



The Scottish Parliament  
Pàrlamaid na h-Alba

**PUBLIC PETITION NO.**

**PE01839**

### **Name of petitioner**

Maria Aitken on behalf of Caithness Health Action Team

### **Petition title**

Review maternity models in remote and rural areas

### **Petition summary**

Calling 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.

### **Action taken to resolve issues of concern before submitting the petition**

We have contacted two Cabinet Secretaries for Health, Shona Robson and Jeane Freeman.

We have contacted MSPs Rhoda Grant, Edward Mountain and David Stewart.

### **Petition background information**

We believe that health boards are not always sufficiently considering perinatal mental health issues when making decisions related to maternity provision in remote and rural Scotland.

A centralisation of maternity services may work in urban areas, however, in remote and rural Scotland, centralising these services means asking expectant mothers to travel considerable distances while heavily pregnant, on potentially dangerous roads, to have their babies. In travelling so far to labour, they have to contend with being—

- away from their other children and their support network;
- in a busy hospital which is the only place that they can access the care that they need;
- additional costs when staying in hospital or private accommodation before being admitted to labour, and depending on the length of their hospital stay, paying out on additional costs for partners (if they can afford it) to stay in accommodation on necessities, including food.
- possibly being induced as, given the distances involved and controlling bed numbers, induction is being used regularly.
- subject to high risk maternity emergency procedures as labouring women cannot use

air transport

- subject to high risk and very uncomfortable transfers either in private car or in the back of an ambulance for several hours).

This is all on top of all the normal stress at an already anxious time. Even if all goes as smoothly as possible, these mothers still face the prospect of a considerable journey home with their new born.

In NHS Highland, the decision was made in November 2016 that the obstetric maternity model was 'unsafe' and that the maternity service at Caithness General Hospital in Wick was to be downgraded to a Community Midwifery Unit service. As a result, expectant mothers in Caithness who require more assistance than can be delivered by a Community Midwifery Unit service, must now go to the maternity unit at Raigmore hospital in Inverness, which is more than 100 miles away. This has led to 90% of expectant Caithness mothers delivering at Raigmore. In almost one year, 2019, 152 out of 161 births were delivered in Inverness. As mentioned above, induction is common. Of those 152 births, 83 were induced in Inverness. Another impact of centralisation are high levels of elective (33) and emergency (32) sections and a reduction in breastfeeding rates for Caithness women.

The decision to downgrade the maternity services was based on a [report](#) by Professor Van Woerden (2016), the then Director of Public Health and Policy, NHS Highland. We believe that the report focussed wholly on the negatives of the Obstetric led maternity model and failed to consider the possible detrimental impact on mothers, babies and families' perinatal mental health and well-being of—

- Loneliness, separation anxiety and being scared.
- Frightened 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.

New mothers who have had to travel to give birth have told us that 'it was not the birth that traumatised them, it was the hospital environment' with some stating 'they will never have another child after their experience'.

With one in five mums and one in ten partners in Scotland experiencing mental health problems during pregnancy and after birth (NSPCC, 2019) we believe that the centralisation of maternity deliveries place those living in remote or rural areas at a much greater risk due to the stresses outlined above.

We therefore ask that the Scottish Government places a duty on NHS Health Boards to not only assess the safety in decisions relating to maternity in remote and rural Scotland, but to also ensure that they fully consider the many issues that may impact on perinatal mental health for the mother, partner, unborn babies, children, families and fragile communities when making decisions affecting maternity provision.

#### Unique web address

<https://www.parliament.scot/GettingInvolved/Petitions/reviewmaternitymodels>

**Related information for petition**

**Do you wish your petition to be hosted on the Parliament's website to collect signatures online?**

YES

**How many signatures have you collected so far?**

0

**Closing date for collecting signatures online**

01 / 12 / 2020

**Comments to stimulate online discussion**

We believe that in deciding to centralise maternity services, health boards are not giving enough consideration to the impact of that decision on the perinatal mental health of the mother, partner, unborn babies, other children in the families and the wider community.

Do you agree that the Scottish Government should ask all relevant health boards to review its maternity model to ensure that it meets the needs of remote and rural communities?