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Public consultation report

Wakefield District Health and Care Partnership

Birth choices for people living in Wakefield District

August 2025

Contents

Executive summary

Introduction

Wakefield District Health and Care Partnership conducted a public consultation on behalf of NHS West Yorkshire Integrated Care Board. The consultation ran from 10 February to 18 May 2025 regarding a proposal not to reinstate the midwife-led birthing unit at Pontefract Hospital, while continuing to provide antenatal and postnatal services there.

This consultation aimed to gather feedback through surveys, public events (online and in-person), interviews, written submissions, and phone responses. The consultation was widely publicised, and accessible materials were available, including offering translated versions. Easy-read versions of the consultation document and survey were provided. All verbatim comments included in this report are in response to specific questions. The question is referenced after the comment. This report presents an independent analysis of the feedback received.

Who responded

In total, 762 individuals participated in the consultation including current and past users of maternity services, members of the public, staff and other key stakeholders including councillors and elected members.

This included a total of 437 individuals who responded to the consultation survey, of which 66% (289) responded online and 34% (148) on paper.

Most responded as a past user of maternity services 54% (236), with a further 26% (114) being a current user.

75% (327) were 19- to 39-year-old women, aligning with the characteristics of those who are likely to use the freestanding midwifery unit at Pontefract Hospital.

Higher proportions resided in Pontefract 39% (171), Wakefield 23% (100) and Castleford (14%; 60).

Activity	Number
Survey	437
Online events	3
Consultation drop-in sessions	143
Community events	152
Elected members and Wakefield councillor’s briefing	21
Additional responses	6
Total	**762**

Table 1: Who responded for each consultation activity

Overview of findings

The proposal:

The consultation document described a proposal not to reinstate the midwife-led birthing unit at Pontefract Hospital, while continuing to provide a full range of antenatal and postnatal services at the hospital and in the community.

The public consultation survey received 437 responses, primarily from past or current maternity service users 80% (350). Geographically, most respondents were from Pontefract 39%; (171), Wakefield 25% (108) and Castleford 14% (60). 75% (327) were women aged 19 to 39, the likely users of a midwife-led birthing unit. Over 80% of people responding to the survey identified as White British, further engagement activities including consultation drop-in sessions and community events reached ethnic minority groups.

Awareness of birth choices was high 87% (379), but lower among future service users and those from ethnic minority groups. Conversations with migrant populations support this latter finding, highlighting the common assumption that they must give birth at their local hospital. For this population group, including asylum seekers, there is a heavy reliance on health professionals in supporting them throughout their maternity journey.

In terms of the choice of where to give birth, the largest proportion of survey respondents chose / would choose to give birth in a midwife-led birthing unit alongside a consultant-led labour ward 44% (193), with smaller proportions selecting a consultant-led labour ward 29% (127), a freestanding midwife-led unit 14% (60) or a home birth 7% (30). More specifically, 76% (330) selected / would select to give birth at Pinderfields Hospital either in the labour unit / consultant led care 49%; (213), the midwife-led unit 21% (92) or have an elective c-section 6% (25).

The main reason for survey respondents' choice when considering a birthing location was proximity to home 39% (170). Other key reasons included it being easy to travel to 22%; (98), it being the type of birth they wanted 22% (96), it being safer 19% (85), experience of using the service before 18% (80) and having access to doctors in case they were needed 17% (74). For some, however, they did not have a choice 23% (100).

Over a third of respondents 36% (159) felt the proposal to not reinstate births at Pontefract Hospital would have no impact on them, whilst 27% (118) felt there would be a big impact and 21% (91) felt it would have some impact. 7% (31) were unsure.

Individuals from Pontefract, those over the age of 40 as well as those who had previously given birth at Pontefract before the temporary suspension of births, anticipated greater impact of the closure. Specifically, for those who have given birth at Pontefract and then had another baby at a different hospital (37) 59% (22) felt the proposal would have a big impact and 24% (9) some impact. 15% (6) said it would have no impact.

Those aged 19 to 39 were most likely to be currently using or planning to use maternity services in the future. That applied to only a very small proportion of those aged over 40. 19- to 39-year-olds were less likely to say the proposal would have a big impact, than those aged 40 and over.

Looking specifically at findings for the 19 to 39-year age group, the proposal would have the greatest impact on respondents from Pontefract 43% (49) indicating it will have a big impact and 28% (32) some impact, and Castleford 38% (18) indicating it will have a big impact and 36% (17) some impact. For other areas (Wakefield, Knottingley and Normanton) the greatest proportions of respondents said the proposal would have no impact at all.

For current and future users of maternity services (118), the proportions who felt the proposal would have an impact were lower with 21% (25) perceiving that it would have a big impact and 25% (30) some impact. In contrast, 53% (63) said it would have no impact.

There was no evident greater impact of the permanent closure on respondents from the protected characteristic groups. The exception to this was carers who felt the proposal would have a big impact 43% (13) compared to 31% (99) of those without.

Objections to the proposal centred on travel distance, increased demand on Pinderfields Hospital, positive experiences at Pontefract, loss of local choice, and concerns about more medicalised births. In contrast, a small proportion of survey respondents 8%; (35) and a handful of those participating in the engagement events provided a comment in support of the proposal due to staffing, the unit not being suitable for high-risk patients, low demand, and safety concerns regarding transfers. Some of the people who attended raised concerns about the impact of the proposal. None of them indicated it would have significant impact on them.

Key considerations raised by survey respondents and other stakeholders and members of public received as additional responses included reinstating the Pontefract unit for choice and local access, the impact on Pinderfields Hospital, travel time and safety, staffing, increasing local population, availability of local antenatal/postnatal services, and the rationale for closure based on older evidence that potentially contradicts national maternity standards by reducing patient choice.

Comments about the consultation process

The project involved regular meetings to monitor progress, address feedback, and manage risks. A progress review assessed all aspects of the public consultation including consultation activity, budget, stakeholder engagement, and identified risks and any necessary changes. Action taken in response to progress monitoring included:

- Extending the consultation timeline to allow for NHS England Assurance
- Targeting specific community groups to encourage engagement with diverse communities who could be impacted by the proposal
- Amending routing of questions to improve completion rates for the online survey

Next steps

The draft of the consultation report has been shared with the project group for their input and findings presented to Wakefield District Health and Care Partnership's (WDHCP) public assurance group, the People Panel, on 19th June with a further discussion at the Panel's July meeting. The final report and updated Equality Impact Assessment will also be shared with the Panel.

The themes from public consultation and how WDHCP propose to address them in the business case were presented to Mid Yorkshire Teaching NHS Trust Board (MYTT) in their private session on 10 July. The Wakefield District Health and Care Partnership Committee aims to make a final decision on the proposal not to reinstate the birth facility at Pontefract Hospital at its meeting in September 2025.

A draft of the business case, with a covering summary of how WDHCP have addressed the comments raised by NHSE and any other issues that have come out of the consultation has also been completed as part of the assurance process with NHSE. NHSE assurance panel have confirmed that they are satisfied that their assurance requirements have been met. On 24 July, the outcomes of the public consultation were presented to Wakefield Adult Services, Health and Communities Overview and Scrutiny Committee and MP briefing took place the following day. Further briefing of the Adult Services, Health and Communities Overview and Scrutiny Committee on the decision-making business case will take place on 21st August, with a formal discussion post WDHCP Committee meeting decision at their September meeting.

1 Introduction

On 10 February 2025, NHS West Yorkshire Integrated Care Board (ICB) through its Wakefield District Health and Care Partnership Committee launched a public consultation about proposals not to reinstate the freestanding midwife-led birthing unit at Pontefract Hospital, while continuing to provide a full range of antenatal and postnatal services at the hospital and in the community. The consultation closed on 18 May 2025 and was overseen by a project group consisting of staff from NHS West Yorkshire ICB, Mid Yorkshire Teaching NHS Trust, Wakefield Council and Maternity and Neonatal Voices partnership contracted via Healthwatch, with input from Stand, a specialist involvement and service change consultancy.

This report shares the independent analysis of the feedback received in response to that consultation.

A consultation document and a range of supporting information was published on the consultation website to inform people and communities living and working in the area. Consultation documents and materials were made available online, in hard copy on request and at various public locations across the area. Easy read translated versions on request and summary versions were also provided.

Patients, service users, carers, residents, community groups, and other stakeholders were invited respond to the consultation in a range of ways, by:

- Completing the consultation survey online or on paper.
- Attending one of 12 scheduled consultation events: three online and nine community events.
- Providing a written response on email or by post.
- Providing a response over the phone.

The consultation was publicised widely among stakeholders, websites, in the local media and on social media.

The consultation document [Appendix 1] and survey [Appendix 2] were available on request in other languages, an easy read version of the document [Appendix 3] was developed, as well as an accessible summary version and frequently asked questions.

There has been ongoing engagement with Wakefield Adult Services, Health and Communities Overview and Scrutiny Committee (HOSC) since October 2019. More information is available in section 5.

The consultation ran for 14 weeks.

There were six media stories covering the consultation and information about the consultation was shared in various newsletters, updates, and briefings 27 times.

Across Wakefield District Health and Care Partnership's and Mid Yorkshire Teaching NHS Trust's social media channels, a total of 74 posts were seen by 77,690 users and the link to the dedicated consultation webpage included in the posts was clicked on 341 times.

A partner toolkit was shared via the Communications, Involvement and Equality (CIE) leads group and direct links (such as community anchors) with an ask for them to share on

their channels. This included VCSE organisations' own newsletters and social media platforms.

There were more than 250 page views and over 900 engagements (known as events) on the dedicated webpage.

Figure 1 Public consultation overview social media and communications

Figure 2 Public consultation overview

2 Methodology

2.1 Consultation activity

To deliver the public consultation, the Wakefield District Health and Care Partnership involvement team used the pre-consultation business case (PCBC), letters from clinical senate, equality impact analysis, quality impact assessment, travel analysis and learnings from previous engagement events to develop a consultation document and plan, accessible summary, easy read survey, communications plan, frequently asked questions, consultation promotional materials and a partner toolkit. These provided information to help respondents understand the proposals and set out the activities which would form the public consultation in line with best practice.

The public consultation was launched on 10 February 2025 for ICB staff and the 11 February 2025 for the public with a closing date of 18 May 2025.

The following consultation activities were undertaken:

2.1.1 Survey

A survey about the proposal went live with ICB staff on 10 February and with the public and stakeholders on 11 February 2025. The survey was divided into two sections: the first section asked questions directly linked to the public consultation; the second section was optional, asking for views on maternity services generally. The responses to the questions in the second section can be found in Appendix 4.

The consultation survey questions were developed with the aim of giving respondents the broadest possible chance to present their feedback and express their views for decision makers to take into consideration.

The public consultation survey questions are available at Appendix 2.

An easy read version of the survey was made available online, and hard copy by request.

A table of the equality monitoring profile of all those who provided feedback via the survey is available at Appendix 5.

437 responses to the survey were received. During data cleansing no duplications were identified.

Of the 437 individuals who responded to the survey 66% (289) responded online, 34% (148) on paper.

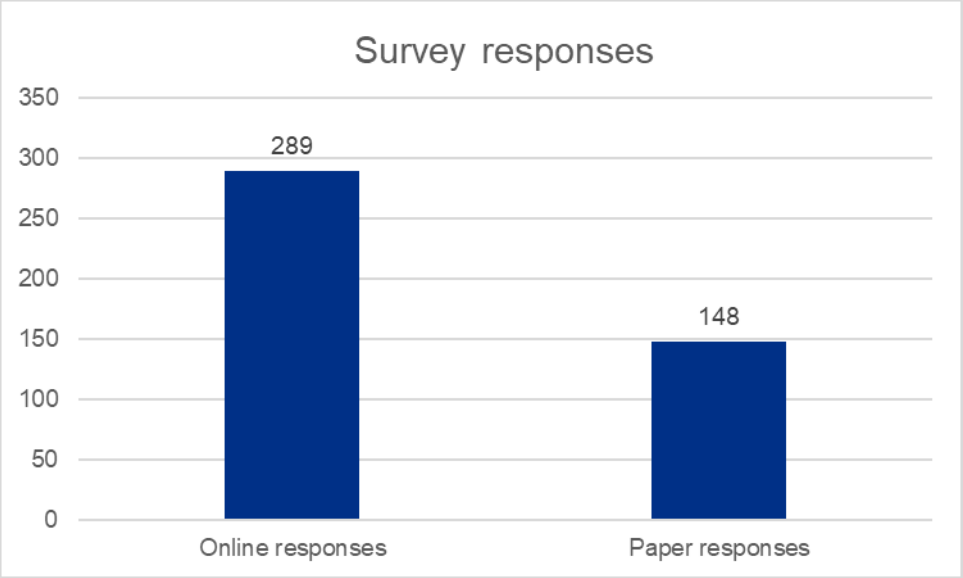

Figure 3 Survey responses

850 paper copies of the consultation document were made available by:

- Handing out the consultation document and survey in person at scheduled consultation drop-in events and community sessions. An accompanying booklet summarising the consultation document contained a return address in case the person wanted to take away the survey to complete rather than completing it at the event.
- Paper copies of the consultation document and survey were made available for those who were not able to engage electronically, across a variety of local community facilities including antenatal clinics, public libraries, pharmacies, family hubs, and GP practices. Additional locations such as children's centres inclusive of those on the boundaries were added following the mid-point review of the public consultation.
- In addition, 2,900 A5 posters, 330 A4 posters and 50 A3 posters were printed and distributed in the locations listed above to promote the public consultation.
- Overall, consultation materials were distributed to 198 venues.

2.1.2 Consultation events

Nine face-to-face drop-in events were scheduled across the following geography:

- Ferrybridge, Pontefract and Castleford
- Wakefield – central and west
- Hemsworth

The locations of venues were chosen as well-known accessible community spaces that run events relevant to the consultation and are in easy reach of public transport routes. The locations were also mapped against Wakefield District Health & Care Partnership's Core20PLUS5 areas.

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at the national and system level. The approach defines a target population –

the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement. Maternity is included in these 5 clinical areas.

The events were promoted on the public consultation’s website, in the media, social media and via partner organisations.

In addition to the face-to-face events, two online events were scheduled. Neither of the online events had any attendance. As a mitigating response, the consultation team decided that an additional online event would be scheduled in the evening, which three people attended.

Online events		
Date	**Number of people / staff in attendance**	
25 March 25	0	
3 April 25	0	
29 April 25	3	
Consultation drop-in sessions		
Date	**Venue**	**Number of people engaged with**
13 March 25	Ferrybridge Community Centre	14
13 March 25	Castle Family Hub, Osset	13
24 March 25	Balne Lane Community Centre	9
24 March 25	Cluntergate Community Centre	21
25 March 25	Stanley Family Hub	12
26 March 25	Pontefract Library	16
27 March 25	Sunbeam Family Hub, Lupset	23
28 March 25	Kendal Family Hub, Castleford	20
4 April 25	Cedars Family Hub, Hemsworth	15
Total		**143**

Table 2: Details of planned consultation events

The analysis of the feedback gathered at the events can be found in Section 7.

2.1.3 Staff engagement

Throughout the public consultation, staff across the region were updated and encouraged to respond to the survey. Below is a list of dates where communication took place.

Detail	**Date**
Presentation ICB – Wakefield Place staff briefing Presentation with link to website and survey	10 February 2025
Email correspondence to all MYTT maternity and neonatal staff	11 February 2025

Detail	Date
Email correspondence including overview of consultation and partner toolkit with South Yorkshire ICB and Humber and North Yorkshire ICB	12 March 2025
Presentation ICB – Wakefield Place staff briefing Presentation with link to website and survey	23 March 2025
Communication to Barnsley MNVP via South Yorkshire ICB, Barnsley Place	25 March 2025
Presentation ICB – Wakefield Place staff briefing Presentation with link to website and survey	24 March 2025
Presentation ICB – Wakefield Place staff briefing Presentation with link to website and survey	29 April 2025
Communication to NHS Humber and North Yorkshire to follow up on email from 12 March	2 May 2025
Presentation ICB – Wakefield Place staff briefing Presentation with link to website and survey	20 May 2025

Table 3: Details of staff events

2.1.4 Additional meetings attended

In addition to the scheduled events, the consultation was promoted at a number of existing community places, to help reach a wide diversity of people.

Community events		
Date	**Venue**	**Number of people engaged with**
18 February 2025	One Ummah, Wakefield	35
24 February 2025	Umbrella CIC	0
7 March 2025	One Ummah, Wakefield	25
24 April 2025	Urban House (Accommodation centre for asylum seekers in Wakefield)	1
28 April 2025	Quaker House (English for speakers of other languages class)	24
28 April 2025	Umbrella CIC	0
2 May 2025	Baptist Church, Wakefield	15
8 May 2025	Urban House	2
17 May 2025	Baby Fayre, Farmer Copleys, Pontefract	41

Date	Venue	Number of people engaged with
23 May 2025	St Georges, Lupset	9
Total		**152**

Table 4: Details of additional meetings attended

Elected members and Wakefield councillors were given a briefing about the public consultation and proposal and were asked to publicise among their constituents. This was in addition to the meetings held with Wakefield Adult Services, Health and Communities Overview and Scrutiny Committee. The analysis of the briefing can be found at section 8.

Elected member and councillor briefings		
6 May 25	Online briefing for all councillors and elected members of Wakefield Council	21

Table 5: Elected Member and Councillor briefings

2.1.5 Additional submissions

Six additional responses to the consultation were received. They were from a Member of Parliament, a local Councillor, Healthwatch Wakefield and the Maternity and Neonatal Voices Partnership, and three members of the public.

2.2 Data protection

Participants' data was processed on the basis of consent. The data provided has been processed only for the purposes of managing and reporting on the consultation. All data is held in line with the latest data protection regulations. Every effort has been taken to ensure that individuals cannot be identified in this report.

Participants were informed of the data processing statement each time they provided information.

2.3 Publicity and promotion

2.3.1 Newsletters and media releases

This table shows the newsletters and media releases that were sent out to encourage participation with the public consultation. There were six media stories covering the consultation and information about the consultation was shared in various newsletters, updates, and briefings 27 times.

Materials	Details
Media Release	Wakefield Express
Media Release	Yorkshire Post

Materials	Details
Media Release	BBC local online news – West Yorkshire
Media Release	Wakefield District Health & Care Partnership website
Newsletter	Shared in Communications, Involvement and EDI staff weekly update 12 times (includes NHS organisations, Wakefield Council, Healthwatch Wakefield, housing, voluntary and community sector organisations) together with toolkit for onward share and publication
Newsletter	Included in the primary care update on 19 February (fortnightly newsletter that goes to primary care staff)
Article	Share Board (NHS West Yorkshire ICB intranet for staff) three times
Newsletter	Shared via In The Know (NHS West Yorkshire ICB staff newsletter)
Newsletter	Connected – Wakefield District Health and Care Partnership staff newsletter
Newsletter	West Yorkshire Health and Care Partnership weekly update – reach of 1,800 people
Newsletter	Your District – Wakefield Council resident newsletters, where it featured twice during the consultation

Table 6: promotion of the public consultation

2.3.2 Wakefield District Health and Care Partnership's social media

Since 13 February, Wakefield District Health and Care Partnership has shared 42 posts on Facebook (its primary social media channel). It also shared 13 posts on Nextdoor, and eight posts on X (formerly Twitter).

Facebook and X:

- Posts reached a total of 45,021 people.
- 48,309 impressions (the total number of times content has been displayed on users' screens).
- The link to the dedicated webpage was clicked on 60 times.
- Posts were shared by Wakefield Council, Mid Yorkshire Teaching NHS Trust, MY Maternity & Neonatal, Healthwatch Wakefield, Wakefield District Maternity & Neonatal Voices Partnership, Wakefield Growing Healthy 0-19 team and West Yorkshire Health and Care Partnership.

Nextdoor:

Nextdoor is a social platform that connects neighbours based on their location. It allows neighbours in the same geographical area to share information, communicate, and build real-world connections with those nearby.

- There are 49,139 members on Nextdoor in Wakefield District
- 13 posts were shared on Nextdoor, six of which promoted the drop-in and online sessions

- These 13 posts had a total of 9,389 impressions
- Nextdoor's hyper-local targeting was used to promote the drop-in sessions to the people living in and around where the sessions were taking place.

2.3.3 Website (Google Analytics)

The Birth choices – public consultation page has been viewed 257 times since 5 February. The page has had 910 events (a specific interaction or occurrence on a webpage, such as when someone loads a page, clicks a link, or downloads a file).

2.3.4 Bit.ly link clicks

While Bitly tracks link clicks and provides trend data, its accuracy in measuring webpage visits is limited because it does not always exclude bots and only measures clicks, not actual page views. This discrepancy explains the difference between page view and Bitly engagement data.

Please note: Due to the limitations of bit.ly, data was only available from the last 30 days and therefore data for April was not visible.

5 February to 5 March 2025 (taken from mid-point audit):

- bit.ly/WakefieldDistrictBirthChoices had 610 engagements
    - 252 of these engagements came directly (clicks from emails and text messages, plus any time a link was pasted or typed directly into a browser)
    - 234 of these engagements came from Facebook
- bit.ly/BirthChoicesSurvey had 74 engagements
    - 56 of these engagements came from Facebook
    - 5 of these engagements came directly

28 April to 28 May 2025:

- bit.ly/WakefieldDistrictBirthChoices had 421 engagements
    - 371 of these engagements came directly
    - 19 of these engagements came from Facebook
- bit.ly/BirthChoicesSurvey had 72 engagements
    - 49 of these engagements came from Facebook
    - 18 of these engagements came directly

2.3.5 Mid Yorkshire Teaching NHS Trust

An email went to all maternity and neonatal staff on 11 February

- The launch media release was uploaded to their website on 12 February
- 11 posts were shared across the main Trust Facebook page and the MY Maternity & Neonatal Facebook page
- These posts reached 23,280 people across the two pages
- The links were clicked on 281 times

2.4 Progress monitoring

The project group held bi-weekly meetings to monitor progress, consider process feedback, and agree actions on identified issues. A risk log was closely considered and mitigations inputted as any issues arose.

A structured review of consultation progress took place at week six of the public consultation. A mid-point review report was produced to identify and advise on any gaps, issues, and recommended mitigating actions.

This mid-point review reported on:

- Consultation activity and responses
- Background / the consultation process
- Departures from the project plan
- Progress on budget and resourcing
- Successful engagement with identified stakeholders
- Ongoing monitoring and consultation management
- Risks
- Recommendations for amendments.

2.4.1 Action taken in response to progress monitoring

Actions taken in response to progress monitoring included:

a. Prior to the launch of the public consultation, new advice from NHSE was received in relation to the assurance process. In response to this advice, the public consultation was extended for two weeks.
b. The mid-point review showed a positive start to reaching the targeted age range of 20–39-year-olds. To encourage further responses from this age group, additional briefings with maternity staff were organised, as well as an increase in the number of publicity materials distributed to antenatal clinics and day units.
c. Delay receiving postal addresses for Councillors which slowed down the mailouts. As a response, packs were delivered directly to County Hall for onward distribution.
d. The initial equality monitoring data reported low diversity prior to the mid-point review. This was flagged as an issue and as a result, attendance at the English for Speakers of Other Languages (ESOL) classes improved the response rate as well as attending sessions at community groups such as One Ummah. Further publicity was also provided by the Polish Community Centre, Umbrella CIC.
e. Following no attendance at the two online events, a further online event was advertised for the evening to encourage participation which attracted three people.
f. Following the first week of the public consultation, survey data showed a high drop-off rate following the first section of the survey relating to the consultation questions and before the second section with more generic maternity services questions. The question routing for this part of the survey was amended to allow respondents to skip section two.

g. The consultation online survey completion date was incorrectly inputted resulting in the public consultation survey closing for a period of four days over the bank holiday weekend. As soon as this was realised, the survey was reopened.

2.5 Quality assurance

The Partnership appointed specialist public and patient consultation practitioners, Olovus, to oversee the consultation activity and to undertake the analysis.

Olovus followed a best practice consultation management approach, ensuring that consultation documentation met regulatory best practice standards requirements. A key element of the management approach was conducting regular progress reviews with the Partnership to identify, acknowledge and act upon issues that arose and to discuss and agree actions.

NHS England, as part of their regulatory assurance role, reviewed and approved the pre-consultation business case, the draft consultation plan, and the draft consultation document.

Before the launch of the consultation, the consultation document and plan were shared with the project group and Wakefield Adult Services, Health and Communities Overview and Scrutiny Committee, as well as WDHCP's public assurance group. In addition to these documents, WDHCP's public assurance group also reviewed the equality impact assessment.

Analysis of the survey responses and feedback received has been carried out and quality assured by Olovus' experienced, qualified research analysts who are members of the Market Research Society and Social Research Association.

3 Equalities and health inequalities

There is a requirement for NHS bodies to fulfil their duties in line with equality and health inequality legislation.

The National Health Service Act 2006 (s14Z35) states that Integrated Care Boards must consider the need to:

> "Reduce inequalities between patients in relation to access to services and outcomes; reduce inequalities of access and outcomes for individuals."

The Public Sector Equality Duty (s149 Equality Act 2010) requires public bodies to consider the need to:

> "eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under this Act;
>
> advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
>
> foster good relations between persons who share a relevant protected characteristic and persons who do not share it."

The relevant protected characteristics listed in the duty are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

To assist in discharging these duties, an equality impact assessment was completed prior to the launch of the public consultation and demographic data including the relevant protected characteristics, health and socio-economic indicators was requested in the survey.

The locations for the face-to-face consultation meetings were mapped against Wakefield District Health & Care Partnership's Core20PLUS5 areas.

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at the national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement. Maternity is included in these 5 clinical areas. Mapping against the local Core20PLUS5 areas provided specific opportunities for people living in areas of health inequality to contribute to the consultation.

Progress reviews during the consultation indicated low diversity uptake of the consultation. This was flagged as an issue and as a result, attendance at the English for Speakers of

Other Languages classes and community groups such as One Ummah improved the response rate.

Information was available in different formats and languages if requested. A sentence advising about how to request the documents in specific languages was written on the consultation document. The six languages were Polish, Czech, Romanian, Urdu, Punjabi, and Kurdish.

The consultation document [Appendix 1] was written in accessible English and produced in an easy read format to give greater access for people with learning disabilities. It was made available online and in hard copy at specific locations. An accessible summary was also created.

People who wished to complete the survey were offered additional support if required. The full equality monitoring profile of participants is at Appendix 5.

3.1 Comparison of survey sample vs service user and local population

Demographics	Local demographics (Census 2001) Wakefield %	Local demographics (Census 2001) Pontefract, Castleford, and Knottingley Constituency %	Service user (available data on pregnancies across MYTT and Wakefield)	Consultation survey (437)
Age group				
20 to 39 years	25.7%	27.1%	*	75%
40 to 49 years	12.3%	11.6%	*	10%
Sex				
Male	49.2%	48.8%	-	5%
Female	50.8%	51.2%	-	92%
Ethnic group				
White	93%	96.5%	87.8%	87%
Other ethnic group	7%	3.5%	12.2%	10%
Country of birth				
United Kingdom	91.5%	-	-	89%
Religion				
Christian	49%	49.3%	-	33%
No religion	41.3%	43.8%	-	59%
Religion Not stated	5.4%	5.4%	-	6%

Demographics	Local demographics (Census 2001) Wakefield %	Local demographics (Census 2001) Pontefract, Castleford, and Knottingley Constituency %	Service user (available data on pregnancies across MYTT and Wakefield)	Consultation survey (437)
Muslim	3.2%	0.6%	-	1%
Other religion	0.4%	0.4%	-	0%
Hindu	0.4%	0.2%	-	0%
Sikh	0.1%	0.1%	-	0%
Buddhist	0.2%	0.3%	-	0%
Jewish	0.0%	0%	-	0%
Disability				
Yes	20.1%**	20.9%**	-	4%***
Carer				
Provide unpaid care	9.1%	-	-	7%
Sexual orientation				
Straight or Heterosexual	90.98%	-	-	87%
Gay or Lesbian	1.50%	-	-	1%
Bisexual or Pansexual	1.21%	-	-	4%
Asexual	0.04%	-	-	0%
Queer	0.01%	-	-	-
All other sexual orientations	0.01%	-	-	0%
Not answered	6.24%	-	-	8%
Identify as same sex registered at birth				
No	0.4%	-	-	0%

* Please note different age groups recorded for service user data on pregnancies across MYTT and Wakefield (19.4% 15 to 24 years, 61.8% 25 to 34 years and 18.7% 35-44 years)

** Please note that the disability data relates to the proportion Disabled under the Equality Act: Day to day activities limited a lot or a little

*** Please note participants in disability section were responding to the question 'Do you have any long-term conditions, impairments or illness?'

Age group

75% of the survey sample were in the 19 to 39 age band, aligning with the characteristics of those who are likely to use the freestanding midwifery unit at Pontefract Hospital. It is understandable that this age group is more represented in the sample compared to the local population profile as they were targeted to respond to the survey.

Sex and gender identity

92% of the survey sample identified as female.

Our survey asked participants to provide their gender identity, offering the following options: man, woman, non-binary, I prefer not to say, and I describe my gender in another way. We note that in April 2025 after this consultation started, the UK Supreme Court clarified the definition of "sex" within the Equality Act 2010, stating that it refers to biological sex, or a person's sex assigned at birth.

Ethnic group

The proportion of the survey sample who identified as White (English, Welsh, Scottish, Northern Irish, British or other) is comparable with the service user profile across MYTT and Wakefield. Compared to the local population profile the survey sample had a slightly greater proportion of respondents from other ethnic groups, demonstrating the efforts made in the community events to engage with individuals from ethnic minority groups.

Country of birth

The proportion of survey respondents who were born in the United Kingdom was comparable with the Wakefield population profile. This data is not available for service users.

Religion

Compared to the local population profile, the survey sample had a larger proportion of people with no religion and a slightly smaller proportion of people with Christian beliefs. This data is not available for service users.

Disability

Different questions were asked with reference to disability. 20% of the local population have a disability which limits their day-to-day activities, compared to 4% of the survey sample who stated having a long-term condition, impairment, or illness. This data is not available for service users.

Carer

9% of the local population are unpaid carers. This compares with 7% of the survey sample. This data is not available for service users.

Sexual orientation

Local population figures of sexual orientation are comparable with that of the survey sample. This data is not available for service users.

3.2 Additional demographic information:

People who live in England's 20% most deprived areas are significantly more likely to be from minority ethnic backgrounds and more likely to be living with a disability or long-term condition than the distribution in the general population.

Deprivation

Data collected on deprivation at local population and service user level does not allow direct comparison with the survey sample. The figures suggest that the survey engaged with individuals with differing financial status, including those who 'really struggle' and potentially represent those in the most deprived quintiles.

Deprivation	Wakefield %
Household is not deprived in any dimension	44.7%
Household is deprived in one dimension	33.8%
Household is deprived in two dimensions	16.5%
Household is deprived in three dimensions	4.7%
Household is deprived in four dimensions	0.2%

Table 7: Local population profile

Deprivation	Wakefield %	Castleford, Pontefract and Knottingley %
1	23.6%	33.1%
2	24%	21.7%
3	19.8%	24.5%
4	17.1%	4.6%
5	15.4%	6.1%

Table 8: Deprivation quintile and births in Wakefield (2023)

Response	Survey sample (437)
Very comfortable (I have more than enough money for food and bills and a lot left over)	8%
Quite comfortable (I have enough money for food and bills, and some left over)	55%
Just getting by (I have just enough money for food and bills and a nothing left over)	25%
Really struggling (I don't have enough money for food and bills and sometimes run out of money)	4%
I don't know / prefer not to say	7%

Table 9: Survey Sample

Impact of the closure of Pontefract FMLU

There was no obvious trend in terms of the demographics of respondents providing a negative or positive comment about the closure. The following highlights free text responses which relate specifically to EDI issues.

Sex and gender identity

The following includes a quote made about the support available for partners.

"There really needs to be better postpartum care for family units. Dad's get little to no support but in modern society, many are much more involved" (in response to 'Please tell us if there is anything else you think we should consider.')

Disability

The following identified quotes which relate to concern about an individual's disability or other people with a disability.

"I have PTSD as a result of attending Pinderfields for a previous birth and had no other options for a birth that didn't exasperate my disability." (in response to 'What are / were the main reasons for choosing this location?')

"Calmer hospital, especially for SEN parents" (in response to 'Please tell us about the kind of impacts - positive or negative - this could have on you or your family?')

"The expense of parking at Pinderfields. Not being able to go back and forth to home in K Knottingley when we already have a baby/young child that needs caring for too. My wife has [REDACTED] and cannot just stay sat in hospital for hours whereas if could birth at Pontefract she could go back and forth and also look after our dog at home without having to book weeks of kennels around birth date." (in response to 'Please tell us about the kind of impacts - positive or negative - this could have on you or your family?')

"Not having it: Negative impact on disability. Had to travel to out of area hospital due to risk. Having it would have provided a safe, close place that didn't trigger my disability. I would have considered a hospital birth as recommended by midwives if I had access to Pontefract." (in response to 'Please tell us about the kind of impacts - positive or negative - this could have on you or your family?')

"I feel this would impact people who don't have travel options. Also people who struggle with anxiety or illness with travelling might not be able to mentally deal with being sent so far from home for labour. If a hospital has the facilities why not use them also having these locations closed means the other hospitals are over crowded and overwhelmed with too many patients on the labour ward. I

have recently given birth at Pinderfields and had to wait for a bed for induction and then wait for a labour suit to be free, I think the long wait times were due to the ward being too full and not being able to deal with the amount of people. There was also other ladies who had been waiting a few days and the ended up being transferred to Bradford and Barnsley due to the ward being two full" (in response to 'Please tell us about the kind of impacts - positive or negative - this could have on you or your family?')

"Mental health of people with illness like Agoraphobia. And think about the over crowding of other hospitals, I also think hospitals current wards need expanding as both times I have given birth the wards were too full they ladies had too wait. I also understand that there is a staffing issue but I'm not sure what could be done em to increase staffing issue. Maybe look into training more staff or offer more help for people to have access to training and support throughout their training." (in response to 'Please tell us if there is anything else you think we should consider.')

"I was bit scared as i have a Learning disability and wanted my partner to stay with me in private room but it wasn't possible. you can get 2 doctors telling you two different things which is frustrating." (in response to 'Thinking about your maternity care, what could have been better?')

Deprivation

The following identifies quotes which relate to areas of deprivation and concerns about cost of travel.

"Don't drive, can't afford taxi. Long wait or can't get ambulance, too far for visitors/partner, safety for me and baby" (in response to 'Please tell us about the kind of impacts - positive or negative - this could have on you or your family?')

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4 Who responded

In total, 762 individuals participated in the consultation including current and past users of maternity services, members of the public, staff and other key stakeholders including councillors and elected members.

Activity	No.
Survey	437
Online events	3
Consultation drop-in sessions	143
Community events	152
Elected members and Wakefield councillor's briefing	21
Additional responses	6
Total	**762**

Table 10 Response to each consultation activity

5 Wakefield Adult Services, Health and Communities Overview and Scrutiny Committee

There has been ongoing engagement with Wakefield Adult Services, Health and Communities Overview and Scrutiny Committee (HOSC) since October 2019. In October 2024, the Wakefield District Health and Care Partnership attended a meeting with the HOSC to set out the proposed plan for the public consultation, consultation document and proposed public consultation survey questions. HOSC produced written feedback on all these and as a result of the feedback, several amendments were made, including making the questions around Pontefract Freestanding Midwife-Led Unit more prominent and changing the title of the public consultation.

The documentation was updated and circulated with HOSC in December 2024. The Partnership attended a HOSC meeting in January 2025, with a briefing meeting with the Chair of the committee on 9 January to discuss the latest position and plans for the consultation including proposed methods of reach.

On 16 January, the Partnership attended the committee meeting presenting updated materials and answering several questions around the service, for example on staffing. Other feedback included:

- Adding a map to the public consultation document to describe what was meant by ‘district.’
- Confirming that the public consultation document was clear on which organisation was responsible for the decision.
- Choices of birth were clearly described.

Once finalised based on the feedback received, public consultation materials and information about the process were shared with elected members through a briefing. This was accompanied by digital copies of key documents and printed copies followed. During the public consultation, HOSC were updated with a mid-point review at their meeting on 20 March. Members were also invited to an elected member briefing on 6 May.

6 Analysis of the survey

6.1 Notes on analysis

Figures have been rounded to the nearest whole number. For this reason, total responses to questions might not add up to 100% (i.e. 99 or 101%).

For all open questions, each response was assigned a code. In many cases, it was necessary to assign more than one code. These codes were then grouped to create themes which are shown in the tables. Percentages are calculated as a proportion of those who responded to the survey. For these reasons, percentages will not equate to 100%.

6.2 Respondent sample

437 individuals responded to the survey; 66% (289) responded online and 34% (148) on paper.

Q: Have you read the consultation document?

43% (186) had read all the consultation document prior to completing the survey, whilst 18% (79) had read most and 11% (48) some of it. As this was a mandatory question, if respondents completing the paper survey did not respond to this question, their response was classified as 'no.' This includes respondents in community sessions who received a verbal overview of the consultation.

Notably, those who completed the survey online were much more likely to have read all, most or some of the consultation document 93% (268), compared to 30% (45) of those who completed the survey on paper from one of the chosen locations where promotional material was distributed or at a community event. However, as noted above these individuals were given a verbal overview of the consultation.

Have you read the consultation document?	Number	%
Yes, all of it	186	43%
Yes, most of it	79	18%
Yes, some of it	48	11%
No, I haven't read it	124	28%
Total	**437**	**100%**

Table 11 Have you read the consultation document?

Q: I am answering this survey as

Most responded as a past user of maternity services 54% (236), with a further 26% (114) being a current user. Much smaller proportions responded as a member of the public 9%; (39), family member of a current/past service user 5% (24) or in another capacity which included student midwife and retired health professional 3% (11).

I am responding to the survey as…	Number	%
A past user of maternity services	236	54%
A current user of maternity services	114	26%
A member of the public	39	9%
A family member of a current/past user of maternity services	24	5%
Other	11	3%
A colleague working in health or social care	6	1%
A member of staff working in maternity services at Mid Yorkshire Teaching NHS Trust	5	1%
A third sector/voluntary/charity worker	2	0%
Total	**437**	**100%**

Table 12 How are you responding to the survey?

A full breakdown of the equality monitoring information collected is available in Appendix 5 with a summary provided here.

- 92% (401) identified as a woman and 5% (24) a man.
- Most were aged 30-39 years 52% (226) with a further 28% (121) aged 19 to 29 years.
- The majority 89% (389) were born in the United Kingdom.
- The majority 87% (379) identified as White English, Welsh, Scottish, Northern Irish or British and 10% (44) from other ethnic groups.
- Most had no religion 59% (259). 33% (144) stated being Christian.
- 4% (17) have a disability.
- 11% (48) have a mental health condition, 3% (14) a neurodivergent condition, 3% (13) a long-term condition, 2% (9) a physical or mobility impairment and 1% or less a hearing/sight impairment or a condition affecting their learning, understanding, concentration or memory.
- 7% (31) are a carer.
- 87% (380) are heterosexual / straight, with smaller proportions bi/pansexual (4%; 16) or gay, lesbian, or asexual 1%; (5).
- No respondents were Transgender.
- 37% (160) are currently pregnant or have given birth in the last six months.
- 8% (37) consider themselves financially very comfortable and 55% (240) quite comfortable. In contrast, 25% (109) say they are ‘just getting by’ and 4% (18) really struggling.

75% (327) were in the 19 to 39 age band and identified as a woman, aligning with the characteristics of those who are likely to use the freestanding midwifery unit at Pontefract Hospital. Compared to the population profile for Mid and West Yorkshire, the sample is skewed towards this age group, however this is understandable given the survey’s focus.

Compared to the UK Census 2021 estimates, the respondent sample has a greater representation of those who identify as White English, Welsh, Scottish, Northern Irish or British. However, efforts were made in the community events to engage with individuals from ethnic minority groups.

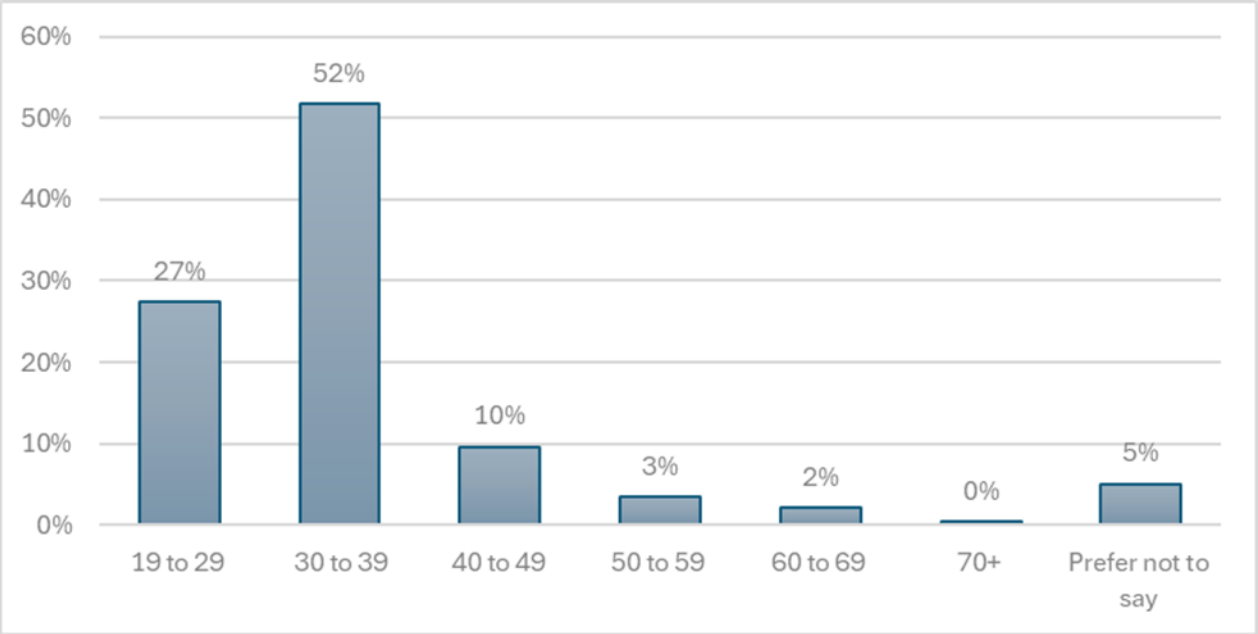

Figure 4 Q. How old are you?

Higher proportions lived in Pontefract 39% (171), Wakefield 25% (108) and Castleford 14% (60).

Post town	Number	%
Pontefract	171	39%
Wakefield	108	25%
Castleford	60	14%
Knottingley	33	8%
Normanton	23	5%
Unknown	13	3%
Other / outside Wakefield district; - Kirklees (12) - Leeds (5) - Doncaster (4) - Goole (4) - Barnsley (1) - Bradford (1) - Selby (1) - Sheffield (1)	29	7%
Total	**437**	**100%**

Table 13 Q. What is your postcode?

Q. What is your experience of local maternity services?

The sample comprised mainly of those, or a family member of those, who are currently using maternity services 28% (124), those who have used the services in the last two years 33% (145) and those who have used them in the last 2 to 5 years 18% (80). A further 14% (62) had used the services more than five years ago. Notably, 5% (21) had not used them but planned to in the future.

What is your experience of local maternity services?	Number	%
I (or a family member) am currently using maternity services	124	28%
I (or a family member) have used maternity services in the last 2 years	145	33%
I (or a family member) have used maternity services in the last 2-5 years	80	18%
I (or a family member) have used maternity services longer than 5 years ago	62	14%
I (or a family member) have not used maternity services but plan to in the future	21	5%
I (or a family member) have not used maternity services and don't plan to	5	1%
Total	**437**	**100%**

Table 14 Q. What is your experience of local maternity services?

6.3 Birth choices

Q: Did you know that you could choose where to give birth?

The majority were aware that patients have a choice about where they can give birth 7% (379).

The proportion of current users of maternity services who were unaware that they had a choice was notably lower 6% (7) compared to those who have used services in the past. Although small numbers, the highest proportion of individuals who plan to use the services in the future were unaware that patients have a choice 24% (5).

Whilst little difference was observed in age and location of respondents, those who identified as White English, Welsh, Scottish, Northern Irish or British were more likely to be aware that they had a choice compared to those from ethnic minority groups 30% (13) of those from Black, Asian and other ethnic groups stated that they did not know they had a choice, compared to 9% (34) of those who were White English, Welsh, Scottish, Northern Irish or British).

Did you know that you could choose where to give birth?	Number	%
Yes	379	87%
No	48	11%
Not sure	10	2%
Total	**437**	**100%**

Table 15 Q. Did you know that you could choose where to give birth?

Q: What type of birth did you (or your family member) choose / would you choose?

Most chose / would choose to give birth in a midwife-led birthing unit alongside a consultant-led labour ward 44% (193) with smaller proportions selecting a consultant-led labour ward 29% (127), a freestanding midwife-led unit 14% (60) or a home birth 7% (30).

What type of birth did you (or your family member) choose / would you choose?	Number	%
A midwife-led birthing unit alongside a consultant-led labour ward	193	44%
A consultant-led labour ward	127	29%
A freestanding midwife-led unit	60	14%
Not sure / don't know	30	7%
A home birth	21	5%
Not applicable	6	1%
Total	**437**	**100%**

Table 16 Q. What type of birth did you (or your family member) choose / would you choose?

Of those who used maternity services five or more years ago, 26% (15) chose a freestanding midwife-led unit, 28% (16) a consultant led labour ward and 43% (25) a midwife-led birthing unit alongside a consultant-led labour ward. Comparing this to current and future maternity service users, a lower proportion would opt for a freestanding midwife-led unit and a higher proportion a midwife-led birthing unit alongside a consultant-led labour ward. Table 14 gives more information on the choices of birth that current, past, and future service users indicated.

It should be noted that of the options for a freestanding midwife-led unit, Pontefract has not been an option since 2019 and Dewsbury freestanding midwife-led unit had a temporary closure between 2022-2024, and this is likely to have impacted on the choices made by individuals who gave birth in this time period.

What type of birth did you (or your family member) choose / would you choose?	Current user (106)	Used in last 2 years (141)	Used in last 2-5 years (76)	Used over 5+ years (58)	Plan to use in future (16)
A consultant-led labour ward	27% (29)	37% (52)	34% (26)	28% (16)	19% (3)
A freestanding midwife-led unit	15% (16)	11% (15)	14% (11)	26% (15)	6% (1)
A home birth	2% (2)	7% (10)	8% (6)	3% (2)	6% (1)
A midwife-led birthing unit alongside a consultant-led labour ward	56% (59)	45% (64)	43% (33)	43% (25)	69% (11)

Table 17 Q. What type of birth did you (or your family member) choose / would you choose? Responses by experience of maternity services

Q: Where are you (or your family member) booked to give birth / most recently gave birth / would like to give birth?

More specifically, 76% (330) selected / would select Pinderfields Hospital either the labour unit / consultant led care 49% (213), midwife-led unit 21% (92) or an elective c-section 6%; (25).

Notably, 20% (89) provided another response, 39 of which stated they would have liked / like to give birth at Pontefract Hospital.

Where are you (or your family member) booked to give birth / most recently gave birth / would like to give birth?	Number	%
Pinderfields Hospital (Labour Unit / consultant-led care)	213	49%
Pinderfields Midwife-Led Unit (Birth Centre)	92	21%
Other: - Pontefract Hospital (38) - Unknown (22) - Leeds (12) - Barnsley (6) - Doncaster (6) - Other (5)	89	20%
Pinderfields Hospital (elective c-section)	25	6%
Home birth	14	3%
Dewsbury Midwife-Led Unit (Bronte Birth Centre)	4	1%
Total	**437**	**100%**

Table 18 Q. Where are you (or your family member) booked to give birth / most recently gave birth / would like to give birth?

Q: What are / were the main reasons for choosing this location? (Please select all that apply)

Respondents were asked what the main reasons are / were for choosing this location. They were able to select all options that applied to them.

The service being close to home 39% (170) was the main reason for their choice. This was followed by 23% (100) who indicated that they had no choice.

Other key reasons included the service being easy to travel to 22% (98), it being the type of birth they wanted 22%; (96), it being safer 19%; (85), experience of using the service before 18% (80) and having access to doctors in case they were needed 17% (74).

Location and accessibility were the key reasons given by those who would like to give birth at Pontefract Hospital (38); closer to home - 66% (25) and easier to travel to - 61%; (23).

What are / were the main reasons for choosing this location?	Number	%
Closer to home	170	39%
No choice - I (or a family member) had to give birth here	100	23%
Easier to travel to	98	22%
The type of birth I (or a family member) wanted	96	22%
Felt safer for me (or your family member) and the baby	85	19%
Used it before	80	18%
Want(ed) access to doctors in case they were needed	74	17%
Recommendation from midwife	48	11%
My own or other's positive experience	46	11%
I (or a family member) don't/didn't want to be transferred to another hospital if needed more care or pain relief during labour	44	10%
Want(ed) access to an epidural if needed	42	10%
Other reason / comment	37	8%
Family / friend recommended	32	7%
Online research	22	5%
I haven't made my choice yet	9	2%
Not sure	7	2%

Table 19 Q. What are / were the main reasons for choosing this location? (Multiple response question, hence, percentages do not equate to 100%)

Q: Did you (or a family member) have a baby at Pontefract Hospital?

25% (111) have given birth at Pontefract Hospital. Further analysis revealed that this included a higher proportion of:

- Individuals from Pontefract 36%; (61), compared to those from other areas Wakefield 7% (8) and Castleford 23%; (14).

- Individuals who were aged 40 or over 40%; (27) compared to those aged 19-39 years 21%; (74).
- Individuals who identified as White English, Welsh, Scottish, Northern Irish or British 27%; (101) compared to those who identified as another ethnic group 9%; (4).
- Individuals without a long-term condition, impairment, or illness 28%; (98) compared to those with a long-term condition, impairment, or illness 16%; (13).

Note: Further analysis by disability status was not possible due to the small sample size indicating that they have a disability (17).

6.4 Views on the proposal to not reinstate births at Pontefract Hospital

Q: What impact will not being able to give birth at Pontefract Hospital have on you or your family?

27% (118) felt the proposal to not reinstate births at Pontefract Hospital would have a big impact on them/their family. 21% (91) felt it would have some impact. In contrast, 36% (159) said it would have no impact at all and 7% (31) were unsure.

What impact will not being able to give birth at Pontefract Hospital have on you or your family?	Number	%
No impact at all	159	36%
Some impact	91	21%
Big impact	118	27%
Not sure	31	7%
Not applicable	38	9%
Total	**437**	**100%**

Table 20 Q. What impact will not being able to give birth at Pontefract Hospital have on you or your family?

Q: Please tell us about the kind of impacts - positive or negative - this could have on you or your family?

210 individuals (48%) provided a negative comment about the impact of the proposal on either themselves or others. Key objections included:

- Location and accessibility of Pontefract Hospital and the distance required for women and birthing people and their support networks to travel to other hospitals / units 36%; (156). More specifically comments related to:
    - Ease of access and greater familiarity with Pontefract Hospital, including parking availability
    - Increased travel and cost
    - Anxiety of having to travel further when in labour
    - Risk of births enroute / unplanned home births (complications)
    - Parking difficulties at Pinderfields Hospital

- Increased and overwhelming demand on Pinderfields Hospital 12%; (52). Concerns related to the hospital being unable to cope, increased staff workload and impact on quality of care, patient safety and experiences (including waiting times for scheduled induction, planned caesareans and ward transfer).
- Positive experiences at Pontefract Hospital 8% (36), including the service being smaller and offering more personal experiences.
- Loss of birth choices for local families and a push to more medicalised births 6%; (27). Comments related to lack of local provision, restriction of choices and patients being subjected to higher rates of intervention in more medicalised environments.
- Negative experiences at Pinderfields Hospital 5% (20).

Comments made in response to the question 'Please tell us about the kind of impacts – positive or negative – this could have on you or your family'

"Pontefract is a 5-minute drive from home whereas Pinderfields can take 20-30mins and even longer in traffic. Pinderfields birth unit can be full quite frequently and therefore would be a bigger impact for me if this was the case."

"I gave birth in Pinderfields in 2024, however both me and my husband found it very frustrating living 4 minutes away from Pontefract hospital and not being able to go there, instead driving 30 minutes into Wakefield in the height of active labour! It is disappointing that everyone in the Pontefract/Castleford etc district have to travel further afield when there is a perfectly useable hospital so close by"

"I would have loved the option of Pontefract. I love very local... Pinderfields is over run; not great care is always given."

"I gave birth in Pontefract, and it was a good experience and good team. You shouldn't close it down"

8% (35) made a comment in support of the proposal, this included reasons such as:

- More sensible approach / use of staff
- Pontefract midwife-led unit not being an option for some (i.e. for those deemed as high-risk)
- Demand for births at Pontefract Hospital being too low
- Safety more important / hospital transfer needed in emergency situations
- Distance to obstetric and neonatal unit / facilities at Pinderfields Hospital.

These comments were made by a range of current and past service users, members of the public, family members of past / current users and staff. There was no obvious trend in terms of the demographic profile of these respondents.

Comments made in response to the question 'Please tell us about the kind of impacts – positive or negative – this could have on you or your family'

"Midwife only birth centre at Pontefract is waste of money - many people say they want it but in reality, not enough women chose to book there to make it sustainable. Need to improve efficiency not throw money away on this. Far better ways to spend the money"

"There was never enough people using Pontefract birth centre, even at its busiest, for it to be viable. I strongly feel it would be better to have more midwives at Pinderfields where women can choose to birth on obstetric unit or the birth centre. This option means that staff can be utilised in the busiest place easily. Standalone birth centres are a huge waste of resource "

Please tell us about the kind of impacts - positive or negative - this could have on you or your family	%	Number
Number Location / accessibility of Pontefract Hospital and distance to travel to other hospitals / units	36%	156
Increased and overwhelming demand on Pinderfields Hospital	12%	52
Positive experiences at Pontefract Hospital	8%	36
Loss of birth choices for local families / push to more medicalised births	6%	27
Negative experiences at Pinderfields Hospital	5%	20
Other reason, including: • Different team providing intrapartum to antenatal and postnatal care • Home birth not an option in Pontefract due to demand on community midwives • Reduction in services at Pontefract Hospital / waste of resources • Confusion over where to attend appointments / changing between hospitals • Decision to close Pontefract midwife-led unit made without prior consultation	3%	15
No impact / other reason	8%	35

Table 21 Q. Please tell us about the kind of impacts - positive or negative - this could have on you or your family? (Percentages calculated as a proportion of all survey respondents)

6.5 Understanding the impact of the proposal

Further analysis was undertaken to understand the impact of the proposal on different sub-group and population cohorts.

Individuals who gave birth at Pontefract Hospital and then had another baby at a different hospital / unit

37 individuals were in this sub-group; 59% (22) felt the proposal would have a big impact and 24% (9) some impact. For 16% (6) the proposal would have no impact.

Sub-sample group	Big impact	Some impact	No impact at all
Patients who have given birth at Pontefract Hospital and then given birth at a different hospital or midwife-led unit (37)	59% (22)	24% (9)	16% (6)

Table 22 Q. What impact will not being able to give birth at Pontefract Hospital have on you or your family?

Current and future maternity service users

For current and future maternity services users (118), 21% (25) felt the proposal would have a big impact and 25% (30) some impact. In contrast, 53% (63) said it would have no impact.

Sub-sample group	Big impact	Some impact	No impact at all
Current and future users of maternity services (145)	21% (25)	25% (30)	53% (63)

Table 23 Q. What impact will not being able to give birth at Pontefract Hospital have on you or your family?

For those who were currently pregnant or have given birth in the last six months, 22% (31) said the proposal would have a big impact. This is in line with the finding above for current and future service users.

Sub-sample group (Q. Are you pregnant or have you given birth in the last six months)	Big impact	Some impact	No impact at all
No (217)	36% (79)	23% (50)	41% (88)
Yes (138)	22% (31)	30% (41)	48% (66)

Table 24 Q. What impact will not being able to give birth at Pontefract Hospital have on you or your family?

Geography

In terms of the location of respondents, the proposal would have the greatest impact on those who live in Pontefract (45%; 67 indicating it will have a big impact), followed by those who live in Castleford (38%; 19).

Those living in Pontefract were much more likely to have commented upon the location and accessibility of Pontefract Hospital, with concern about travelling to Pinderfields Hospital and other units. Those living in Castleford and Wakefield were more likely to be concerned about the increased demand on Pinderfields Hospital.

Sub-sample group	Big impact	Some impact	No impact at all
Pontefract (171)	45% (67)	26% (38)	30% (44)
Wakefield (108)	10% (11)	20% (22)	53% (57)

Sub-sample group	Big impact	Some impact	No impact at all
Castleford (60)	38% (19)	38% (19)	24% (19)
Knottingley (33)	28% (8)	21% (6)	52% (15)
Normanton (23)	18% (3)	12% (2)	57% (13)
Other / unknown (42)	24% (10)	10% (4)	43% (N18)

Table 25 Q. What impact will not being able to give birth at Pontefract Hospital have on you or your family?

Gender

For those who identified as a woman, 31% (106) said the proposal would have a big impact, and 26% (88) some impact. This compares with 40% (8) who identified as a man who said that this would have a big impact. However, due to the predominantly female sample, caution should be applied to the comparison of these results.

Sub-sample group	Big impact	Some impact	No impact at all
Man (20)	40% (8)	15% (3)	45% (9)
Woman (340)	31% (106)	26% (88)	43% (146)

Table 26 Q. What impact will not being able to give birth at Pontefract Hospital have on you or your family?

Age group

For those aged 19-39, 29% (86) said the proposal would have a big impact, compared to 40% (23) of those aged 40 or over. Increased and overwhelming demand at Pinderfields Hospital, and concerns about travel and accessibility were greater concerns for those in the older age group.

Further analysis of individuals over the age of 40 revealed that they were more likely to have previously used maternity services. 3% (2) of those who believed the proposal would have a big impact were current or future service users.

Sub-sample group	Big impact	Some impact	No impact at all
19 to 39* (298)	29% (86)	26% (78)	45% (134)
40+ (58)	40% (23)	21% (12)	40% (23)

Table 27 Q. What impact will not being able to give birth at Pontefract Hospital have on you or your family?

The proposal would have the greatest impact on respondents aged 19 to 39 years from Pontefract 43% (49) indicating it will have a big impact and 28% (32) some impact, and Castleford 38% (18) indicating it will have a big impact and 36% (17) some impact. The greatest proportions of respondents from other areas (Wakefield, Knottingley and Normanton) said the proposal would have no impact at all.

Sub-sample group (19–39-year age group)	Big impact	Some impact	No impact at all
Pontefract (115)	43% (49)	28% (32)	30% (34)
Wakefield (69)	6% (4)	26% (18)	68% (47)
Castleford (47)	38% (18)	36% (17)	26% (12)
Knottingley (26)	27% (7)	23% (6)	50% (13)
Normanton (17)	18% (3)	12% (2)	71% (12)
Other / unknown (24)	21% (5)	13% (3)	67% (16)

Table 25 Q. What impact will not being able to give birth at Pontefract Hospital have on you or your family?

Ethnic group

34% (111) of those who identified as White English, Welsh, Northern Irish, or British indicated that the proposal would have a big impact, this compares with 9% (3) who were from another ethnic group. There was little difference in the reasons provided by respondents from the different categories, however those who identified as White English, Welsh, Northern Irish, or British were more likely to talk about their positive experiences of Pontefract Hospital.

Sub-sample group	Big impact	Some impact	No impact at all
White English, Welsh, Scottish, Northern Irish or British (325)	34% (111)	22% (73)	43% (141)
Other ethnic group (34)	9% (3)	47% (16)	44% (15)

Table 26 Q. What impact will not being able to give birth at Pontefract Hospital have on you or your family?

Disability / presence of a long-term condition, impairment, or illness

With only 12 respondents indicating that they had a disability and responding to the question concerning impact, analysis was undertaken by the question ‘do you have a long-term condition, impairment, or illness’. 25% (17) who indicated that they did, said the proposal would have a big impact, compared to 34% (101) of those without.

Those with a long-term condition, impairment or illness were more likely to discuss their positive experiences of the Pontefract midwife-led unit, including comments about the unit being more comfortable for special educational needs (SEN) parents and a better location for those with anxiety.

Sub-sample group Long-term condition, impairment, or illness	Big impact	Some impact	No impact at all
No (299)	34% (101)	24% (71)	19% (127)
Yes (69)	25% (17)	29% (20)	17% (32)

Table 27 Q. What impact will not being able to give birth at Pontefract Hospital have on you or your family?

Carer

For those who have a caring responsibility, 43% (13) said the proposal would have a big impact, compared to 31% (99) of those without. Carers were more likely to talk about the location and accessibility of Pontefract Hospital, with concern about travelling to Pinderfields Hospital / other units, and their positive experiences of Pontefract midwife-led unit in terms of its more intimate, personal care.

Sub-sample group	Big impact	Some impact	No impact at all
No (324)	31% (99)	26% (83)	44% (142)
Yes (30)	43% (13)	20% (6)	37% (11)

Table 28 Q. What impact will not being able to give birth at Pontefract Hospital have on you or your family?

Financial status

In terms of impact, little difference was observed by respondents' financial status with 37% (11) of those who are very comfortable stating the proposal would have a big impact, compared to 30% (32) of those who are 'just getting by' or 'really struggling'.

Travel and accessibility were a much greater concern for those who are 'just getting by' or 'really struggling.' Loss of birth choices, negative experiences and increased demand at Pinderfields Hospital was a greater concern for those who are more comfortable.

Sub-sample group	Big impact	Some impact	No impact at all
Very comfortable (30)	37% (11)	13% (4)	50% (15)
Quite comfortable (206)	30% (61)	22% (46)	48% (99)
Just getting by / really struggling (106) *	30% (32)	37% (39)	33% (35)

Table 29 Q. What impact will not being able to give birth at Pontefract Hospital have on you or your family?

Please note that due to less than 20 respondents selecting 'really struggling', these responses were combined with 'just getting by'.

Sexual orientation

Further analysis was not possible due to fewer than 21 respondents having a sexuality which was classed as non-heterosexual / straight.

6.6 Further considerations

Respondents were given the opportunity to raise any further considerations. These included:

- Provision of birthing facilities for local families and the importance of reinstating births at Pontefract Hospital 13% (57). Suggestions were made to use Pontefract on an 'as required basis' as well as considering a model like Dewsbury Birth Centre. Comments were also made about evidence indicating more positive outcomes with midwife-led deliveries and concerns about overmedicalisation of births.
- Increased demand on Pinderfields Hospital and other units (11%; 47). Comments were made about the facility being overcrowded due to increased demand and the impact that this has on quality of care, patient safety and experiences.
- Travel time to Pontefract Hospital and other units, and implications for patient safety (9%; 41). Consideration was felt to be needed for patients and their support network who are unable to travel, parking difficulties and cost, stress / anxiety of increased travel, options for provision of 24hr transport for and the carbon footprint impact.
- Improving staffing levels (3%; 15). Queries / considerations included:
    - Investment in midwifery training and retention
    - Staffing at Pontefract Community midwife unit (i.e. frequency that staff are asked to pick up extra shifts to cover on call, whether staff will be permanently working there or whether it will be covered with in calls, will more posts be advertised and rotation force to cover gaps)
    - Strengthening staffing at Pinderfields so full facilities can be utilised.
- Other considerations included the increasing population in Pontefract (2%; 8), availability of local antenatal and postnatal services in Pontefract (1%; 3) and lack of rationale for the closure of Pontefract midwife-led unit (1%; 4). With regards to the lack of rationale, comments referred to decisions being made on data impacted by COVID-19 and the unit not being well promoted / discussed as an option. It was suggested that the unit is reopened, and its use re-evaluated.

Comments made in response to the question 'Please tell us if there is anything else you think we should consider'

"Birthing women on this side of the district have no option but to travel 30 or more minutes to Pinderfields hospital, which is a long time when in labour."

"Not impact directly on myself or family but there will be impact on those who are near to Pontefract and also there will be an increase at Pinderfields which they can't handle. Already pushing inductions so they can control who and when people give birth. It's not big enough or staffed well enough already"

"You should not make a decision based on data from last few years. This is not representative of what normal use would look like."

Please tell us if there is anything else you think we should consider	%	Number
Provision of birthing facilities for local women/birthing people / reopening Pontefract MLU	13%	57
Increased demand on Pinderfields Hospital and other units	11%	47
Other consideration / comment: - Impact on / capacity of ambulance service for hospital transfer for home births - Update on births at Dewsbury since reopening – is this cost effective? - Better postpartum care for family units (i.e. more support for fathers) - Disconnect and unfamiliarity with women/birthing people having antenatal care at one hospital and giving birth at another - Better access to home births - Decisions should be made based on patient safety and care, not financial position of Trust	11%	46
Travel time to Pinderfields Hospital and other units, and implications for patient safety	9%	41
Improving staffing levels	3%	15
Increasing population in Pontefract	2%	8
Support for proposal, due to concerns about safety and staffing issues	1%	6
Lack of rationale for closure of Pontefract midwife-led unit	1%	4
Availability of local antenatal and postnatal services (in Pontefract)	1%	3

Table 30 Q. Please tell us if there is anything else you think we should consider (Percentages calculated as a proportion of all survey respondents)

At the end of the public consultation survey, respondents were given the option to share their views on general questions about maternity care. The answers to these are available in Appendix 4.

7 Analysis of the feedback from the drop-in sessions and community events

The purpose of the drop-in sessions and community events was to raise awareness of the consultation, signpost, and support individuals to complete the survey. They also provided an opportunity for individuals to express their views in a different format. The total number of people engaged was 295.The analysis below summarises the key points from those discussions:

7.1 Views on the proposal to not reinstate births at Pontefract Hospital

None of the individuals engaged indicated that the closure of Pontefract MLU would have a significant impact upon them. Small numbers expressed some concerns about this. These related to:

- Pontefract Hospital is a convenient location for local families. Travel to Pinderfields Hospital is difficult, especially for those without access to a car. Concern for individuals who may not be in active labour and are sent home (i.e. birthing in the car).
- Pontefract has a high and increasing volume of residential housing.
- Some women and birthing people have negative experiences of Pinderfields Hospital, resulting in a preference to give birth at another hospital.
- Pontefract MLU provided an option for individuals who are apprehensive / anxious about giving birth in a hospital setting.
- Increasing demand at Pinderfields Hospital and impact on quality of care and birth choices. The example was provided by one individual who wanted to birth at Pinderfields midwife-led unit but was transferred to Dewsbury midwife-led unit due to bed shortages.

It was noted that some individuals who had recently given birth wanted assurances that there would be no changes to the provision at Pinderfields Hospital.

Some additional comments / queries were made by staff:

- Births are decreasing but complexity is increasing and this, together with the choices people are making is resulting in an increase in c-sections (just over 40%).
- Need to shift capacity to align with where it is needed, and the choices families are making.

7.2 Choosing where to birth

For respondents who had had a choice, the main reason given as to why individuals gave birth at the place that they did was location and it being close to home. Other less frequently cited reasons included:

- The experiences of others.

- Familiarity with the hospital (either from past pregnancies or having to attend for consultant appointments).

A handful of individuals raised concern about giving birth in a midwife-led unit (including Dewsbury) due to the lack of access to specialist obstetric care / intervention if needed and the risks associated with hospital transfer.

> "In case something doesn't go well and need extra care" (Participant attending Baby Fayre, Farmer Copleys, in response to the question 'Where did you choose to give birth and why?')

> "I was encouraged to give birth at Dewsbury but I didn't like the idea of being transferred if there was a need" (Participant attending St Georges, Lupset, in response to the question 'Where did you choose to give birth and why?')

For the asylum seekers interviewed, it was apparent that there was a heavy reliance on the health professionals (including maternity befrienders) in the accommodation centre they were living in to support them throughout their pregnancy and advise them about where to go when in labour. One individual expressed her concern about her current living situation, noting the environment to be noisy which affects her sleep, and the lack of access to cooking facilities, which she feels prevents her from eating nutritious meals.

> "[Maternity befriender] Gives me information about what is going to happen, and I can ask questions" (Participant attending Urban House, in response to the question 'Thinking about your maternity care, what is good?')

There was an apparent lack of awareness about some of the options available to give birth, with the assumption being that individuals must attend their local hospital to give birth. This was particularly the case for migrant groups. Language barriers made it difficult to discuss and explain the differences between an MLU and obstetric unit for these individuals.

7.3 Experiences of maternity services

Individuals discussed what is important to them about maternity services:

- Local access to antenatal and postnatal appointments. It was noted that although some individuals from Pontefract accepted having to go to Pinderfields Hospital to give birth, they valued having local antenatal and postnatal appointments.
- Continuity of midwife for antenatal care. Some women noted the lack of consistency they had which they felt impacted their antenatal care, others discussed the difficulties they had contacting their midwife / team and were unsure as to the reasons they could contact them for.
- Being able to have their partner present at the birth, and facilities for them to stay (including facilities in the recovery ward). For one asylum seeker, having their partner at birth was not possible as they did not have childcare for their other child (the accommodation centre they are living in does not offer this option).
- Having choices around pain relief and not feeling pressure or judgement from healthcare professionals.

- Not feeling rushed after birth and being able to return home when ready.
- Having a translator available in all appointments for those who speak limited / no English at all, and where possible consistency in the person interpreting. Experiences of this were variable, with some migrant women noting that they have attended appointments without an interpreter being present, resulting in them leaving the consultation not fully understanding the information given or what they had consented to (this applied to both maternity and other services).
- Availability of individual rooms.
- Being able to have family members visit once the baby is delivered.

Additionally, individuals identified areas for improvement:

- Parking at Pinderfields Hospital.
- Delays in antenatal care appointments resulting from patients switching GP practices so they can give birth at their chosen hospital.
- Food choices and ensuring halal options.
- Care and support after birth - some women talked about being left for long periods, lack of communication, poor staff handover and feeling a burden when accessing help. There was recognition of the pressure that staff were under and the number of mothers/babies they were attending to.
- Access to sleep support / help (including for older children).
- Continuity of midwife during labour, most commonly due to shift changes. One individual reported that her midwife swapped during her labour and how this was not communicated with them.
- Postnatal check-up by GP – several suggestions were made about more thorough check-ups by GPs including physical examination of stitches / scarring and the abdomen (after caesarean section). Some noted how they had to ask their GP for this to be checked, despite their concerns.
- Cultural awareness – some migrant women had negative experiences of maternity services which stemmed from feeling treated differently because of their background and has resulted in a mistrust of services. They talked about not feeling listened to and a lack of respect and understanding of their culture. It was felt that more education is needed for health professionals around different cultures and their practices (for example female genital mutilation, FGM) and suggestions that more engagement would help bridge the gap between communities and healthcare services.

7.4 Additional comments

Mental health – migrant women were unaware of the support available for mental health. They expressed their hesitancy about talking to someone about how they are feeling due to fear that their families might find out.

Female genital mutilation (FGM) - most migrant women from Sudan who participated had undergone FGM as children, considering it a cultural practice. Some women were unsure of their type of FGM due to lack of professional assessment. They felt stigmatised and

hesitant to disclose details to healthcare professionals, fearing referral to social care. One woman discussed how after birth, she was not sutured back due to legal restrictions, which left her feeling different and how she was not prepared for this. The group would be happy for a specialist to attend the group to discuss FGM types, effects on labour and birth, postnatal care, and legalities.

8 Analysis of briefing with Wakefield councillors and elected members

The following summarises the opinions expressed, and the questions asked as part of the briefing to all Wakefield councillors and elected members held on 6 May 2025.

- What happened to the ‘all singing, all dancing’ midwife-led unit at Pontefract Hospital in 2012 when it was built?
- Questioned whether the perception of safety at Pontefract midwife-led unit has been exasperated by the discussion of staffing issues / closure of the unit. Women/birthing people felt insecure and vulnerable, leading them to choose alternative facilities early in their pregnancy.
- Perception that prior to the temporary closure of Pontefract Hospital, expectant women/birthing people were ‘pushed’ towards giving birth at Pinderfields Hospital (i.e. through heavy advertisement of the facilities available).
- The temporary closure of Pontefract Hospital was due to inadequate staffing; the promise of recruiting staff has not been fulfilled after five years.
- Concern raised about the adequacy of transport systems and emergency services, particularly for childbirth emergencies in various areas of Wakefield District, and whether there are sufficient links to specialist facilities at Pinderfields or Leeds. Some women / birthing people will not be able to get to Pinderfields in time.
- Concern about capacity at Pinderfields, with stories being told of women sitting in corridors and being sent home and told they would be informed when a bed becomes available (for induction). This raises concerns about the wellbeing of people in the wider district, not just women in Pontefract who may lose their choice of birthing location.
- Permanent closure of the Pontefract midwife-led unit removes the choice giving birth locally. The consultation focuses on the closure, rather than providing birth choices for the women/birthing people in Pontefract. The consultation should be listening to what people want.

9 Additional responses

The following provides an overview of the six additional responses received.

Member of Parliament Pontefract, Castleford, Knottingley and Altofts

The response urges decision makers to urgently draw up a viable long-term plan to boost recruitment and reopen the midwife-led unit at Pontefract Hospital. The response argues:

- Pontefract Birthing Unit gives local families a real choice and proper support at one of the most important moments in their lives.
- There has been no serious attempt to re-establish the service or address the local midwife shortages since the temporary closure in 2019. Additionally, there has been no meaningful consultation with the community on the future of the service.
- The proposed permanent closure risks undermining trust and further limiting choice for families across the five towns.
- The consultation document is extremely weak and is not based on recent evidence. It draws upon evidence from 2019, without proper assessment of the situation:
    - The number of births in 2019 were impacted by the service repeatedly being closed at short notice because of staffing issues
    - It wrongly suggests that the current pattern of services reflects patient choice despite Pontefract not being an option for the past six years.
    - Refers to a declining birth rate some years ago, but later states that the 15–44-year-old female population in the Wakefield District is expected to increase by 10%.
- The population growth and capacity challenges should reinforce the case for reopening services at Pontefract.
- The proposal is justified by reference to the national maternity standards; however, the proposal contradicts this by centralising options and reducing parent choice.
- The Government has committed to significantly increasing midwife training and recruitment as part of its upcoming NHS Plan and pledged a focus on shifting care from acute hospital settings to communities. However, a short time before the Plan is published, Mid Yorkshire and West Yorkshire ICB are proposing to do the opposite.
- It appears that permanent closure of the Pontefract midwife-led unit was the real agenda from the start.

> “Instead of setting out a serious plan to train and recruit the additional midwives needed at a time when the Government is due to endorse that direction nationally, our local NHS seems not even to be trying to deliver the midwives we need.” (Included in the response from Member of Parliament for Pontefract, Castleford, Knottingley and Altofts)

The response requests transparency on the following:

- How many midwives would be required to safely reopen the Pontefract unit?

- What have the recruitment and retention levels been each year since 2019 when the unit was closed?
- What local partnerships have been explored to expand training and staffing?
- What exploration of different models of care has taken place to support reopening the unit?
- What plans have been drawn up or costed to reopen the unit at any time since 2019?
- Has there been any formal request for national support or advice on restoring this
- service?
- Why have Mid Yorkshire Trust and West Yorkshire Integrated Care Board chosen to decide on permanent closure now just a few weeks and months before the new national NHS Plan which could be hugely relevant for maternity plans?

Local councillor

An email response was received from a local Councillor from the Pontefract area. They stressed that it is vital for the midwife-led unit at Pontefract Hospital to be reinstated.

> "The Pontefract Birthing Unit should never have been left in limbo for so long. It's time to build a proper plan to expand local services in Pontefract to give local parents the choice, care, and respect they deserve." (Included in the response from Local councillor)

Reasons for this included:

- The number of new dwellings in Pontefract and East of the district areas, causing heavy demand for such facility.
- Bed capacity and Pinderfields Hospital being unable to cope with demand.

Healthwatch Wakefield and Maternity and Neonatal Voices Partnership

The response details how they are encouraged to see a 'rigorous, thoughtful approach to hearing from local people with a wide array of characteristics and backgrounds.'

It explains that the proposal would not represent an immediate change in the current range of birth options in the district but rather a conclusion of a temporary closure.

The response highlights that fewer options do have the potential to undermine the principle of true personalised maternity care, and how it is important that services facilitate informed choice, based on families' needs and decisions. Women and birthing people place significant value on having genuine choice about the environment in which they have their baby, and there must continue to be a viable, supported choice to have home births and midwife-led unit births.

Mid Yorkshire Teaching Hospitals NHS Trust and West Yorkshire Integrated Care Board are encouraged to continue to carefully consider the potential impact on choice for people in Wakefield District, especially for those who may face additional challenges in accessing alternative options.

Members of public

An email response was received from a member of the public who expressed their concern about the quality of care, specifically the negligence of staff, at Pinderfields Hospital which led to the death of a loved one.

Another individual voiced their concerns by email about the pressure that will be placed on Pinderfields Hospital and other units/sites as a result of the permanent closure. The individual was confused as to the services that would be closing at Pontefract Hospital, with perception that it was all hospital clinics.

Another member of the public emailed praising local midwives.

10 Summary of findings

437 individuals responded to the consultation survey, mostly as a current or past user of maternity services 80% (350). The remaining 20% responded in another capacity including a member of the public, a family member of a current/past service user, a colleague working in health and social care, a member of staff in maternity services, or a representative from the voluntary or charity sector.

Of those that responded to the survey, slightly greater proportions live in Pontefract 39% (171), Wakefield 25% (108) and Castleford 14% (60). Furthermore, three quarters 75%; (327) are in the 19 to 39-year age category and identified as a woman, the population cohort likely to use the freestanding midwife-led unit at Pontefract Hospital.

Over 80% of the survey sample identified as White English, Welsh, Scottish, Northern Irish or British, this is notably higher than the population profile for Mid and West Yorkshire. A focus of the public engagement events was to engage with individuals from ethnic minority groups to ensure that they had the opportunity to provide their views.

In total, 143 participated in the consultation drop-in sessions, 164 in the engagement events and 3 in the online events. In addition, 21 elected members and councillors attended a briefing about the proposal. Wakefield Adult Services, Health and Communities Overview and Scrutiny Committee were engaged since 2019 and helped shape the consultation plan, document, and questions.

Six additional responses to the consultation were received. This included responses from a Member of Parliament, a local Councillor, Healthwatch Wakefield and the Maternity and Neonatal Voices Partnership, and three members of the public.

Key findings from all feedback

Most survey respondents 87% (379), were aware that women and birthing people have a choice about where they can give birth. Individuals who plan to use maternity services in the future were found to have lower awareness than current and past maternity service users as were those who identified as Black, Asian or from another ethnic group.

Conversations with migrant populations as part of the engagement events provide further support for this about the lack of awareness about the options available, with the common assumption being that individuals must give birth at their local hospital. For this population group, including asylum seekers, there is a heavy reliance on health professionals in supporting them throughout their maternity journey.

44% (193) of survey respondents chose / would choose to give birth in a midwife-led birthing unit alongside a consultant-led labour ward, with smaller proportions selecting a consultant-led labour ward 29% (127), a freestanding midwife-led unit 14% (60) or a home birth 7% (30).

More specifically, 76% (330) selected / would select to give birth at Pinderfields Hospital either in the labour unit / consultant led care 49% (213), the midwife-led unit 21% (92) or have an elective c-section 6% (25).

Being able to give birth in a service close to home was the main reason for a respondent's choice 39% (170). Other key reasons included the service being easy to travel to 22% (8), it being the type of birth they wanted 22% (96), it being safer 9% (85), experience of using the service before (18%; 80) and having access to doctors in case they were needed 17% (74). Some did not have a choice 23% (100).

A quarter of survey respondents 25% (111) have given birth at Pontefract Hospital. Further analysis revealed that this included a slightly higher proportion of individuals from Pontefract, those aged over 40 years, those who identified as White English, Welsh, Scottish, Northern Irish or British and those without a long-term condition, impairment, or illness.

Approximately a quarter 27% (18) felt the proposal to not reinstate births at Pontefract Hospital would have a big impact on them, 21% (91) felt it would have some impact. In contrast, 36% (159) said it would have no impact and 7% (31) were unsure.

For those who have given birth at Pontefract and then had another baby at a different hospital (37), 59% (22) felt the proposal would have a big impact and 24% (9) some impact, 15% (6) said it would have no impact.

For current and future users of maternity services (118), the proportions who felt the proposal would have an impact were lower with 21% (25) perceiving that it would have a big impact and 25% (30) some impact. In contrast, 53% (63) said it would have no impact.

Further analysis of the survey revealed the proposal will have a greater impact on individuals from Pontefract, compared to those residing in Wakefield and Castleford.

Those aged 19-39 were most likely to be currently using or planning to use maternity services in the future. That applied to only a very small proportion of those aged over 40. 19- to 39-year-olds were less likely to say the proposal would have a big impact, than those aged 40 and over.

For the 19 to 39-year age group, the proposal would have the greatest impact on respondents from Pontefract 43% (49) indicating it will have a big impact and 28%; (32) some impact, and Castleford 38% (18) indicating it will have a big impact and 36% (17) some impact. For other areas (Wakefield, Knottingley and Normanton) the greatest proportions of respondents said the proposal would have no impact at all.

In terms of protected characteristic groups (ethnic group, presence of a long-term condition, impairment or illness, financial status), there was no evident greater impact of the permanent closure on these groups. The exception to this was carers where 43% (13) of those with a caring responsibility felt the proposal would have a big impact, compared to 31% (99) of those without.

Some of the people who attended the engagement events raised concerns about the impact of the proposal. None of them indicated it would have significant impact on them.

210 individuals responding to the survey (48%) provided a negative comment about the impact and objections to and concerns about the proposal to not reinstate births at Pontefract Hospital, included:

- Location and accessibility of Pontefract Hospital and the distance required for mothers and their support networks to travel to other hospitals / units. More specifically comments related to:
    - Ease of access and greater familiarity with Pontefract Hospital, including parking availability
    - Impact on those without access to a car
    - Increased travel and cost
    - Anxiety of having to travel further when in labour / being sent home when not in active labour
    - Risk of births enroute / unplanned home births (complications)
    - Parking difficulties at Pinderfields Hospital.
- Increased and overwhelming demand on Pinderfields Hospital. Concerns related to the hospital being unable to cope, increased staff workload and impact on quality of care, patient safety and experiences (including waiting times for scheduled induction, planned caesareans and ward transfer).
- Positive experiences at Pontefract Hospital, including the service being smaller and offering more personal experiences. It is thought to provide a good option for women and birthing people who are apprehensive about giving birth in a larger hospital setting.
- Loss of local provision and restriction in birth choices, resulting in more births in more medicalised environments (and therefore higher rates of interventions).
- The high and increasing volume of residential housing in Pontefract.
- Negative experiences at Pinderfields Hospital, resulting in preferences to give birth at another hospital / unit.

A small proportion of survey respondents 8%; (35) and a handful of those participating in the engagement events provided a comment in support of the proposal. This included:

- More sensible approach and use of staff.
- Pontefract midwife-led unit not being an option for some patients, i.e. those who are deemed high-risk.

- Demand for births at Pontefract Hospital being too low.
- Concerns about safety of mother and baby with hospital transfer being needed in emergency situations.
- Distance to obstetric and neonatal unit / facilities at Pinderfields Hospital.

Survey respondents and other responses received from stakeholders and members of the public raised several considerations for Wakefield District Health and Care Partnership in their decision making:

- Reinstating the midwife-led unit at Pontefract Hospital to give patients a choice and access to local services.
- Increased demand on Pinderfields Hospital and other units, and the impact of this on quality of care and patient experiences.
- Travel time for women and birthing people and implications for patient safety.
- Staffing levels, specifically midwifery training and retention.
- Increasing population and the number of new dwellings in Pontefract and East of the district areas.
- Availability of local antenatal and postnatal services in Pontefract.
- Lack of rationale for the closure of Pontefract midwife-led unit, with the consultation document drawing on evidence from 2019, without proper assessment of the situation.

11 Next steps

The draft of the consultation report was shared with the project group for their input and findings presented to Wakefield District Health and Care Partnership's (WDHCP) public assurance group, the People Panel on 19th June with a further discussion at the Panel's July meeting. The final report and updated Equality Impact Assessment will also be shared with the Panel.

The themes from public consultation and how WDHCP propose to address them in the business case were presented to Mid Yorkshire Teaching NHS Trust Board (MYTT) in their private session on 10 July. The Wakefield District Health and Care Partnership Committee aims to make a final decision on the proposal not to reinstate the birth facility at Pontefract Hospital at its meeting in September 2025.

A draft of the business case, with a covering summary of how WDHCP have addressed the comments raised by NHSE and any other issues that have come out of the consultation will also be completed as part of the assurance process with NHSE. This is due to take place late July/early August after MYTT Board. On 24 July, the outcomes of the public consultation were presented to Wakefield Adult Services, Health and Communities Overview and Scrutiny Committee and MP briefing will take place at a similar time.

12 Appendices

The Appendices are available as a separate document.

Appendix 1 – Consultation document

Appendix 2 – Consultation Survey

Appendix 3 – Consultation document – Easy read version

Appendix 4 – Maternity services feedback (section two of the survey)

Appendix 5 – Equality monitoring profile of the survey respondents

This report has been authored by Olovus, independent specialists in involving people and communities in health service transformation.

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The project was carried out in line with best practice industry standards for public consultation and applicable regulatory standards.