

Ending the Maternity Acupuncture Service



Executive Summary

During the annual visit from the National Institute of Health and Clinical Excellence (NICE) inspector to our maternity department in August 2012, the rationale for continuing to provide a maternity acupuncture service at Derriford Hospital was questioned and, as a result, re-examined.

This included a review of all available research evidence, an assessment of the core priorities for maternity care for women and how providing alternative therapies aligns or not with those priorities. The acupuncture service was a niche service accessed by 1% of the maternity service's total patient cohort.

No other hospital Trust in the south west provides an acupuncture service and we could find no other NHS hospital Trust nationally that does.

The outcome of the review, which was discussed with our Maternity Services Liaison Committee which includes service users and commissioners – with direct access to our GP colleagues in Primary Care - on it, led to a decision to end the acupuncture service at Derriford Hospital with effect from the end of November 2012.

We are very grateful to the midwives who provided this service and, unless they have chosen not to do so, they remain fully employed by the Trust in their primary role as midwives.

We support patient choice and our midwifery team will continue to signpost women to acupuncture, as well as other complimentary therapies, if they wish to try them.

The Maternity Service

Our maternity service is developing all the time and we have much to be proud of, not least:

- Our home birth rate has increased from 0.8% to 5% since June 2012
- We have one of the lowest Caesarean-section rates in the south west, at 20% of births despite being the level 3 Neonatal Intensive Care Centre caring for the most vulnerable, premature babies
- Our caseloading team now work to individually support every woman who sadly suffers a stillbirth or neonatal death
- We have award-winning midwives – our team won the Pregnacare Award for Excellent in Initiatives in Improving Public Health and Inequalities in the royal College of Midwives Award in January 2012

The Acupuncture Service

The service was provided to pregnant women on one afternoon per week. In the 12 months before closure, 64 women had been seen by the service out of a total number of patients of 4,882 equating to 1% of our total maternity patient population.

Drivers for Change

Following the annual visit from the National Institute of Health and Clinical Excellence (NICE) to our maternity department, the rationale for a maternity-based acupuncture service was questioned by the inspector. This led to a full evidence review, including a look at whether this service was found

useful in other maternity services; how the continuation of this service aligned or negatively impacted on other evidence-based care priorities for the service and how the service was funded without specific commissioning.

Available evidence

Cochrane and NICE supported our request to search available evidence and could find no recognised research to support acupuncture for any of the maternity related conditions that were being treated. No recognised research had originated from the acupuncture service at Derriford Hospital in the 24 years it had been running to support the use of acupuncture in pregnant women.

Other NHS Providers

The review identified 12 units nationally which, at some point, had either employed acupuncture midwives (or similar) or contracted a service for such. The providers of these kindly shared their experiences with us. The outcome was that all the units had ceased providing this. No other hospital in the south west offers acupuncture in maternity on the NHS.

This does not detract from a consideration of the Hawthorn effect; whereby an improvement in a patient's reported condition or behaviour is seen as a result of increased time and attention with a caregiver. Clearly, the service is seen as very valuable by some of the women who have used it both in our and other centres.

Prioritising resources

Each hospital Trust received a payment from the commissioners for every patient. This payment has to be used, in the first instance, to fund priorities for maternity care which are evidence-based and laid down in guidelines and which every woman has the right to expect such as:

- Working to provide 1:1 care for every woman in labour
- Supporting breastfeeding initiation and continuation - breastfeeding is shown worldwide to have positive impacts on the health of both mum and baby
- Providing specialist midwives, for example a bereavement midwife, which we currently do not have, to support those women who suffer the loss of a baby or pregnancy. This role has been shown by research to reduce the incidences of postnatal depression, for example.

Until we are able to meet these priorities and give women the high standard of care they have every right to expect, we cannot run a service for which there is no good clinical evidence and which is not recommended by NICE.

Engagement

The proposal was discussed fully at the Maternity Services Liaison Committee with engagement from commissioners representing primary care and service users.

Staff affected were met with as soon as the final decision was made. It was also the subject of a HR consultation process, as is always the case if there is a possibility of staff needing to be redeployed. Our intention has always been to ensure that the midwives offering the acupuncture service return to core practice. This has now come to an end and approval has been obtained via the Joint Staff Negotiating Committee around this aspect of process.

Equality Impact Assessment

One of the City Council's four key priorities is to reduce inequalities. The acupuncture service was used by 1% of the women who access our services. Funding the core priorities we have outlined above gives greater benefit to all of our patients and thus supports the City Council's stated aim, which our Trust supports, of reducing inequalities.

Signposting

As with all alternative therapies, and in line with the Midwives Rules and Standards, staff will continue to signpost women and their families to therapies they may find useful.