

Maternal safety: what is the cost?

The hallmark of a modern, wealthy and caring society is how well it provides pregnancy and newborn care. It is a measure of how much that society treasures the very seed corn of the next economic generation. With economic buoyancy and increased investment in the NHS, there should be clear benchmarks to measure improvements against expenditure.

The reviews presented in this issue of the *British Journal of Hospital Medicine* (p. 74) offer a poignant reflection of matters past, present and future. Clear lessons have been learnt in the hothouse pressurized atmosphere of the present day labour ward. What counts more is what has been learnt and have the recommendations been implemented? This question will have an answer and the authors are pointing us in the right direction. They have assembled a transparent analysis of a complex care area with everyone having a voice, especially consumers and politicians. At the very base, supporting it all,

are the care providers – obstetricians and midwives – who want only to be safe and safer in their duty to the mother and her newborn.

The core elements of capacity and demand, litigation, steps to improvement (ten top recommendations) and useful monitoring functions are all there. The present supports the culture of audit (Confidential Enquiry into Maternal and Child Health), the need for increased consultant presence, the recruitment issue and the financially irregular equations of appropriate tariff and Clinical Negligence Scheme for Trusts payments. Crude lessons have been learnt when what was needed was clear leadership and financial control and access.

The future beckons and calling the tune is a clear choice. We may understand the purpose of endeavour but how do we improve the value and support the cost? Safety must be first and inclusion of choice is important. All health-care professionals want the best for their patients but all parties have to be flexible in how they work and where is the safest point of delivery. Defining the core standards is achievable before aspirational standards can be tackled. How much can we afford? **BJHM**

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KEY POINTS

- Harsh lessons regarding maternal safety have been learnt.
- The future of maternity services requires consolidation of consultant presence and increased funding.
- Our wealthy modern society expects the best for its mothers and their newborn.

The continuing evolution of BJHM

Medicine never stands still, so neither can medical journals. This month sees the introduction of a number of changes to the *British Journal of Hospital Medicine*. First of all, we are pleased to be introducing a new four-page clinical news section (see p. 70). This includes contributions from leading medical journalists reporting on some of the latest developments in clinical medicine, including news about clinical drug trials and research.

We are also delighted to be able to introduce a number of new board members to the journal, including Professor Mike Roberts from Whipps Cross University Hospital NHS Trust and Barts and The London Queen Mary's School of Medicine and Dentistry who is taking responsibility for our education and training update, while also contributing in the area of respiratory medicine. We are also pleased to welcome Dr Sean Kelly from York Hospitals

NHS Foundation Trust who will be representing gastroenterology, Dr Miriam Johnson from St Catherine's Hospice, Scarborough, and Hull and York Medical School who will be representing palliative medicine, and Professor Hilary Thomas of Mercury Health who will be representing oncology. One further addition, again reflecting changes in medical practice, is Dr Mike Jones of the Royal Infirmary of Edinburgh, representing acute medicine.

On page M32 we introduce the initial members of the *BJHM* regional heads committees. We were delighted by the high quality of applications for these posts, and hope that the team who have been appointed will work to promote awareness of *BJHM* and our commitment to medical education in all forms in hospitals and medical schools across the UK.

Our commitment to medical education is also reflected in the major expansion of

the programme of conferences we organize. Our 10th national conference on dementia is taking place this month, as well as a new conference 'Eating disorders: expanding your clinical skills' which is taking place in Oslo. Future conferences later in the year look at child addictions, asthma, palliative care, schizophrenia, and addiction and the liver. In July our 4-day critical care symposium will take place, building on the success of the first conference which took place last year. For further information on any of these, or to book your place, go to www.mahealthcarevents.co.uk

We welcome your comments or thoughts on any of the journal's activities – please email bjhm@markallengroup.com **BJHM**

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