Freedom of Information Request: Our Reference CTMUHB_51_26

You asked:

I am writing to request information under the Freedom of Information Act 2000.

This request relates to the monitoring of transfers during labour or shortly after birth from midwifery-led settings, as set out in the *All Wales Guidelines for Transfers from Community and Freestanding Midwifery Units*, including the audit and review tool referenced in Appendix H.

The guideline states that all Health Boards should monitor specific information relating to maternity transfers, including timings, reasons for transfer, and clinical outcomes.

1. **Number of transfers from FMUs and AMUs:**
    - **Broken down by parity (nulliparous / multiparous), where held**
    - **Broken down by stage:**
        - **Intrapartum**
        - **Immediate postnatal**
        - **Neonatal**

Tirion Freestanding Midwifery Unit (FMU)

During 2025, there were:
- 26 Intrapartum transfers
- 14 Immediate postnatal transfers
- 12 Neonatal transfers

    - 33 nulliparous
    - 7 multiparous

Tair Afon Alongside Midwifery Unit (AMU)

During 2025, there were:
- 54 Intrapartum transfers
- 14 Immediate postnatal transfers
- *Less than 5 Neonatal transfers

    - 49 nulliparous
    - 19 multiparous

*Where the figures are less than 5, the exact figures have been withheld due to the low numbers involved.

Where numbers are low we have considered that there is the potential for the individuals to be identified from the information provided, when considered with other information that may also be in the public domain. Also, responses under the Freedom of Information Act are made available to the public at large. The data is classed as personal data as defined under the General Data Protection Regulation (GDPR) and Data Protection Act 2018 and its disclosure would be contrary to the data protection principles and constitute as unfair and unlawful processing in regard to Articles 5, 6, and 9 of GDPR**.** We are therefore withholding this detail under Section 40(2) of the Freedom of Information Act 2000. This exemption is absolute and therefore there is no requirement to apply the public interest test.

2. Reason for transfer, using the Health Board's existing categories (e.g. request for epidural, slow progress, fetal concerns, maternal concerns, emergency).

Tirion Freestanding Midwifery Unit (FMU)

During 2025, women/birthing people were categorised as requiring transfer for the following reasons:

- Intrapartum transfers with fetal heart rate concern/s
- Intrapartum transfers for additional analgesia (epidural)
- Intrapartum transfers with a delayed in the first or second stage of labour
- Intrapartum transfers due to meconium-stained amniotic fluid
- Intrapartum transfers due to antepartum haemorrhage (APH)
- Intrapartum transfers due to maternal concerns (pyrexia, tachycardia, hypertension)
- Intrapartum transfers due to fetal malposition/malpresentation
- Immediate postnatal transfers for perineal trauma/suturing
- Immediate postnatal transfers for postpartum haemorrhage
- Immediate postnatal transfers for retained placenta
- Immediate postnatal transfers due to maternal concerns (pyrexia, tachycardia, hypertension)
- Respiratory concerns e.g. grunting, requiring meconium or other observations on the postnatal ward.

Tair Afon (Alongside Midwifery Unit)

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- Intrapartum transfers for additional analgesia (epidural)
- Intrapartum transfers with a delayed in the first or second stage of labour
- Intrapartum transfers due to meconium-stained amniotic fluid
- Intrapartum transfers due to antepartum haemorrhage (APH)
- Intrapartum transfers due to maternal concerns (pyrexia, tachycardia, hypertension)
- Intrapartum transfer due to fetal concerns
- Immediate postnatal transfers for perineal trauma/suturing
- Immediate postnatal transfers for postpartum haemorrhage

- Immediate postnatal transfers for retained placenta
- Neonatal transfer for admission to the neonatal unit.

3. Mode of transfer, where recorded (e.g. ambulance, private car, internal transfer).

Tirion Freestanding Midwifery Unit (FMU)

As Tirion FMU is not located on the same site as an obstetric or neonatal unit, mode of transports will vary depending on clinical need and urgency of transfer. Most transfers were undertaken utilising an ambulance transfer. * less than 5 transfers were undertaken using a taxi with a midwife escort.

Tair Afon (Alongside Midwifery Unit)

All transfers undertaken from Tair Afon AMU are internal transfers as the alongside midwifery unit is located adjacent to the labour ward in Prince Charles Hospital.

4. Timing metrics, where these are routinely monitored or audited, including:

- **Time from decision to transfer to departure from the midwifery-led setting**
- **Time from departure to arrival at the obstetric unit**
- **Time from arrival to first medical review (Please provide averages, medians, or ranges as held)**

From 2024 data, the average transfer time for Pathway D (the most urgent transfers) was: 86 minutes (to Princess of Wales hospital), and 98 minutes (to Prince Charles hospital). The average transfer time for Pathway C (those requiring ambulance transfer but not paramedic crew, was 142 minutes with no significant difference in timings between transfer sites.

There is currently no nationally accepted and expected transfer time, however ambulance service configuration and pathways have changed significantly since research such as the Birthplace Study (2011) which outlined average transfer times from research at this time. The average transfer timings are used to support women planning birth in Tirion FMU to make an informed decision around their chosen place of birth and model of care in the FMU.

5. Birth outcomes following transfer, including:

- **Whether birth occurred within 1 hour of arrival at the obstetric unit**
- **Mode of birth (e.g. spontaneous vaginal birth, instrumental birth, caesarean section), where held in transfer audits**

Tirion Freestanding Midwifery Unit (FMU)

The data regarding whether birth occurred within one hour of arrival at the obstetric unit is not readily available to extract.

Of the women who were transferred during the intrapartum period;

- 12 progressed to spontaneous vaginal birth (SVB)
- *less than 5 progressed to birth assisted by forceps/ventouse
- 10 progressed to unplanned/in-labour caesarean birth

Tair Afon (Alongside Midwifery Unit)

The data regarding whether birth occurred within one hour of arrival at the obstetric unit is not readily available to extract.

Of the women who were transferred during the intrapartum period;

- 17 progressed to spontaneous vaginal birth (SVB)
- 18 progressed to birth assisted by forceps/ventouse
- 19 progressed to unplanned/in-labour caesarean birth

6. **Clinical outcomes, including:**

- **Number of transfers associated with an adverse clinical outcome, as defined by the Health Board**
- **Number of transfers reviewed as part of a serious incident review or equivalent governance process**

Tirion Freestanding Midwifery Unit (FMU)

*Less than 5 transfers were associated with an adverse clinical outcome.

As standard for audit and monitoring purposes, all 52 transfers from Tirion FMU were reported and investigated using the Datix incident governance process.

Tair Afon (Alongside Midwifery Unit)

*Less than 5 transfers were associated with an adverse clinical outcome and reported as a NRI, national reportable incident

As standard for monitoring and audit purposes all transfers from Tair Afon were investigated using the Datix incident governance process.

7. Copies of, or links to, any internal audit reports, dashboards, or annual summaries used by the Health Board to monitor transfers from midwifery-led settings during the period requested.

Please find attached infographics relating to summaries of transfers undertaken from Tirion FMU January – December 2024, which is publicly available.

8. A brief description of:

- **The definitions used by the Health Board for "transfer"**
- **Any known limitations in the data (e.g. changes in recording practice, digital vs paper tools)**

The Health Board uses the word "transfer" to describe and define any woman and/or neonate who requires transferring from a midwifery unit (either alongside or freestanding) to an obstetric and/or neonatal unit for additional review, monitoring, treatment or intervention. Transfers are broken down into the following categories;

- Pre-labour/latent phase of labour (women who are deemed not suitable to commence labour in a midwifery unit during labour triage/initial assessment).
- Intrapartum transfers (women who are in established/active labour up to the birth of the baby)
- Immediate postnatal transfers (women who have birthed their baby for a maternal concern)
- Neonatal transfers (transfer of the newborn baby for a neonatal concern)
- Acute/emergency transfer (transfer of the woman and/or baby due to an obstetric or neonatal emergency event).

The Health Board undertakes annual thematic reporting of women who commence labour and give birth in both Tirion FMU and Tair Afon AMU, however these reports are currently in progress and not completed.

Transfers undertaken during part of 2025 from Tirion FMU were impacted due to a closure in maternity and neonatal services at Princess of Wales hospital, Bridgend during planned closure for essential maintenance and as such, all transfers were diverted to Prince Charles hospital, Merthyr Tydfil during this time.