

BODY POLITIC **Nigel Hawkes**

# Hard labour

Maternity services have come under increasing pressure, especially with rising numbers of young immigrants, but what is the government doing about it?

This year a record number of 220 000 immigrants are likely to become British citizens. The government believes that immigration provides economic benefits; and the home secretary, Alan Johnson, told a House of Commons committee last month that the prospect of a population of 70 million “did not keep him awake at night.” Others may disagree, but this is not the place to argue the point.

What is unarguable is that if immigration is government policy it is the job of all Whitehall departments to plan on that basis. Immigrants tend to be energetic and young and are likely to have children. So it doesn’t take a genius to work out that a liberal immigration policy needs to be backed up by investment in maternity services, schools, and housing. Otherwise the economy gets the benefit, while public services pay the price. It is hypocritical to hymn the benefits of immigration without recognising that it also imposes some obligations.

The newly naturalised British are one reason—but not the only one—why maternity services are creaking under the strain. A report last month from the healthcare think tank the King’s Fund was the latest in a long line of well researched documents that have pointed out the “relentless” pressure that rising numbers of births and staff shortages are putting on the service. We’ve had “wake-up calls” in plenty from the Healthcare Commission; reform plans pour from the Department of Health; there have been uplifts in the tariff for maternity services to try to sustain the service; and now a Commission on the Future of Nursing and Midwifery, inspired by the prime minister, has been launched—but nothing seems to make any difference.

In many places maternity services are clinging on by their fingernails. So far, with a few exceptions, they have done extremely well to prevent any increase in mortality rates. But surely this cannot continue for much longer. A disaster on

the scale of Mid-Staffordshire is waiting to happen (*BMJ* 2009;339:b3816).

Sometimes, alas, it takes a disaster to shake the NHS out of its complacency. It often appears insensible to the pressures of higher numbers of patients until something goes wrong. The recent King’s Fund paper *Safer Births* warned that there was a lack of board engagement with maternity services and a lack of leadership at board and unit level. Pressure at the sharp end; ignorance or complacency at the top—this is a familiar theme in writings about the NHS, particularly mine, but it is hardly a sensible way to run a health service.

In this case the warnings have come thick and fast, so nobody can claim that they were unaware of them. Indeed the Department of Health believes it has dealt with them, by promising an extra £330m (€370m; \$540m) for maternity services between 2008 and 2011.

So far, much of this money has failed to reach the services it was supposed to help, even in a period in which NHS funding is still rising fast. Up to half of primary care trusts had not acted on the basic requirements of the 2007 white paper *Maternity Matters* by the beginning of this year, and more than a third had refused to earmark the money for maternity services. In the first year after *Maternity Matters*, spending on maternity fell—at a time when overall NHS spending was rising by 8%.

Attempts to identify where this money has gone have proved inconclusive. A request under the Freedom of Information Act by the *Times* a year ago found that only eight of the 85 primary care trusts that responded acknowledged that they had had additional funding for maternity services. In a parliamentary reply the junior minister Ann Keen said that the money covered three years and was part of the primary care trusts’ revenue allocations. She added that increases in maternity service tariffs would increase the flow of funds for each episode of



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care, but there is scant evidence of direct benefit. Once again, the money generated by the tariff increase seems to be being diverted to other areas deemed more important by trust managements.

The Conservatives, who have campaigned effectively on this issue, showed that while the number of births rose by 11% between 2005 and 2007, the number of midwives increased by just 3%. The evidence they uncovered, through Freedom of Information requests, of a growing trend towards closing maternity departments to women in labour is strong. Almost one in eight trusts closed their doors more than 10 times in 2008—one reported closing 97 times, another 91 times.

A glance at the birth statistics makes it clear where the pressure is coming from. Live births, in round numbers, have risen from 595 000 in 2001 to 690 000 in 2007. Of this increase, 33 000 births were to women themselves born in the United Kingdom. The rest, 62 000, were to mothers born outside the UK. The number of births to mothers from other European countries has more than doubled in this period.

On this count, about two thirds of the extra pressure on maternity units is coming from mothers born outside the UK. Given the deliberate—if unacknowledged—“open door” immigration policy that the government has followed since 1997, that ought to have been wholly predictable, and it ought to have been planned for. One could say the same of infant schools, where the number of children taught in “illegal” class sizes (more than 30) has doubled since 2007. But joined-up government, as usual, has been honoured more in the breach than the observance, and staff in maternity units are the victims, along with the mothers and children who don’t get the care they need.

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