



# Factsheet



## Maternity (obstetrics) and women's healthcare (gynaecology) services



### Why do maternity (obstetrics) and women's healthcare (gynaecology) services in South Tyneside and Sunderland need to change?

We are having difficulties in meeting national clinical standards across both of our hospital sites which is creating some risks to current service provision and may prevent us from offering the highest quality care in future. We do not have enough doctors working each shift to make sure women get medical care when they need it most. We are also currently providing the minimum level of senior doctor (consultant) cover. This means that we are unable to provide the same level of high quality care at all times of the day and week and medical staff may not always be as readily available to spot healthcare problems early or speed up recovery. Without being in a unit with the right level of medical care, women may experience complications during labour, babies may need a period of special care and more women may have to stay in hospital longer.

While we use temporary staff to boost staff numbers, this means that we also struggle to make planned, long term quality improvements in the same way that we can when we have permanent staff.

Lower birth numbers at South Tyneside District Hospital also reduces opportunities for clinicians to maintain their skills and expertise and to be able to provide the best possible care. The national maternity strategy, Better Births, is also telling us to make a range of quality improvements to maternity care, including healthcare organisations working together across bigger populations of at least 500,000.

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## What difference will these changes make to the people of South Tyneside and Sunderland?

Under the proposed service changes, women will continue to access antenatal and postnatal care at both hospitals and in local communities. Maternity and gynaecology outpatients' clinics will also continue to be available locally. Women will continue to have a range of birthing choices including a home birth, midwife-led birth or doctor-led birth, with access to medical support and facilities as and where needed.

The proposed changes will increase the amount of senior doctor time available (from between 40 to 68 to 84 hours per week) to make key decisions about women's care sooner. This will mean women can have confidence in being able to get high quality care at all times of the day and week with the best possible results for mothers and babies. More specialist nursing will also be available to care for babies needing specialist care immediately after birth. Find out more about the proposed changes and have your say on the two proposed options at

[www.pathtoexcellence.org.uk](http://www.pathtoexcellence.org.uk)

