Royal College of Midwives

Scotland

state of maternity services 2023

Introduction

Although Scotland continues to be a safe place to give birth, demographic and societal changes and continuing workforce challenges mean complacency is not an option. Action is needed now to maintain safety and quality levels in maternity care.

Women are giving birth later in life, with the number of babies born to women in their twenties dropping over the past decade. With this shift can come increased risk, both for the woman and her baby, requiring more support for them from the NHS. This is compounded by the increase in intervention rates and associated workload. At the same time, a majority of women using maternity services are now overweight or obese, which itself places additional demand on the workforce to provide the care that all women expect and deserve. **These developments – along with the increasing recognition and prioritisation of perinatal mental health, the devastating impact of inequalities and racialised disadvantage on pregnancy and afterwards – are just some of factors adding to the pressures on our maternity services.**

The RCM welcomes the expansion in undergraduate places for student midwives. However, because we are not retaining midwives already in post, we are not seeing any growth in the size of the overall midwifery workforce.

The Nursing and Midwifery Taskforce has the potential to effect real change in Scotland's midwifery workforce. This initiative has real promise, but it will be a wasted opportunity if it simply reports back on what is already happening or reaches for recycled fixes. It must be a meaningful exercise.

We need to see new transformational solutions, and plans that are funded and properly implemented. The taskforce is chaired by the Cabinet Secretary, so has the right ministerial influence to get things done.

The foremost challenge facing the taskforce is to improve the sustainability of the midwifery workforce with attractive career choices and rewarded progression across all areas of practice – including clinical, leadership, education, and research. This must produce the tangible and transformational results needed to boost workforce numbers as well as providing the roles that will encourage and support midwives to stay in the profession for their entire working lives. Doing so will result in more midwives staying within the NHS, continuing to contribute their advanced skills and experience to our maternity services.

We are calling too for new apprenticeship routes into midwifery. These would, firstly, widen access to maternity care assistants, who may not otherwise be able to undertake midwifery education. Secondly, apprenticeships would help people living in Scotland's remote and rural communities to stay working and practising in those areas – and earning too, without having to leave to study at a distant university. Too often, once a student midwife has left the island or rural area, they do not return.

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Fundamental to achieving this is knowing how many midwives we need. We are therefore concerned that with the full implementation of the Health and Care (Staffing) (Scotland) Act 2019 in April 2024 there remains a midwifery workload tool in Scotland that is not fit for purpose and does not reflect today's profession. Key areas of midwifery practice are missing from it. The tool, for example, only calculates the staff numbers needed for direct clinical care, ignoring vital specialist and leadership roles. It is also thoroughly out-of-date, not taking into account changes in practice, policy and the evolving needs of pregnant women and newborns.

Scotland is without doubt short of midwives across all pillars of the profession. **We need to see the Scottish Government investing in the development of a robust system for calculating midwifery workforce need, locally and nationally, so that we can assess in more detail the adequacy of the staffing we have.**

Births in Scotland

In the decade leading up to 2022, women giving birth in their thirties and forties went from being the minority (49% in 2012) to the overwhelming majority (60% in 2022). Last year, three in every five babies was born to a women aged 30 or older.

Older mothers are far more likely to experience complications in pregnancy and birth, resulting in more appointments and longer hospital stays. This has a significant impact on the midwifery workload.

Similarly, maternal weight is a significant risk factor. In Scotland the fall in birth numbers seems to have occurred almost entirely among women categorised as having a healthy weight. Strikingly, every Health Board in Scotland now reports that more than half of all pregnant women are either overweight or obese. This means they are more likely to have conditions that require higher levels of care, such as high blood pressure and gestational diabetes. Such women will need careful monitoring, as their babies are at increased risk of preterm birth and restricted growth, and this has an impact on workforce needs.

These two risk factors (age and weight) are just two examples of ways in which the profile of pregnant women is quite different from that of even a few years ago. Added to this are the mental health challenges that one in five women – and one in 10 fathers – experience that rightfully deserve good midwifery care. Giving today's mothers the midwifery support they need and deserve is more complex and labour-intensive than it was, and this counteracts any impact from the reduction in the number of babies being born.

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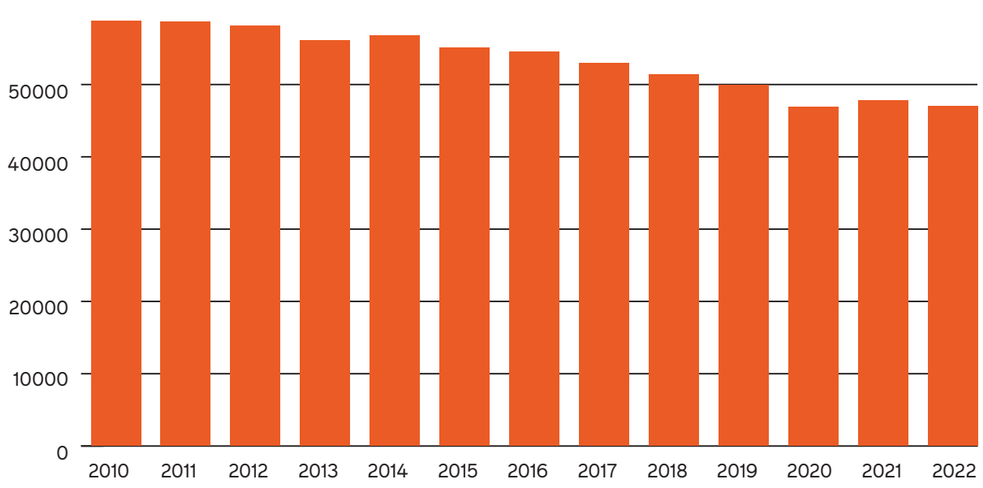
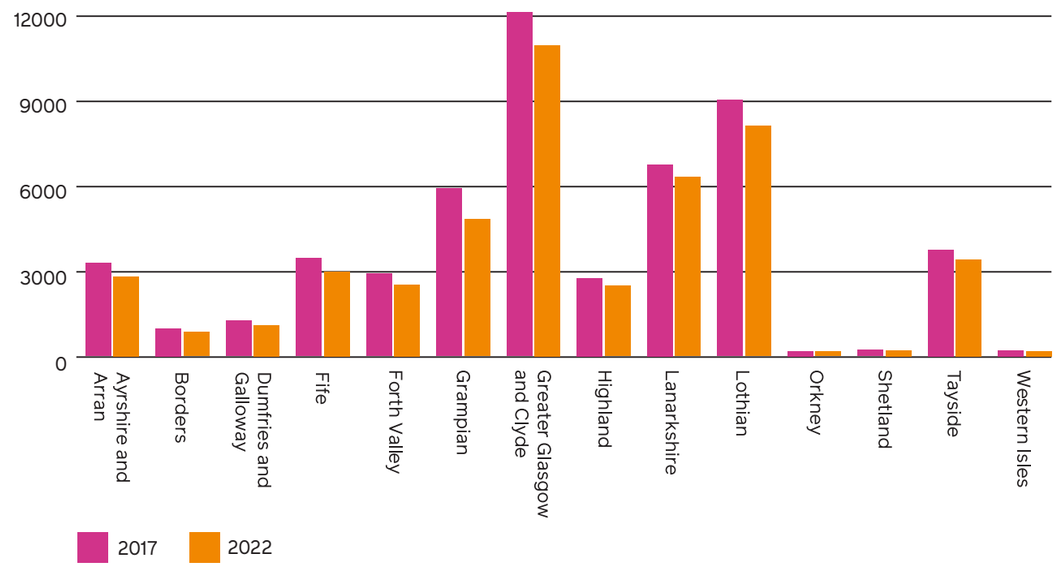
Live births

(source: National Records of Scotland)



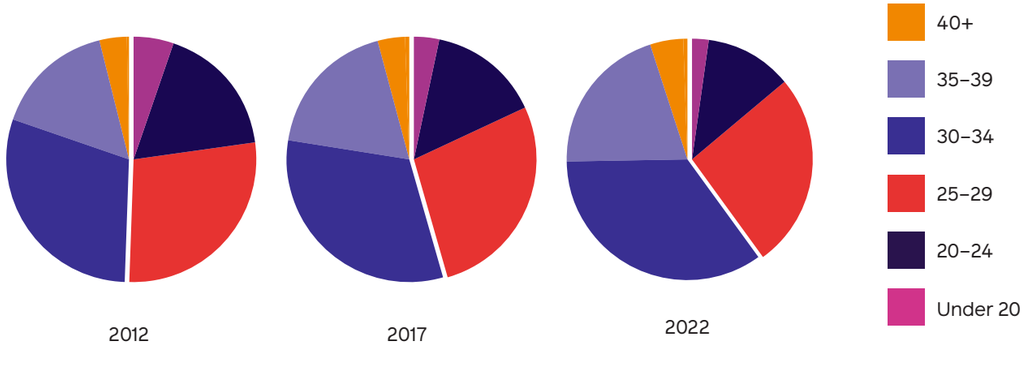
Live births by board area

(source: National Records of Scotland)



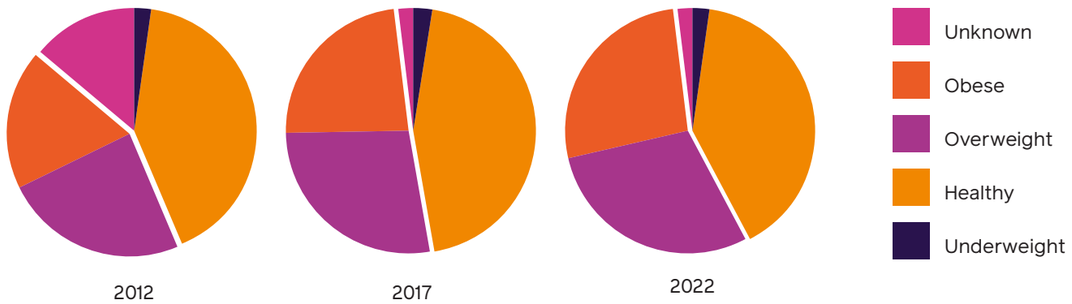
Age profile of mothers

(source: National Records of Scotland)



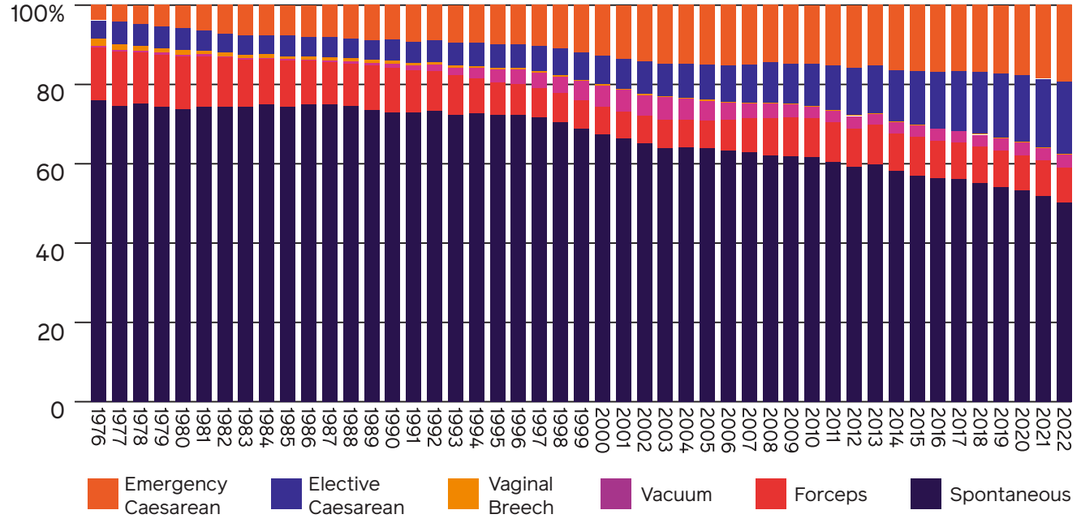
BMI of women during pregnancy, Scotland

(source: Public Health Scotland)



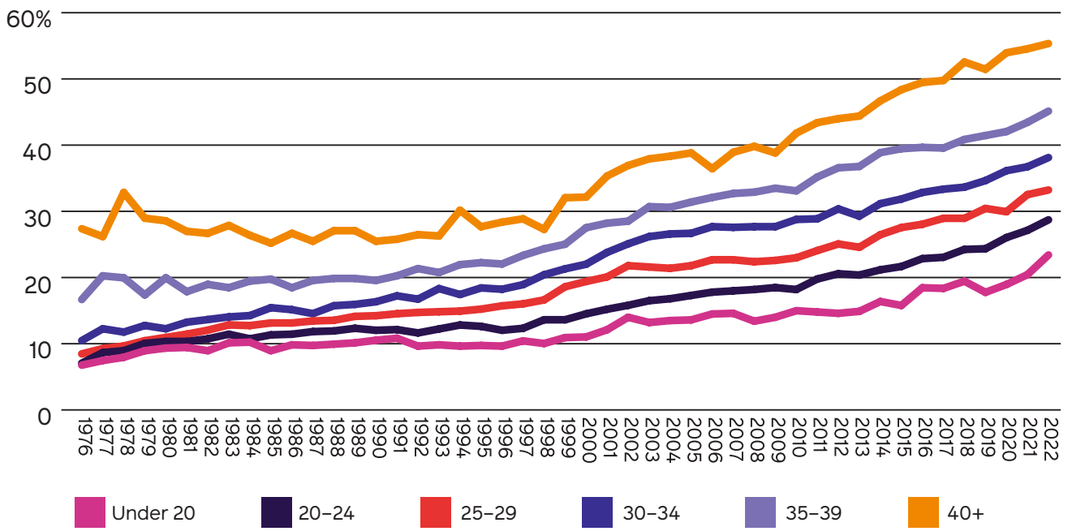
Births in Scotland by method of delivery, 1976–2022

(source: Public Health Scotland)



Caesarean section rates for births in Scotland, by age of mother, 1976–2022

(source: Public Health Scotland)



The number of babies born in Scotland fell in 2022, having risen in 2021. There has been a slow downward trend in recent years. **Fundamentally, however, birth numbers are an increasingly poor predictor of workload.**

The change in the number of births also varies between Health Boards. The picture is not the same across Scotland, which emphasises the importance of drilling down into the figures. While one area (Grampian) saw an 18.3% fall in births between 2017 and 2022, five saw a single-digit fall, such as Shetland (5.0%) and Lanarkshire (6.7%).

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Midwives in Scotland

In recent years, the Scottish Government has invested in recruiting and educating more midwives. As the chart shows, the size of the annual intake of new student midwives has risen, though there was a small drop in the most recent year, and the total number of student midwives has risen as a result. This is all very welcome, and we support the Scottish Government's investment in this.

Worryingly, however, if we look at what is happening with the workforce itself, we do not see these ever-larger surges in midwives coming out of the universities making a difference to overall numbers. Instead, the churn rate within the profession is such that the workforce shrinks back down between these surges. Nor are the current access routes meeting the needs of all Boards or increasing diversity in the workforce. The big risk is that rather than sustainably building up a strong workforce, the effect of these new midwives just seems to fizzle out as staff leave.

While applications for midwifery programmes remain high, a recent surge in new applicants seems to be tailing off. There were 960 applicants this year. This is significantly down from 1,330 the previous year and 1,630 the year before that.

It is positive that the midwifery profession is no longer an ageing profession, with younger, newly qualified midwives entering the workforce. At the other end of the age spectrum, we need to value the skills and experience of late-career midwives and encourage them to stay in the NHS for as long as they are willing and able. More use of retire and return policies would be one way of achieving this.

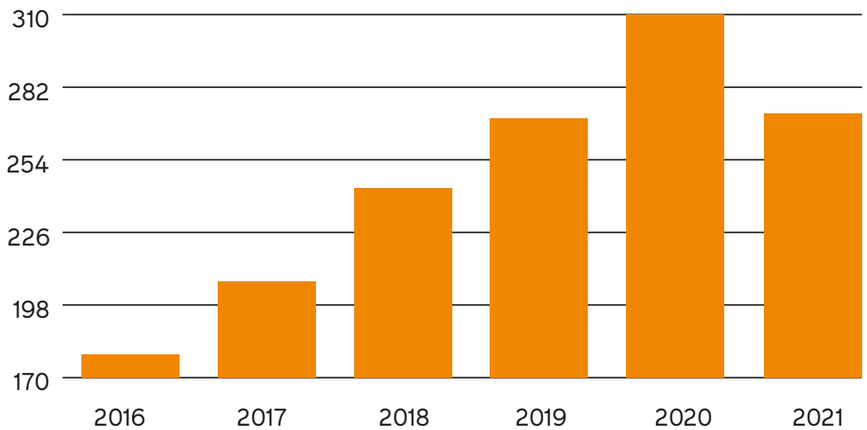
Fundamentally, we cannot afford to ease off in our efforts to attract people into the profession and to retain them too. **Widening access through apprenticeship schemes supports existing and potential maternity support workers to undertake midwifery education while remaining employed in their community. This has been shown to reduce attrition significantly in England.**

This requires education for maternity care assistants to be available and accessible across Scotland. The education also needs to be at a level to allow entry to the undergraduate midwifery programme.

Currently the number of maternity care assistants is disappointing. This is a missed opportunity to address the impact of inequalities and disadvantage in the community as well as freeing midwives up to provide relationship-based care. More work is needed to develop the potential of this valuable workforce, in addition to existing staff and not as a substitute for the midwifery establishment.

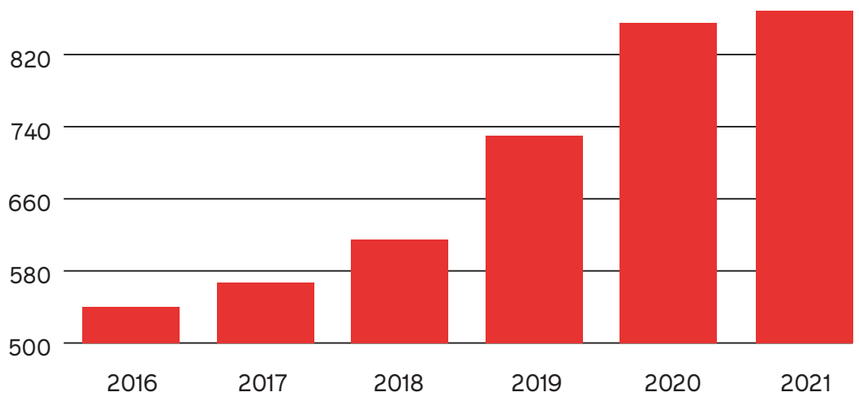
Student midwives (starting pre-registration course)

(source: NHS Education for Scotland)



Student midwives (total 'active' students on pre-registration midwifery courses)

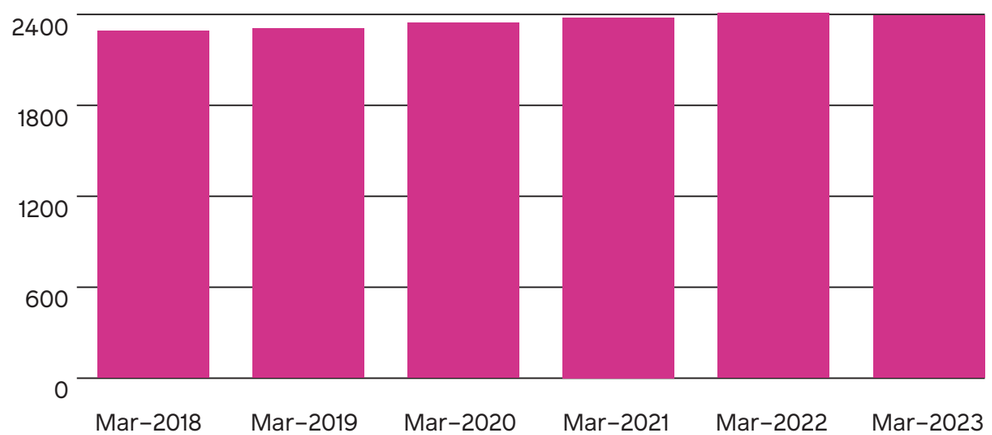
(source: NHS Education for Scotland)



Midwives in Scotland

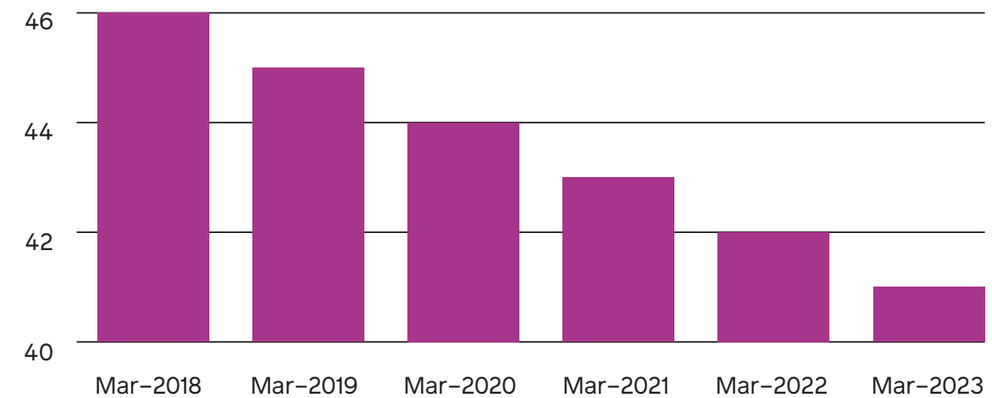
Midwives (FTE), March 2018–March 2023

(source: NHS Education for Scotland)



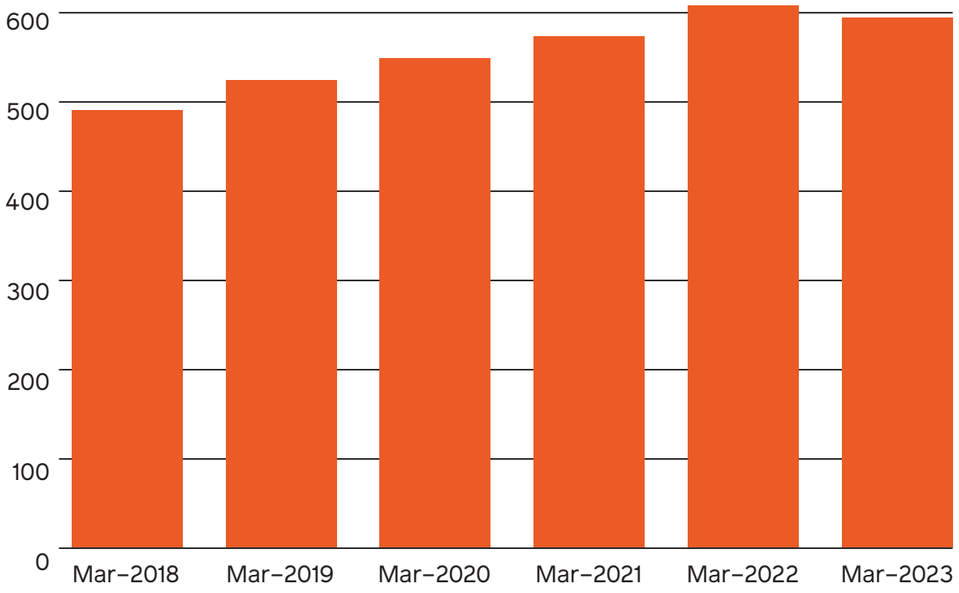
Median age of midwives: March 2018–March 2023

(source: NHS Education for Scotland)



Maternity Care Assistants (FTE), March 2018–March 2023

(source: NHS Education for Scotland)



Education and research

There is a lack of statistics in this report on midwifery roles in education and research. That is because there is no mechanism for collating them, despite their fundamental importance to the profession and future workforce supply.

Education occurs in both our universities and in the Health Boards, though there are currently a minimal number of midwifery educators in roles in the Health Boards, with numbers varying across Scotland. **These roles are essential if we are to transform the learning environment and retain, develop and support our workforce. This needs to be reflected in workforce planning.**

The role of practice education facilitator (PEF), for instance, works with universities to ensure that student midwives have appropriate learning environments during their clinical placements in maternity services. They also help ensure clinical areas are well-prepared for the arrival of midwifery students. Disappointingly, in more than half of Health Boards, the PEF role is not held by a midwife.

This means midwives are not getting opportunities to progress their careers and grow their skills.

A further concern about midwifery education is that out of three universities that educate undergraduate midwives only one has a role of professor of midwifery. In the other two, the most senior roles for midwifery educators are lecturer and senior lecturer. Only one provider offers protected time for research. We need universities to be more ambitious for their academic midwife staff and offer them protected time for research that will further the quality and safety of care.

We recommend that numbers are routinely gathered and published on midwives employed in fields outside of the NHS, such as research and education, as well as those working in special Health Boards. This reflects global recommendations.

We need universities to be more ambitious for their academic midwife staff and offer them protected time for research that will further the quality and safety of care.

Career development

Numbers of midwives available to provide care are the most obvious indicator of workforce shortages, but equally significant is what is happening to the profession's infrastructure. The four pillars of midwifery – clinical, research, education, and leadership – are vital to the current and future quality of maternity care and all midwives should have access to professional development to advance their practice throughout their career. This should be suitably rewarded.

Specialist clinical roles ensure that all midwives have access to the education and guidance needed to develop innovative and best practice for all pregnant women. This includes women from disadvantaged communities or those who are experiencing complex health problems, and ensures their expertise enriches and raises the clinical quality of maternity care.

Research midwives push the boundaries of clinical knowledge, improving the quality of care and ensuring midwifery practice is rooted in a strong evidence base. Midwives in education prepare the next generation of midwives and provide lifelong learning and professional development for all registered midwives. Meanwhile, midwifery leaders inspire, sustain and troubleshoot for their profession every day, while coordinating the demands of the wider healthcare framework in which they sit.

These infrastructure roles are vital to sustaining quality and managing risk. But they are equally important for providing career opportunities and a development pathway for the profession. There is no defined career framework for midwifery, and limited career progression. That makes these infrastructure roles really valuable to the profession, as well as to the quality of clinical care. However, there are not enough of them and no plan for ensuring we have the right numbers in the right places, and with the right amount of time to continue to develop themselves and others.

At the time of writing, there are three consultant midwives in Scotland, and no dedicated and protected clinical supervisors. Only five out of 14 Health Boards include a director of midwifery. There has been no increase in midwifery educators, although 60% of midwives now work part-time and so there are an increased number of individual postholders to teach. Too often, midwives working in the infrastructure roles are called in to plug staffing gaps on labour wards. This means that even when roles are in place, they may not be being fulfilled. Unless workload tools reflect all roles essential to safe care, this risks getting worse with the implementation of the safe staffing legislation.

The cumulative impact on midwifery recruitment and retention, and standards of clinical care, are significant and should not be neglected any longer.

All midwives should have access to professional development to advance their practice throughout their career. This should be suitably rewarded.

Looking forward

There are some real challenges facing maternity services here in Scotland, and to meet those challenges the RCM believes we must take these three steps:

- **The Nursing and Midwifery Taskforce must bring forward new, meaningful solutions to the workforce challenges faced by our maternity services. These solutions should be championed by the Cabinet Secretary, who chairs the taskforce. They also need to be fully funded and implemented.**
- **Boosting the midwifery workforce needs new approaches, widening access through accessible maternity care assistant education that supports progression to midwifery apprenticeship is an absolute priority. To get the workforce right we need to see services using a new midwifery workforce planning tool that is fit for purpose.**
- **We need a renewed focus on the retention of skilled, experienced midwifery staff. The NHS needs to offer career options and pathways with rewarded progression that will keep midwives in the NHS for their whole working lives, and reward them.**

Midwifery services in Scotland face real challenges. The Scottish Government is seeking to meet those challenges, not least with the taskforce chaired by the Cabinet Secretary. We need that taskforce to succeed, and it will be well-placed to do so if it produces new, meaningful solutions – for example, on new apprenticeship routes into midwifery and on retaining the staff we have – and if the Cabinet Secretary helps drive those ideas forward.

We look forward to continuing to work with the Scottish Government and across the political spectrum at Holyrood, and with stakeholders across Scotland, as we all seek to improve maternity services. We hope this report helps inform that work so that together we can improve services for the women and families of Scotland.

Scotland's maternity services face some very real challenges. The RCM is setting out three key steps that will put us on the right path to meeting those challenges.

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