

# Freestanding Midwifery Units

Local, high quality  
maternity care



Busting  
the Myths



*The Royal College of*  
**Midwives**

## Foreword

Midwife-led care for low risk women, improves a range of maternal outcomes, reduces the number of procedures in labour and increases satisfaction with care. The Birthplace in England study found that for all low risk women, birth is as safe for babies in alongside and freestanding midwife units as it is in obstetric units, but with the added benefits of reduced interventions for the mother.

Yet, despite all the evidence of good outcomes and satisfaction associated with midwife-led care, the proportion of women birthing in FMUs has not increased significantly in recent years. One of the barriers to the development of more FMUs is the prevalence of outdated assumptions about the safety, popularity and efficiency of birth centres. The purpose of this paper is to present a balanced source of evidence-based information, which can help challenge some of these myths and misconceptions about FMUs, and their role within the overall context of maternity care organisation and service delivery.

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## Acknowledgement

This paper was written for the Royal College of Midwives by Dr Kirstie Coxon, NIHR Knowledge Mobilisation Fellow & Research Associate, King's College London.

## Key Facts

In **Freestanding Midwifery Units (FMUs)**, midwives provide care to healthy women with straightforward pregnancies during labour and following birth. Freestanding Midwifery Units are situated in community settings, often in community hospitals which once had specialist obstetric units, and sometimes on purpose-built sites. If women or babies need specialist medical or neonatal care, they need to be transferred by ambulance or car to an obstetric unit in an acute hospital.

**Freestanding midwifery units** are staffed by midwives and maternity support workers. A few units are attended by GPs. They differ from **Alongside Midwifery Units (AMUs)**, which are always on the same site as, but separate from, an obstetric unit. Women still need to be transferred from AMUs to the obstetric unit if they need specialist care.

### FMUs vary across England and the UK:

- Small rural units provide care to around 50 women a year.
- Larger urban units, such as Barkantine (London), Blackburn and Huddersfield birth centres, have capacity to provide care for 600-1,000 women a year.
- On average, FMUs in England provide care for 200-300 births per year [1].
- Every region in England has FMUs, and more rural areas of the UK including parts of Wales, South West England and North East England have the most FMUs [2].
- There are currently 60 FMUs in England, 22 in Scotland, 13 in Wales and 2 in Northern Ireland.

### Regional variations within the UK (Figures are for 2011):

- Around 12,000 women had their baby in FMUs in England, and this represents about 2% of births overall.
- In Wales, 1,500 women had their baby in an FMU, about 4% of births.
- In Scotland, around 1,550 (2.6%) women gave birth in FMUs.
- Just over 400 women had FMU births in Ireland (1.6%).

Although the proportion of women who give birth in FMUs is small, this number has risen gradually over the last decade as more FMUs open, and the actual numbers of women giving birth in FMUs is substantial (around 15,500 a year). This increase occurs against a backdrop of NHS change and reorganisation, which has seen numerous FMUs open and close, but the FMU model remains popular, and many have now become very well established in their communities.

Giving birth in FMUs has some particular advantages for women, for babies and for the NHS. FMUs are as safe as obstetric units for healthy women with straightforward pregnancies and their babies, including women expecting their first babies [4], and less expensive than other options (except home birth), even when the full costs of transfer into hospitals is taken into consideration [5]. The average cost of birth in a hospital is £1,631, compared to £1,435 for a planned FMU birth. FMUs also provide local, accessible maternity services, such as antenatal clinics and birth preparation classes, and most provide postnatal care too.



## Questions and answers about FMUs

### 1. Surely it can't be safe to give birth without a doctor present?

The King's Fund report '*Safe Births, Everybody's Business*' found that the overwhelming majority of births in England are safe, and that excellent communication within the multidisciplinary team, rather than where women give birth, is the bedrock of safe maternity care [6]. Legally, a midwife is fully autonomous and accountable for supervising births and need not involve a doctor in these births. Midwives in the UK are also highly trained to respond to emergency situations, and must update these skills regularly. In the majority of births, midwives are the most senior health professional present.

Although FMUs are 'freestanding' in the sense that they are not physically based in an acute hospital with an obstetric unit, they remain a fully integrated part of the whole maternity service; they are staffed by midwives employed by the maternity service and served by local ambulance services. FMU quality, safety and outcomes are governed by maternity service protocols written by midwives and doctors. Women who labour in FMUs can be safely transferred into hospital should the need arise.

### 2. Even if midwives can safely conduct births, shouldn't they do so in hospitals, where emergency equipment is available?

Birth in a hospital obstetric unit (or 'labour ward') is recommended for women who have complex pregnancies. However, recent research in England shows that birth in FMUs is safe for healthy women with straightforward pregnancies, and for their babies [7]. The same study also showed that when women with straightforward pregnancies plan to give birth in hospital obstetric units, they are more likely to experience interventions (such as caesarean birth, forceps and ventouse delivery) than if they had planned to give birth in a midwife-led setting. These kinds of births take longer to recover from, and decrease women's feelings of satisfaction following birth.

The same study also showed that FMUs also have several benefits for women and babies. Women are more likely to have a normal birth, to have access to water for pain relief, and to successfully establish breast feeding. These improved outcomes are even more likely amongst healthy women having their first baby, who are about half as likely to have a caesarean section if they plan to give birth in an FMU compared with

planned birth in a hospital obstetric unit. This is not because there are no facilities to do a caesarean section in FMUs – the figure includes women who were transferred into hospital when they needed additional obstetric care.

**3. If FMUs are safe for healthy women, why don't all these women give birth there?**

Currently, most women in the UK do give birth in hospital and hospital birth has become so commonplace that women may expect to give birth in hospital obstetric units. Although FMUs are safe for healthy women with straightforward pregnancies, they are not right for everyone. Women can't have epidural pain relief in FMUs, so if they make this choice in labour, they will have to transfer into hospital. FMUs are therefore best for women who would prefer to be supported by midwives to give birth without an epidural. Sometimes, women want to be in a place where all the choices of pain relief are readily available (a hospital obstetric unit) and such a choice should be respected.

**4. I've heard that a lot of women have to transfer from FMUs into hospital – is this true?**

One in five women who plan to give birth in an FMU are transferred into an obstetric unit during labour or following birth, and women expecting their first baby are more likely to be transferred than women having their second or subsequent baby [8]. Despite the fact that about one in four transfers are documented to be for concerns about the wellbeing of the baby, emergency 'blue light' transfers are uncommon [9].

Over a third of women who are expecting their first baby (36%), and who plan to give birth in an FMU, are transferred into hospital during labour or after birth. The majority of transfers occur during labour, and the main reason for transfer is slow progress of labour requiring further assessment or treatment. About 7% of transfers for first time mothers are for epidural request. Amongst women expecting their second or subsequent baby, transfer rates from FMU are much lower (9%).

**5. Our maternity hospital already has an obstetric unit (labour ward) and an alongside midwifery unit (AMU). Why would we need an FMU as well?**

As NHS maternity services reconfigure, the tendency is for fewer larger units which provide access to the best expertise for complex care. This pattern comes as a result of the perception, based on service reconfigurations in other areas of health care, that outcomes improve when women with complex health needs get the best care from



specialist centres [10, 11]. It also means that people have to travel further to reach acute hospitals, and FMUs then provide a valuable, nearby alternative for well women and their families. Examples of 'hub and spoke' models where several FMUs provide maternity care that complements one or more acute hospitals are well established in some parts of the country [12]. When FMUs are available, they are highly valued by their communities for providing care close to home.

6. I don't think there's a real demand for an FMU in the local population; wouldn't it only be used by better-off women?

In England, it is true that women who choose home birth are more likely to be older, white and more affluent [13]. However, FMUs are chosen by a more diverse group of women, and healthy women expecting first babies, who might otherwise choose home birth, often choose FMUs if they are available [14]. Understandably, demand for FMU births increases once this becomes an option available to women [15]. The FMU alternative therefore remains valuable to women, and FMUs work to widen access as the local population becomes familiar with the service.

It can be difficult to gauge demand for FMUs amongst women where this is a new service, and when these units are often subject to temporary and permanent closure, but preference for local services is strong. FMUs are likely to play an increasing role in providing safe and effective maternity care as part of a network of services. It will be very important to their development that professionals consistently provide women with an informed choice about place of birth, including the availability of FMUs locally. Once established, FMUs prove very popular with women and families and provide high standards of maternity care during labour and following birth.



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This work was supported by a National Institute for Health Research Knowledge Mobilisation Fellowship (NIHR-KMF-2012-01-29). The views and opinions expressed are those of the authors and do not necessarily reflect those of the NIHR, NHS or the Department of Health.



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