Delivering midwifery care in difficult to access areas

Earlier this month, a temporary suspension of out-of-hours midwifery services for Skye and Lochalsh was announced. This suspension—a problem that is especially significant in an area where there is an ageing midwifery workforce—was reportedly due to staff shortages. It is not news that there is a shortage of midwives in the UK; however, something needs to be done to entice new midwives to these remote areas.

Gillian Smith, Director of the Royal College of Midwives (RCM) for Scotland said to BJM: ‘This is an ongoing struggle in the remote and rural areas of Scotland. It is a real life-changing decision to move to these areas from the central belt. Although the areas are beautiful, they are often quite challenging with transport infrastructure and local facilities. Skye is not the first area to present problems; the Head of Midwifery on the Western Isles has also had difficulty recruiting over the last year and with the ageing midwifery workforce in Scotland, this will present further challenges over the next few years. The interesting thing is working in places like Skye, the Western Isles and some of the other island and remote communities in Scotland allows you to practise midwifery as a member of the community and develop a different, but highly expert, set of skills.’

These closures also highlight the issue of accessing maternity care in remote and hard to access areas—something that many women have to face all over the UK. NHS Highland hopes the situation will improve after a month. However, in the mean time, women will have to travel over 100 miles to access services in Inverness for their birth if it occurs during out-of-hours—which is likely to be the case for most.

For many women, travelling this far while in labour will be uncomfortable and potentially dangerous if the baby is born before arrival to hospital. Failure to maintain body temperature poses a significant risk to the baby if it is born before arrival to a hospital and women are also more likely to experience retained placenta requiring manual removal and increased blood loss (Loughnane et al, 2006). These complications may lead to more claims to the NHS Litigation Authority. Already, maternity claims represent the highest value and third highest number of clinical negligence claims reported to the NHSLA (NHSLA, 2014) and shuttering services may only exacerbate this.

Closing maternity services in remote areas, whether temporarily or permanently, is dangerous and not sustainable. Unless long-term strategies are put in place, this may happen again. Whatever the solution, it is important to remember that every woman has the same right to access high-quality care wherever she lives.
