Statement from OUH on proposal for elective Caesarean Sections to be carried out at the Horton General Hospital

The Trust received a proposal on 6 September 2016 from Val Ingram from the Keep the Horton General Campaign to retain the Special Care Baby Unit at the Horton General Hospital alongside the suggestion that all but high-risk elective Caesarean sections are undertaken for every Oxfordshire woman at the Horton General Hospital.

The Trust has given careful consideration to the proposal outlined. Whilst the Trust acknowledges that access and transport for women in the north of the county would be improved under this proposal (although to the detriment of women in the city and South Oxfordshire), the Trust has found that the proposal cannot be implemented due to a number of important safety concerns and clinical reasons.

- Haemorrhage after a Caesarean section is a significant risk that requires 24/7 on site obstetric provision, which temporarily will no longer be available. This is the main reason for moving from an Obstetric to a Midwifery Led Unit service from 3 October 2016. If there is no resident medical presence women experiencing that would need to be transferred to the John Radcliffe Hospital post-operatively, thereby negating some of the benefits outlined in the proposal.

- Caesarean sections occasionally and unpredictably need input from gynaecological oncologists, urologists, Gastro-Intestinal (GI) surgeons, general surgeons and obstetricians – all services that are not available at the Horton General Hospital.

- The Trust has reviewed the 141 elective Caesarean sections performed during July and August 2016, of which 20 took place at the Horton General Hospital. Of the remaining 121, 60 could not have been safely performed at the Horton because of a combination of complex foetal and maternal factors. Many of the women having an elective Caesarean section at the JR require support there as a consequence of high risk due to diabetes, twins, prematurity, congenital abnormalities, placenta praevia, placenta accreta and long-term maternal conditions. Of the remaining 61, it is unlikely many women would choose the Horton as they opted to give birth at the John Radcliffe Hospital.

- In essence, the proposal represents a ‘Midwifery Led Unit plus’ at the Horton General Hospital, which is a model tried elsewhere, most locally at Heatherwood Park Hospital, and found to be unsafe. Women had emergency Caesarean sections without the appropriate clinical infrastructure in place resulting in poor clinical outcomes.

- The model proposed would lead to women recovering from major surgery needing an inpatient stay with no on-site medical cover, which is an unacceptable risk as complications can arise that require an immediate medical response.

- The admission rate to neonatal units for short-term ventilator support after a Caesarean section is higher than that after normal birth; however, this service is not available at the Horton General Hospital.

- The model proposed does not align with NICE recommendations, which are based on an in-depth assessment of the clinical evidence and, therefore, it does not represent a safe option for women.
Dame Fiona Caldicott said: “I am extremely grateful for the work you have undertaken to allow the Trust to consider an alternative proposal to create an ‘Midwifery Led Unit plus’. However, based on the clinical evidence, the proposal does not provide a viable, sustainable or safe option.”

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