

14th April 2021

Dear Nadine,

Review and upgrading of maternity estates.

As organisations that advocate for women's health and that of their families, we all welcome last week's announcement of additional funding for maternity services. This extra investment will help to ensure that we have the right numbers of staff, with the right training to provide women, babies, and their families with safer and better care. While this funding will go a long way to improving maternity services, there is also a pressing need, as evidenced by the experience of women and families during the last twelve months, to ensure that maternity facilities are fit for purpose.

We are therefore calling for:

- a review of NHS estates, particularly maternity services, and including bereavement rooms, with a view to upgrading those facilities that have been shown to be not fit for purpose; and
- the need to ensure sufficient footfall, space and dedicated clinical areas and rooms – including bereavement rooms - should be incorporated into the design of maternity facilities in new hospitals.

Having a supportive and trusted partner present at key moments during pregnancy and throughout labour is known to have a positive effect on the emotional wellbeing and birth experiences of women and babies. This has been particularly important at a time when many women are experiencing raised stress levels and feelings of fear and loneliness.

While it has been necessary to introduce visiting restrictions in maternity services, no-one is in any doubt how challenging this has been for pregnant women and their families at such an incredibly important and transformative time in their lives. They have also been difficult for maternity staff whose priority has been to always keep women and babies safe and well.

Sadly, although maternity staff have made every effort to enable women to be accompanied by partners during appointments and scans, the condition and layout of some NHS maternity facilities have made it exceptionally difficult to facilitate this while at the same time maintaining safe services and social distancing.

The size and layout of rooms used for maternity care can vary between and within hospitals and other health settings. Some maternity units benefit from antenatal and postnatal wards largely with single rooms and have dedicated waiting areas for clinics and scans. This has made it possible to accommodate visitors and supporters because the risks of infection from exposure to other patients or from a lack of social distancing are minimised.

Unfortunately, many other maternity services have a limited footprint, with narrow corridors, waiting areas sometimes shared with vulnerable patients for other specialties and some women having to stay in four or six-bedded bays for antenatal and postnatal care. A survey undertaken by Sands for Baby Loss Awareness Week in October 2020, found that among the reasons why partners were not asked to attend routine appointments and scans was the difficulty of social distancing in scan rooms, which may not have windows, and some respondents explicitly said that old buildings were the issue.

This has also impacted on bereaved families, with the repurposing of bereavement suites resulting in the loss of opportunities for memory making, such as the taking of photographs or footprints after a stillbirth or neonatal death, or for families to spend time with their babies.

Such environments have made it far harder to operate safe social distancing and the consequence has been that many pregnant women have had to attend scans and other appointments alone. This has not only caused a great deal of distress for women and their families but also engendered a sense of unfairness as women will be aware that others have been treated differently.

We want to ensure that women and families have as positive a pregnancy and birth experience as possible, and that maternity staff are able to care for them in as safe and supportive an environment as possible. As we make plans to emerge from the current restrictions, it is essential that lessons are learned from the experiences of women, families and maternity staff during the last year and that steps are taken to ensure that maternity services are better equipped to deal with future emergencies.

We look forward to your response and would welcome the opportunity to discuss this further with you.

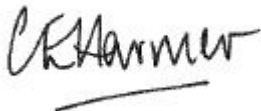
Yours sincerely,

E. Walton

Gill Walton, Chief Executive, Royal College of Midwives



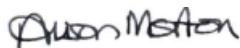
Angela McConville, Chief Executive, National Childbirth Trust



Clea Harmer, Chief Executive, SANDS



Dr Edward Morris, President, Royal College of Obstetricians & Gynaecologists



Alison Morton, Acting Executive Director, Institute of Health Visiting



Dean Rogers, Director of Industrial Strategy & Member Relations, Society and College of Radiographers

[\[1\] House of Commons Health Committee \(2016\) *Maternity services inquiry launched - News from Parliament*. \[online\] Available at: <https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news-parliament-20151/maternity-services-launch-16-17/> \[Accessed 4 January 2019\]](https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news-parliament-20151/maternity-services-launch-16-17/)