

Briefing for the Public Petitions Committee

Petition Number: [PE1839](#)

Main Petitioner: Maria Aitken on behalf of Caithness Health Action Team

Subject: Review maternity models in remote and rural areas

Calls on the Scottish Parliament to urge the Scottish Government to ask all relevant health boards to review their maternity model to ensure that it meets the needs of remote and rural communities.

Introduction

The petitioner is concerned about the extent to which mental health is considered in the planning and provision of maternity services in remote and rural areas. This is because women in these areas may be required to travel to consultant led obstetric units in larger hospitals, either before or during labour.

The petitioner contends that the model used in these areas fails to take into consideration:

- Loneliness, separation anxiety and being scared.
- Fear of travelling such long distances while heavily pregnant, on what can be very difficult roads.
- Anxiety and stress caused by high induction rate.
- Stress and poverty.
- Distress of no privacy and lack of appropriate pain relief during labour in the centralised maternity unit.
- Anxiety about travelling so far with a new-born, particularly as parents and carers are warned of the 'dangers of babies sleeping in car seats for more than 30 minutes at a time for both pre- term and full-term babies'.
- Anxiety about what will happen in an emergency if in labour.
- Communities' feeling of vulnerability due to unsure risks involved in labour and pregnancy and very long distance to nearest Obstetric help.

The petition therefore calls on the Scottish Government to place a duty on NHS boards to assess the safety of decision making in maternity care in

remote and rural areas, and to fully consider the issues which may impact on the mental health of families and communities.

Background

The centralisation of health services has been a political issue for a number of years but the petition is concerned specifically with Caithness General Hospital, where the consultant led maternity unit became a midwife led unit in 2016.

This means that only certain types of birth can take place in Caithness and higher risk births which may require greater intervention will be transferred to other obstetric units, most commonly, Raigmore Hospital in Inverness. This may happen either before labour begins, or during labour.

The change in model came about following a [review by NHS Highland's Director of Public Health, Prof van Woerden](#). The review was commissioned following the death of a full-term baby at Caithness General Hospital in 2015.

The review was asked to undertake a fuller investigation of perinatal care in the Caithness area. Perinatal refers to the period before and after birth.

The project included a literature review of the evidence, an analysis of perinatal mortality and morbidity, and a case note review. The report concluded:

“...67% of problems with care identified in the audit of case notes would probably have been avoided if [Caithness General Hospital] had been operating as a midwife-led [Community Maternity Unit].”

“There is evidence from this external review to suggest that at least two of the five perinatal deaths (stillbirth or neonatal deaths) which occurred over the past five years were potentially avoidable.”

The review did not consider perinatal mental health outcomes but it did make the following conclusion and recommendation:

“With regard to access to care and accommodation for women and families in Raigmore, the external review identified that travel to Raigmore and issues with limited social accommodation for women and their families had an impact on care, particularly when combined with psycho-social factors and women in vulnerable situations. The external review report suggested that family centred facilities in or near Raigmore Hospital could ease the social impact of changes to service configuration.”

Accommodation for women is provided at Kyle Court or the Ronald McDonald Women and Family Centre near Raigmore. Partners are also entitled to three nights' free accommodation.

Scottish Government Action

In 2017, the Scottish Government published '[The best start: a five-year forward plan for maternity and neonatal care in Scotland](#)'.

This included a recognition of the importance of perinatal mental health and it made a recommendation that all NHS boards should review access to perinatal mental health services. It also recommended that the next mental health strategy should ensure a key focus on perinatal mental health.

This was realised in the publication of the [Mental Health Strategy: 2017-2027](#) which contained a section on perinatal mental health and a commitment to create a Managed Clinical Network for perinatal mental health. The [Perinatal Mental Health Network](#) was subsequently established in 2017.

The Network has produced a number of needs assessment reports, including for [NHS Highland in 2018](#).

Scottish Parliament Action

The Scottish Parliament dealt with similar petitions on models of maternity care in session 1. These included petitions on 'Consultant-led maternity services' ([PE689](#)) and 'Maternity services in rural and island communities' ([PE718](#)).

In more recent years, there have been [Committee inquiries into mental health services](#), but not perinatal mental health specifically.

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