

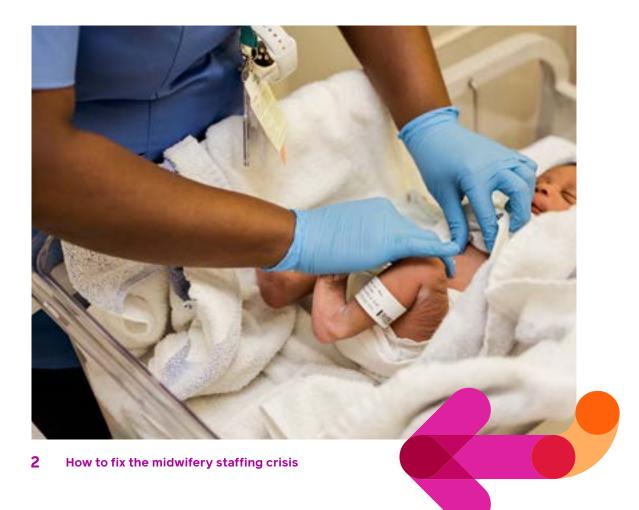




## The challenge

It is no secret that the UK has suffered from a chronic shortage of midwives, and that this shortage has had a sadly inevitable impact on maternity safety. While services in Scotland, Wales and Northern Ireland certainly have their challenges, it is England where the problems have been most acute, with a current estimated shortage of 2,500 midwives.

The shortage of midwives has had an inevitable impact on maternity safety.





Midwives are working 100,000 hours' unpaid overtime every week There is just no slack, with midwives working 100,000 hours' unpaid overtime every week. It is no wonder that burnout is widespread and the NHS is struggling to retain midwives.

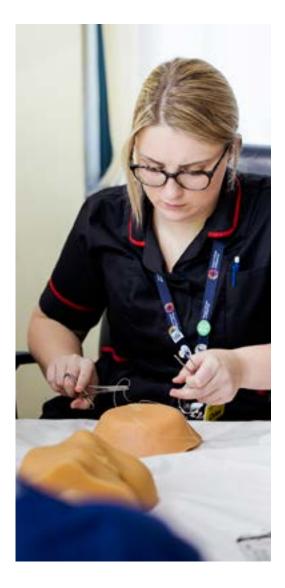
There is hope. Although simply looking at birth numbers can be misleading – more women are having their first child later in life, or require more complex care, for example – these figures have cooled since the noughties baby boom. At the same time, more staff are in the pipeline, with increases in student numbers.

But challenges remain, and this guide sets out key ways in which we can seize the opportunity to eliminate the midwife shortage - a truly historic achievement.

# The solutions

### Getting more midwives into our maternity services

The number of student midwives is rising. In 2024, numbers will jump again. However, attrition rates on university midwifery courses are high. Universities need the resources to ensure a good quality midwifery education, and clinical placements need to be resourced so students get what they need from them.



Universities need the resources to ensure a good quality midwifery education

Student midwife finances need reform. A recent RCM survey found three-quarters of student midwives in England expect to graduate over £40,000 in debt.

Arrangements in Scotland, Wales and Northern Ireland mean that student midwives there can avoid tuition fees, but student midwives in England face full fees. In exchange for a commitment to work as an NHS midwife postqualification, student midwives in England should also have their fees paid for them, alongside an annual, non-repayable bursary of £10,000. We should not be weighing down our student midwives with vast debts.

Student midwives should have their fees paid for them, wherever they study in the UK

## We want to see apprenticeships develop further

New midwifery apprenticeships, primarily for maternity support workers (MSWs) already working in the NHS, are a real success, enabling those from a broader range of backgrounds to qualify. We support the UK Government's plans for 5% of new midwives to enter the profession in England through apprenticeships by 2028. We support this and want to see apprenticeships develop further and beyond England, including funding to allow employers to backfill MSW posts as happens with nursing apprenticeships.



#### Retaining the midwives we already have

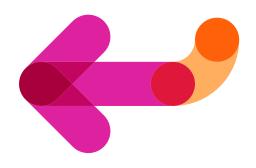
Flexible working policies that enable staff to say when they are available to work and building rotas around that. We hear frequently from midwives that they feel uncared for at work – unable to take breaks, sometimes unable even to get a drink of water or go to the toilet. Their shift patterns are often 'take it or leave it', lacking in flexibility and sometimes forcing those with caring and other responsibilities to work elsewhere or leave the profession altogether.

There is good practice in some services, with flexible working policies that enable staff to say when they are available to work and building rotas around that. Other examples of good practice include having enough staff on shift to cover for those taking their breaks as well as ensuring that staff working night shifts have access to hot food.



Relatively small things – like improved lighting between car parks and hospital buildings – can have a big impact on staff morale, and how staff feel about their employer. In addition, NHS employers need to be more flexible and responsive if we are to stem the loss of midwives.

The RCM is well-placed to help by continuing to share examples of good practice that can be replicated, and by celebrating and promoting those successes. We encourage MPs to do the same, and will share good examples from their constituencies with them. NHS employers need to be more flexible and responsive



**6** How to fix the midwifery staffing crisis

## Conclusion

The end of the national midwife shortage is possible. An easing of some pressures combined with recent policy decisions makes the elimination of the shortage a realistic goal.



We need more student midwives and apprentices, on wellresourced courses and quality clinical placements, unsaddled by eyewatering student debt. And we need an **NHS that treats** its staff better so midwives stay in the profession

Some of this we can achieve now. Some of this will need to be longer-term. But this is the direction of travel needed if we are, finally, to have maternity services with enough midwives to deliver the quality and safety of care we all want to see and which women expect and deserve.



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