Dear Secretary of State

In an open letter to Jeremy Hunt, Secretary of State for Health and Social Care, Sophie Windsor argues why the NHS cost recovery scheme is dangerous for women accessing maternity care

I write in my capacity as a consultant midwife regarding my serious concerns about the impact of the 'cost recovery' programme on upfront charging on community midwifery for overseas visitors (Department of Health and Social Care, 2017).

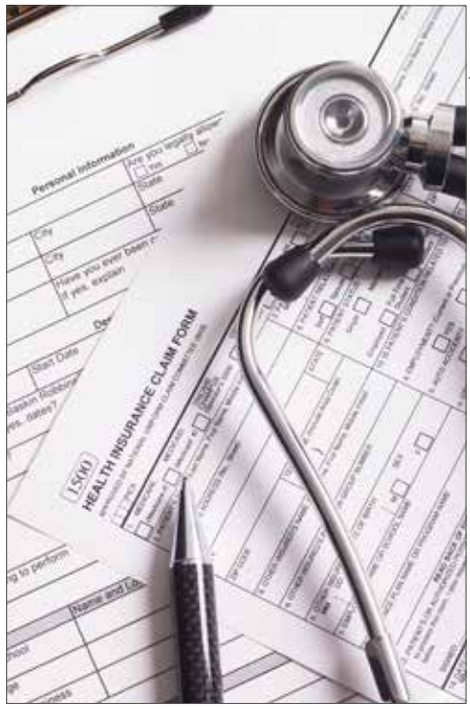
The new regulations, which came into force in October 2017, introduce not only upfront charging, at a tariff of 150% (Harvey, 2017), but, also require the compliance of the health professional in determining immigration status (Department of Health and Social Care, 2017)—a gross distraction from our clinical priorities.

What I find more concerning, however, is that, in clinical practice, undocumented migrants who cannot afford to pay are simply not attending or engaging with antenatal care (Gentleman, 2017).

The whole purpose of antenatal care is one of preventative medicine. I can only assume that this regulation was either imposed to save the NHS money or create a hostile environment to pregnant migrant women from accessing care (Harvey, 2017).

In reality, this regulation is more expensive and costing lives. Women who present to hospital having had little or no antenatal care often have adverse outcomes that require prolonged hospital admissions with specialist care. Their babies are more likely to be stillborn or born prematurely. I don't need to tell you that the care of a premature baby costs the NHS thousands of pounds, or that the baby is completely innocent in all of this. They do not deserve potential long-term health consequences as a direct result of these forced regulations that create barriers for their mothers in attending antenatal care.

Sophie Windsor
Consultant midwife,
Lewisham and Greenwich NHS Trust



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Health professionals are asked to assist in determining immigration status to decide who should be billled for care

I note that there are some exemptions to these regulations (Department of Health and Social Care, 2017) that have not been widely disseminated among clinical staff. In fact, I know from experience that many midwives and doctors do not even know about this new regulation. I was, however, even more shocked to see that termination of pregnancy is not included in this list of exemptions. This is the quickest way to increase the maternal death rate, by forcing women who cannot afford to pay into backstreet abortions. This regulation is threatening and dangerous for vulnerable pregnant women, exposing them to even further risks of exploitation in order to pay for their treatment.

The irony of all of this is that you have pledged to halve the number of maternal and neonatal deaths by 2020. Knight et al (2017) have clearly demonstrated in their maternal death statistics that migrants from the most deprived backgrounds, and who do not speak English, are three times more likely to die in pregnancy; yet, it is this group of vulnerable women that will be most affected by this regulation.

I call for you to abandon this regulation with immediate effect. I would also welcome a meeting with you to discuss the serious implications of this regulation and how maternity care needs to be a basic human right for every woman. **BJM**

Yours sincerely,

Miss Sophie Windsor, RM, MA, BSc Hons, DipHE, Consultant Midwife

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Knight M, Nair M, Tuffnell D et al (eds). Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2013–15. Oxford: National Perinatal Epidemiology Unit, University of Oxford; 2017

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