3
Closed in year	0	0	(1)	0	(5)	(2)	(1)	(4)	(2)	(1)	(2)	(6)
Total open at end of year	54	56	60	62	57	55	56	57	57	61	62	59
Total number of units open in year	54	56	61	62	62	57	57	61	59	62	64	65

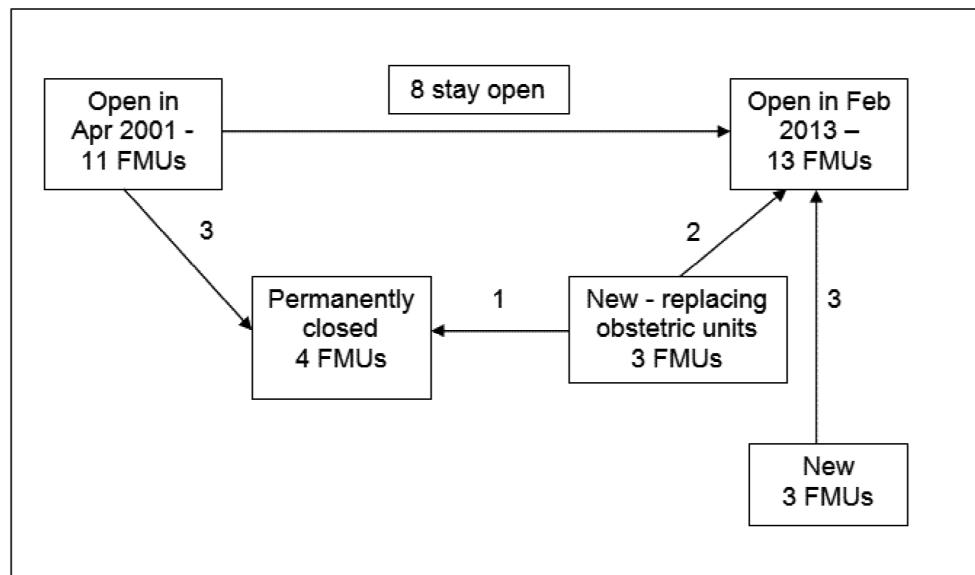
Figure 2: Numbers of FMUs in England opening and closing by year and type



## Wales

The number of FMUs has changed little, from 11 in 2001 to 13 in February 2013, reaching a peak of 14 between 2006-12. This relative stability masks a similar pattern to England where a core number of units stay open with permanent closures both of established units and of new FMUs designed to replace obstetric services. In Cardiff, obstetric services were centralised at University Hospital of Wales in 2005/06, with an FMU remaining at Llandough Hospital in Penarth. This FMU was closed in March 2011.

**Figure 3: Changes in FMUs between April 2001 and February 2013 in Wales**



## Numbers of Maternities in FMUs

### *England and Wales*

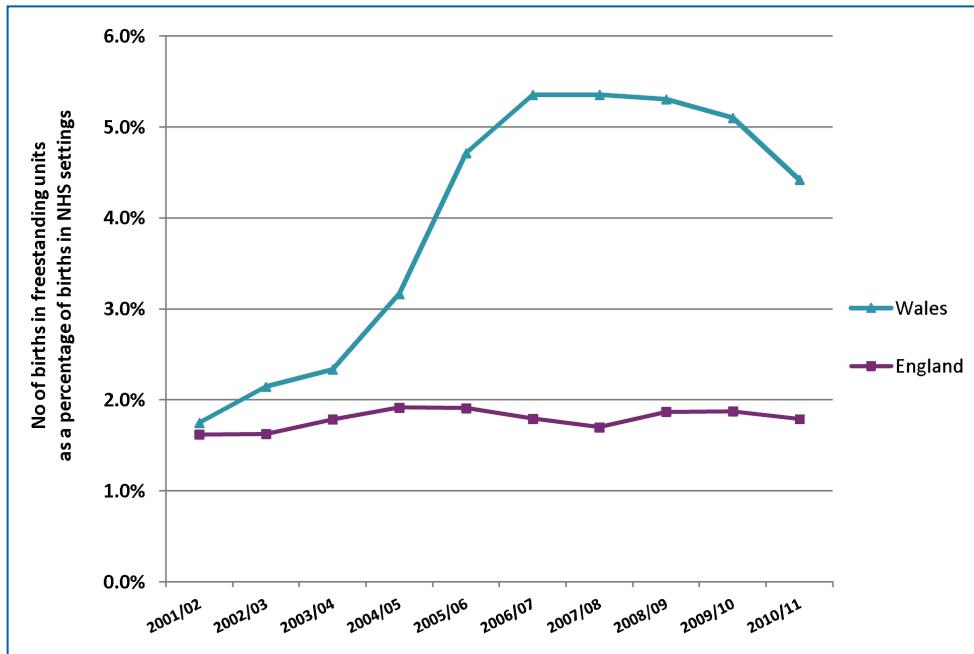
Table 2 shows the numbers of maternities in FMUs in both England and Wales for the years 2001/02 and 2010/11. Although deliveries in FMUs in England have risen by about 3,000 during this time, there was also a rise in the number of overall deliveries in all NHS settings, and therefore the proportion of maternities in FMUs in England has remained relatively stable (Figure.4)

**Table 2: FMU maternities as a percentage of all maternities (England and Wales)**

FMUs	England		Wales	
	2001/02	2010/11	2001/02	2010/11
Maternities in freestanding units	8,800	11,800	500	1,470
Maternities in NHS settings	541,800	660,700	28,500	33,200
% of maternities in freestanding units	1.6%	1.8%	1.8%	4.4%
as a % of "normal" births	n/a	4.3%	n/a	n/a

In contrast, the number of maternities in FMUs in Wales has risen at a greater rate than the overall number of women having babies, and thus the proportion of maternities in Wales has increased, reaching a high of over 5% before falling to 4.4%.

Figure 4: Percentage of women giving birth in an NHS setting who gave birth in an FMU (England and Wales)



## England

Virtually all women giving birth in an FMU will have a normal birth, according to the definition given by the Maternity Care Working Party in their Normal Birth Consensus Statement 2. This defines a normal birth as one without induction, regional or general anaesthesia, caesarean, instrumental delivery or episiotomy. Between 4.0 - 4.5% of women having a normal birth in England gave birth in an FMU between 2004 and 2011 (Figure 5).

Figure 5: Percentage of women having a "normal birth" in an NHS setting who gave birth in an FMU (England only)

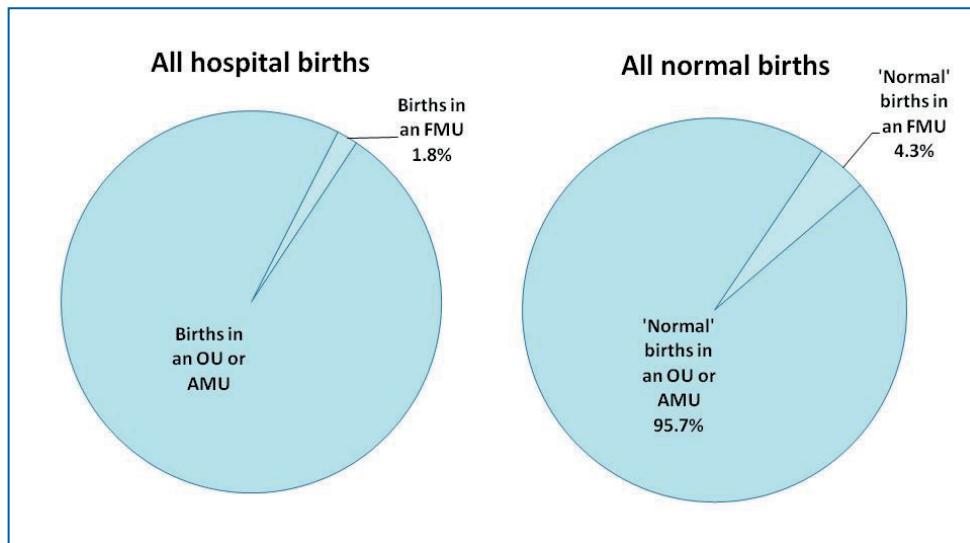
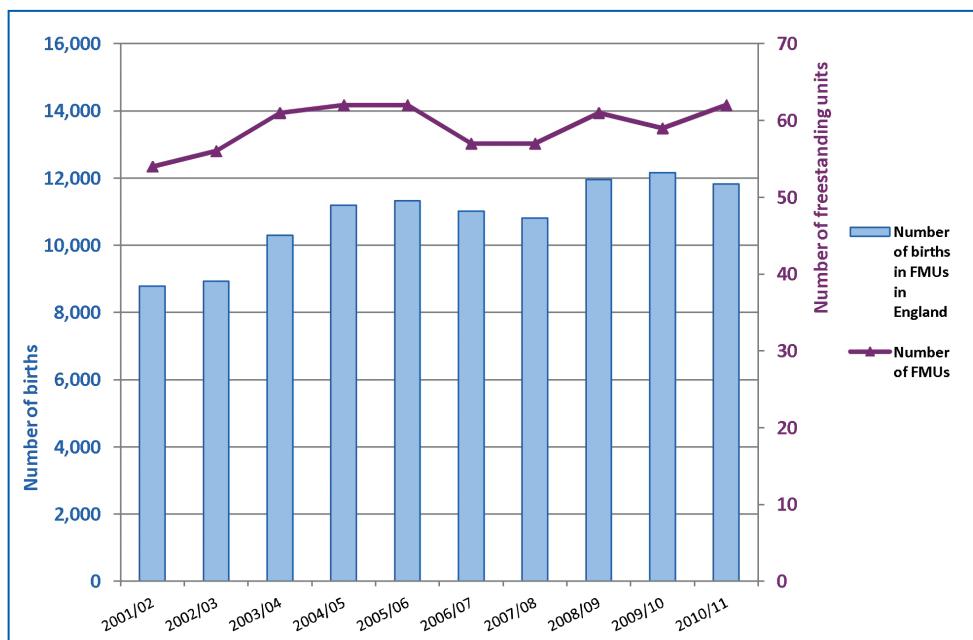


Figure 6 shows numbers of women giving birth in FMUs in relation to the numbers of FMUs open for all or part of the year.

Increases in the number of women giving birth in FMUs from year to year can largely be explained by new units being created and by units closing.

**Figure 6: Numbers of maternities in freestanding units in England 2001-2011 in relation to numbers of FMUs (full numbers not available for 2010/11)**



In 2003/04, obstetric services in Hexham in Northumberland, at the Castle Hill (Jubilee) Hospital Cottingham near Hull and at Central Middlesex Hospital were transferred to other sites, leaving FMUs. In 2004/05 similar reconfigurations happened at Canterbury and Bishop Auckland which led to further increases in deliveries in FMUs, but closures at Wyre Forest Birth Centre in Kidderminster, at Southport, Hemel Hempstead and in Hampshire between 2003 and 2007 all contributed to a reduction in the use of FMUs in 2007/08.

At this time a former obstetric unit in North Tyneside became an FMU and Barkantine Birth Centre opened in Tower Hamlets. In 2008/09 more FMUs replaced obstetric services in Huddersfield and Hartlepool, with a new birth centre opening in the New Forest. This led to a rise in FMU births which was not offset by the closure of Brent Birth Centre and other rural FMUs. Between March 2009 and December 2010, more changes in configurations led to FMUs being created in the footprint of obstetric services at High Wycombe, Portsmouth and Solihull. In addition, new freestanding birth centres were established in East Lancashire.

Further reconfigurations of FMUs in 2010/11 happened at Cheltenham and Pontefract but these figures are not yet available, resulting in the mismatch between number of maternities and numbers of FMUs for that year. However this reveals reductions in use prior to the closure of the Canterbury and Jubilee birth centres in 2012/13 and a general decline in the use of FMUs in some areas.

Detailed lists of openings and closures are given in Appendices 1 and 2.

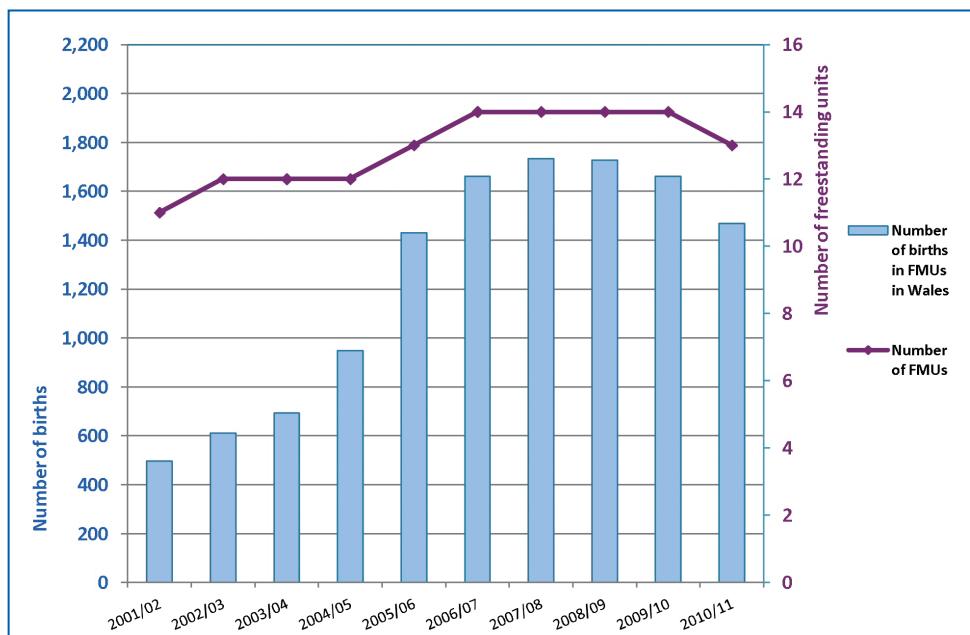
## *Wales*

The numbers of women giving birth in FMUs in Wales has increased significantly between 2001 and 2011, reaching a peak of over 1,700 in 2007/08 (Figure. 7).

As with England, increases in births at FMUs have been driven by reconfigurations of obstetric services. Increases in 2002/03 and 2003/04 were largely the result of a change to midwife-led services at the Miners Hospital in Caerphilly. This was followed by further increases due to reconfiguration at Neath Port Talbot in 2004/05, when obstetric services transferred to Swansea and in Cardiff in 2005/06 when obstetric services became centralised at the University Hospital of Wales, with Llandough Hospital offering midwife-led care.

Declining numbers in more recent years reflects smaller numbers of births at Caerphilly (although this has recently moved to a new site) and the closure of Llandough in 2010/11. There have also been changes in the services offered in a number of small rural community hospitals, and the use of midwife-led units in Powys.

Figure 7: Numbers of maternities in freestanding units in Wales 2001-2011



## Size of FMUs

### *England*

Figure 8 shows the numbers of FMUs of different sizes between 2001/02 and 2010/11 and Figure 9 shows the total numbers of women giving birth in each size of unit. These are based on FMUs which were open for all of the year, and did not include units which opened or closed during the year. This was to ensure that as far as possible unit sizes were based on the numbers for whole years. It does not take account of short temporary closures which can affect numbers of births per year.

In 2001/02 the majority of births in FMUs were taking place in units where about 100-200 mothers gave birth each year. There were 18 such units at that time. By 2006/07, the trend was for bigger units of about 300-400 births a year, and the numbers of these had increased from 3 to 12.

By 2010/11, FMUs were tending to reduce in size again with the majority of births in units of 200-300 births per year, but with an increase in the largest units taking over 400 women a year. The largest units are a mix of long established FMUs such as in Telford (over 400 births per annum), of former obstetric services such as Huddersfield (600 births pa) and of newly built birth centres such as the Barkantine Birth Centre (over 400 births pa). The smallest units of up to 50 births a year tend to serve small rural communities in the north of England and the south-west.

Figure 8: Changes in FMU unit size 2001/02 to 2010/11

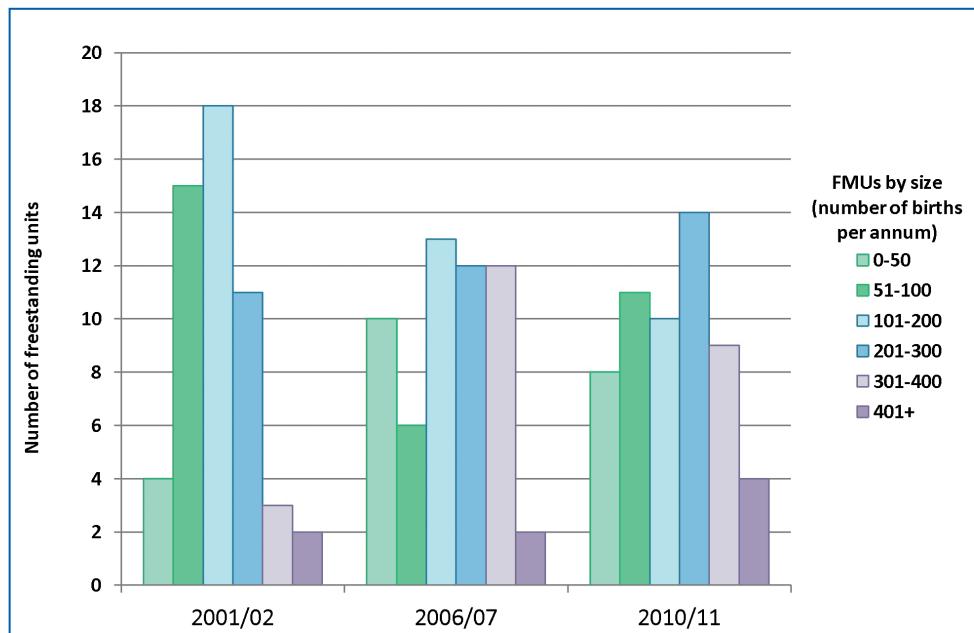
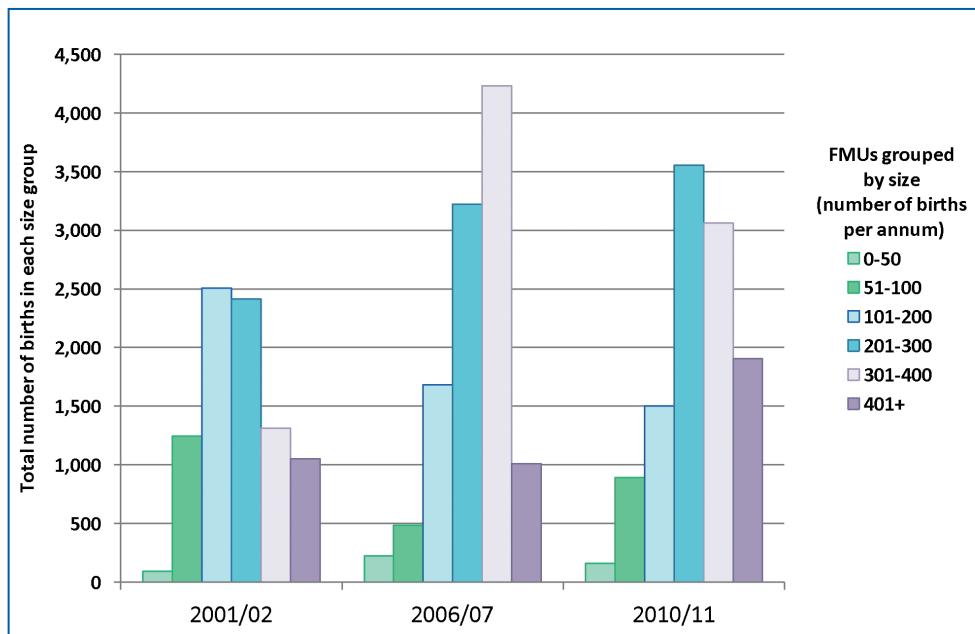


Figure 9: Total numbers of maternities by size of FMUs in England between 2001/02 and 2010/11



The average number of women giving birth at an FMU was 163 in 2001/02 increasing to 214 per FMU in 2009/10 showing the trend towards large units (full figures not available for 2010/11). In the 36 core units which have been open since 2001/02 (see Appendix 3), the average number was 188 in 2001/02, rising to a peak of 210 in 2008/09 and down to 175 in 2010/11, although some units were affected by temporary closures during this year, reducing the average.

## *Wales*

In Wales the vast majority of FMUs have fewer than 50 women giving birth in them each year, with the country having between 8 and 10 units of this size each year. In later years, there have been three FMUs with over 300 births each, being Caerphilly, Neath Port Talbot and Llandough. These are the three units which remained when obstetric services were moved elsewhere. Llandough has now closed.

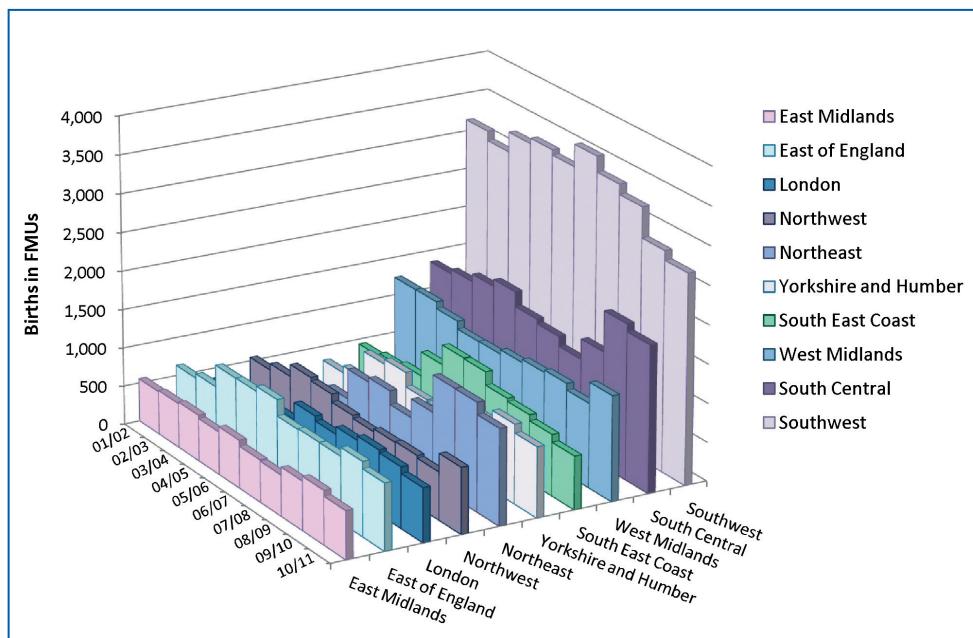
The average number of women giving birth at a Welsh FMU was 40 in 2001/02 and 105 in 2010/11. This was at a peak of 124 in 2007/08, and reflects the introduction of larger units resulting from reconfigurations.



## Regional variations in FMUs

Figure 10 shows numbers of maternities in England arranged by Strategic Health Authority to show regional differences in the provision of FMUs. The South West SHA has a number of long-established FMUs, for example at Bournemouth, Weston-super-Mare, throughout Wiltshire and in Devon. However in recent years numbers have been falling in this region, due to declining use and closures of smaller units.

Figure 10: Maternities in FMUs in England from 2001/02 to 2010/11 by Strategic Health Authority



South Central region has seen a recent increase in FMU births, largely due to units replacing obstetric services at High Wycombe and Portsmouth, and a larger FMU in the New Forest. The peak in the South East Coast region in the mid 2000s was due to a large number of women giving birth at Dover, Canterbury and Crowborough. Births in these units subsequently declined and Dover and Canterbury FMUs are now closed.

## Limitations of the analysis

Data from ONS do not identify FMUs as the place of birth and therefore maternities have been allocated to FMUs based on a map relating communal establishment codes to data in the BirthChoiceUK database. In some cases this has been done manually and some judgement using previous knowledge has been applied.

Annual figures include units that open or close during the year. These can usually be identified by an absence of data in either previous or subsequent years but they have to be excluded for analyses looking at size of unit, as units with data for only part of a year can appear to be smaller. Units which close temporarily for short periods are difficult to identify and have been included in the analysis of unit size. The effect of this may be to underestimate the size of those units.

Units which change status from an obstetric service to an FMU on the same communal establishment site part-way through a financial year are problematic as maternities for the year include an aggregation of births in both settings. In this situation these numbers have been estimated on a pro-rata basis, taking into account the previous annual births in the obstetric unit and the subsequent annual births in the FMU, as well as the date of change if available. However this estimate may introduce inaccuracies. In 2010/11, subsequent birth numbers were not available and therefore maternities for two obstetric units converting to FMUs in January and February 2011 were not included in total maternities for the year, thereby understating maternities for that year.

## Summary

A significant amount of information about trends in freestanding midwife-led units is available from analysing changes in numbers of maternity units in FMUs and by relating this to other available information. By studying trends in recent years, it may be possible to identify trusts or health boards with successful units which contribute to the provision of choice of place of birth for women in their locality, and to learn from them.

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2. Maternity Care Working Party. Making normal birth a reality. Consensus statement from the Maternity Care Working Party: our shared views about the need to recognise, facilitate and audit normal birth. National Childbirth Trust; Royal College of Midwives; Royal College of Obstetricians and Gynaecologists; 2007. Available from: <http://www.nct.org.uk/professional/research/pregnancy-birth-and-postnatal-care/birth/normal-birth>



## Appendix 1 - New FMUs

England			
2001/02	Helme Chase Maternity Hospital, Kendal	Replacing obstetric services	
2002/03	Wakefield Birth Centre	New	Subsequently closed
	Hemel Birth Centre	Replacing obstetric services	Subsequently closed
2003/04	The Jubilee Birth Centre	Replacing obstetric services	Subsequently closed
	Hexham General Hospital	Replacing obstetric services	
	Christiana Hartley Unit, Southport	Replacing obstetric services	Subsequently closed
	Helston Community Hospital	New	
	Brent Birth Centre	Replacing obstetric services	Subsequently closed
2004/05	Bishop Auckland Hospital	Replacing obstetric services	
	Canterbury Birth Centre	Replacing obstetric services	Subsequently closed
2007/08	Barkantine Birth Centre	New	
	North Tyneside General Hospital	Replacing obstetric services	
2008/09	Huddersfield Royal Infirmary	Replacing obstetric services	
	Heatherwood Hospital, Ascot	Replacing obstetric services	Temporarily closed
	University Hospital of Hartlepool	Replacing obstetric services	
	New Forest Birth Centre, Ashurst	New (replacing other FMUs)	
	Newton Abbot Birthing Rooms	New	
2009/10	Wycombe Hospital	Replacing obstetric services	
	Portsmouth Maternity Centre	Replacing obstetric services	
2010/11	Blackburn Birth Centre	Replacing obstetric services	
	Rossendale Birth Centre	New	
	Pontefract Hospital	Replacing obstetric services	
	Cheltenham Birth Centre	Replacing obstetric services	
	Solihull Birth Centre	Replacing obstetric services	
2011/12	Salford Royal Hospital	Replacing obstetric services	
	Maidstone Birth Centre	Replacing obstetric services	
	Halcyon Birth Centre, Smethwick	Replacing obstetric services	
2012/13	Walsall Midwifery-led Unit	New	
	Cosham Birth Centre, Bristol	New	
	Barking Birth Centre	New	
Wales			
2001/02	Caerphilly Birth Centre	Replacing obstetric services	
2003/04	Bryn Beryl Hospital, Pwllheli		
2004/05	Neath Port Talbot Hospital	Replacing obstetric services	
2005/06	Llandough Hospital, Cardiff	Replacing obstetric services	Subsequently closed
2006/07	Denbigh Infirmary		
2011/12	Ysbyty Aneuran Bevan, Ebbw Vale		

## Appendix 2 - Closures of FMUs

England	
2003/04	Wyre Forest Birth Centre, Kidderminster
2005/06	Christiana Hartley Maternity Unit, Southport
	Malmesbury Maternity Unit
	Blackbrook Birth Centre, Fareham
	Hemel Birth Centre
	Guisborough Maternity Unit
2006/07	Romsey Hospital
	Lymington Hospital
2007/08	Devizes Maternity Unit
2008/09	Brent Birth Centre, Central Middlesex Hospital
	Bridlington and District Hospital
	Hythe Hospital
	St Peter's Maternity Unit, Shepton Mallet
2009/10	Whitby Community Hospital
	Malton and Norton Maternity Unit
2010/11	Wakefield Birth Centre
2011/12	The Jubilee Birth Centre
	Heatherwood Hospital, Ascot (temp)
2012/13	Canterbury Birth Centre
	Darley Maternity Unit, Matlock
	Corbar Maternity Unit, Buxton
	Dover Birthing Centre
	Berwick Infirmary (temp)
	Chipping Norton Community Hospital (temp)
Wales	
2002/03	Bro Ddyfi Community Hospital, Machynlleth
2003/04	Cottage Hospital, Builth Wells
2010/11	Llandough Hospital, Cardiff
2012/13	Tair Afon General Hospital, Aberdare

## Appendix 3 - FMUs in existence throughout April 2001 to February 2013

England
Hillcrest Maternity Unit, Alnwick
Chorley and South Ribble Hospital
Penrith Hospital
Goole Midwives Suite
St Mary's Birth Centre, Melton Mowbray
Grantham and District Hospital
Samuel Johnson Community Hospital, Lichfield
Bridgnorth Maternity Unit
Robert Jones & Agnes Hunt Hospital, Oswestry
Wrekin Maternity Unit, Telford
Ludlow Hospital
St Peters Birthing Centre, Maldon
William Julien Courtauld Birthing Centre, Braintree
Harwich Maternity Unit, Fryatt Hospital
Halstead Birthing Centre
Gilchrist Maternity Unit, Eye
Claughton District Hospital
Edgware Birth Centre
Crowborough Birthing Centre
Wantage Community Hospital
Grange Birth Centre, Petersfield
Wallingford Community Hospital
Blake Birth Centre, Gosport
Andover Birth Centre
St Austell Community Hospital
Greenways Maternity Unit, Chippenham
Okehampton Hospital
Trowbridge Hospital
Paulton Maternity Unit, Bristol

Frome Victoria Hospital
Stroud Maternity Hospital
Mary Stanley Wing, Bridgwater
Honiton Hospital
Tiverton and District Hospital
Ashcombe Maternity Unit, Weston-Super-Mare
Royal Bournemouth Hospital
Wales
Dolgellau & Barmouth District Hospital
Twynn & District War Memorial Hospital
War Memorial Hospital, Brecon
Knighton Hospital
Llandrindod Wells Community Hospital
War Memorial Hospital, Llanidloes
Montgomery County Infirmary, Newtown
Victoria Memorial Hospital, Welshpool



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