



Royal College
of Midwives

Position Statement

supporting

midwives to address the needs of
women experiencing severe and
multiple disadvantage



The Royal College of Midwives position

A growing body of evidence demonstrates that women who experience severe and multiple disadvantage (SMD) during pregnancy are more likely to experience poor maternity outcomes,¹ and more likely to report poorer experiences of maternity care.²

Midwives are uniquely positioned to provide assistance to women who experience SMD during pregnancy, and there is growing evidence that where skilled midwives can identify needs and make necessary referrals, women and their babies experience better outcomes.³ However, midwives' effectiveness is often dependent on resources, support, and on their ability to develop a trusting relationship with the woman they are caring for.⁴

What is severe and multiple disadvantage?

There is no consistently accepted definition of severe and multiple disadvantage. However, it is broadly understood to refer to the co-occurrence of 'serious social problems', which often appear in the lives of people facing inherent disadvantage,⁹ and which 'act in a mutually reinforcing manner, leading to their further entrenchment.'¹⁰

There is considerable divergence in the literature as to which 'serious social problems' fall within SMD. A broad list typically includes: adverse childhood experiences (ACEs), poverty, inadequate housing or homelessness, mental health problems, substance misuse, irregular immigration status, history of domestic abuse and/or sexual violence, and involvement with the criminal justice or social care systems.¹¹ This list is not exhaustive.



Supporting midwives

The following actions should be taken to ensure midwives are equipped and supported to carry out this essential work:

1. Midwives should be afforded autonomy and flexibility when caring for women experiencing severe and multiple disadvantage
2. Midwives should be given additional support to navigate services for women experiencing severe and multiple disadvantage
3. Midwives should be appropriately trained to support women experiencing severe and multiple disadvantage
4. Midwives should be supported to deliver continuity of midwifery care
5. The health, safety, and wellbeing of midwives should be protected when caring for women experiencing severe and multiple disadvantage



Background and context

Pregnancy and birth are usually portrayed as happy events, but sadly this is not every woman's experience. A growing body of evidence suggests that women who experience severe and multiple disadvantage during pregnancy are more likely to experience poor maternity outcomes.⁵ For example in 2019, the Saving Lives, Improving Mothers' Care report found that women who experienced severe and multiple disadvantage were overrepresented among the women who had died during pregnancy or shortly after birth.⁶

In addition, many women who experience SMD during pregnancy have poorer experiences of maternity care,⁷ and report being subjected to infringements of their rights to autonomy and dignity, to a private and family life, and to equal treatment.⁸ The situation of many women experiencing SMD is also likely to have been exacerbated by the COVID-19 pandemic.



What causes women who experience severe and multiple disadvantage to have poorer outcomes, and poorer experiences when interacting with maternity care?

Women who experience severe and multiple disadvantage during pregnancy face a multitude of barriers to care.¹² For example, women may have additional physical or mental health issues which limit their ability to access care, they may have work or caring responsibilities which limit their time, they may be unable to afford the cost of travel to or from appointments, their movement may be restricted by a violent partner, they may have difficulty understanding English, or, if their visa status is insecure, they may be fearful of accruing charges for NHS care that they cannot afford to repay. In addition, women experiencing SMD will often be involved with multiple agencies, (e.g. social services, housing, and immigration services). Where this is the case, women will be faced with considerable challenges keeping track of and attending their appointments, which often causes disruptions to their antenatal care.¹³ Women are also likely to experience disruptions to, or poor antenatal care where they are detained in prisons or immigration facilities.¹⁴

Recent studies have also noted that SMD can contribute to 'profound feelings of powerlessness, selfstigmatisation and low self-esteem.'¹⁵ This lack of confidence, which is often coupled with additional barriers, can make navigating the complexities of the maternity care system confusing and often frightening.¹⁶ Women experiencing SMD are also more likely to mistrust services, owing to negative experiences when dealing with services and/or authorities in the past. These feelings of fear and mistrust can cause women to struggle to engage with their care and can undermine their ability to make informed choices.¹⁷ A lack

of control during maternity can be particularly distressing for women with a history of trauma, including sexual or domestic violence.¹⁸ The impact of racism, sexism, classism etc. cannot be separated out when considering why women who experience SMD in pregnancy have poorer outcomes.¹⁹ Women who experience discrimination linked to their gender, race, class or other characteristics are, as a consequence of that discrimination, more likely to experience SMD. Racism, sexism, classism, and other forms of discrimination also impact the quality of care women receive.²⁰



How can maternity care improve experiences and outcomes for women experiencing SMD?

Midwives are uniquely positioned to provide support to women experiencing severe and multiple disadvantage, and there is growing evidence that where skilled midwives can identify needs and make necessary referrals, women and their babies experience better outcomes.²¹ However, midwives' effectiveness is dependent on resources, support, and on their ability to develop a trusting relationship with the women in their care.²² Midwives must be adequately equipped and supported to carry out this essential work. As such, we recommend that the following actions be taken:

1. Midwives should be afforded autonomy and flexibility when caring for women experiencing severe and multiple disadvantage

Midwives require the professional autonomy to structure their work around the needs of the individual woman. Care pathways, including appointment time and location, must be co-developed with women and must not be rigid. There should also be flexibility to enable midwives to communicate with women in whichever way works best. Flexibility with regard to communication enables needs-led care and often helps to avoid missed or unnecessary appointments.

In addition, commissioned hours should be extended to build in enough flexibility to enable midwives to extend appointments where necessary. Extended appointments are often needed so that midwives

can address social, mental, and public health concerns. Midwives need sufficient time to build a trusting relationship in order for these matters to be discussed in a sensitive manner.²³ In the recent publication, *Holding it all together*, the authors interviewed a group of specialist and non-specialist midwives who reported that 'many of the issues could be improved with more time and resources for different professionals and services to work together to plan care for, and with, the women'.²⁴

Clare's experience

We are working alongside some of the most vulnerable women in society and are responsible for providing the best care we can. We always want to go the extra mile when we know it will make a difference – like accompanying women to meetings with social workers or appointments for mental health services – and we need the flexibility and support to make these decisions.



Additional time is particularly important where there are language barriers and where midwives are caring for a woman with a history of trauma, as women often need considerable time before they feel able to trust the midwife with this kind of information.²⁵

2. Midwives should be given additional support to navigate services for women experiencing severe and multiple disadvantage

Midwives require additional operational support to identify suitable services in a given area. Midwives spend considerable time co-ordinating across multiple services and re-organising appointments.²⁶ It is clear that empowering midwives to identify issues, make necessary referrals, and advocate for women can have a positive impact on outcomes.

However, midwives' time is constrained, and their effectiveness will inevitably be hampered where their time is consumed by operational and administrative work. An additional support role such as a 'care navigator' should be explored.

A care navigator would develop knowledge of local services and resources, assist women to coordinate appointments, and advocate for those women when accessing additional support and care. This could be an appropriately trained maternity support worker (MSW).

Julie's* story

When Julie was pregnant, she was living a flat which was not wheelchair accessible, leaving her housebound. In order to provide antenatal care, Julie's midwife made arrangements to hold antenatal care appointments at her home, and when Julie needed to attend hospital, her midwife arranged for people to come to transport Julie down the stairs. Julie's midwife also advocated for Julie to be placed in more appropriate housing and attended social care appointments with her. Julie said: "On the day I was discharged she wasn't meant to be at work but she swapped shifts with somebody to make sure everything went fine and I could be safely discharged."

*Names have been changed to protect privacy



3. Midwives should be appropriately trained to support women experiencing severe and multiple disadvantage

Training must be provided to equip midwives with the knowledge and skills necessary to support women experiencing SMD. Midwives who gave evidence to the Holding it all together report 'were concerned that non-specialist colleagues were often not given that training or time to meet the needs of the unexpected things that come through the door.' Although the current proficiencies include training in complex needs, this training is often accessed midway through the programme and does not include trauma-informed care.

A differentiated approach to training should ensure that all maternity professionals receive meaningful and ongoing training on complex needs, including safeguarding, trauma informed care, and conducting difficult conversations to ensure competence and confidence on addressing complex needs. More advanced training should be accessible to midwives that are in leadership roles or involved in providing specialist care.

It is important to note that the provision of additional training to already overburdened midwives will not be sufficient to enable midwives to care for women experiencing SMD. Training must be accompanied by the additional flexibility, autonomy, time, support, health and safety protections, and implementation of continuity outlined in this paper.



4. Midwives should be supported to deliver continuity of midwifery care

There is strong evidence that continuity of midwifery care (MCOC) can improve outcomes, including by facilitating the development of trusting relationships between woman and midwife.²⁷ However, implementation has been slowed by lack of investment, staffing shortages, and the disruption caused by the COVID-19 pandemic. Continuity of carer requires a significant adjustment to working patterns for midwives. It must be supported by ring-fenced funding, safe levels of midwifery staff, respect for employment and working time regulations, and evaluation.

While multiple models of MCOC have been shown to be beneficial to women, additional research and/or evaluation is necessary to determine which model is most suitable for both women and the midwifery workforce. Identifying the model most suitable for women and midwives will aid implementation and effectiveness.

Clare's experience

Midwives often take their work home, emotionally. The challenges many women face, are beyond our control and we worry about them. Training, supervision, and practical support is vital to our wellbeing. It must be taken seriously and funded properly.



5. The health, safety, and wellbeing of midwives should be protected when caring for women experiencing severe and multiple disadvantage

Working with the public in any capacity can be challenging and unpredictable. Midwives often work alone, which carries an increased risk, for example secondary aggression from family members. Employers have a duty to protect staff from such hazards.²⁸ Appropriate measures to mitigate risk of harm include training on managing challenging behaviour and dynamic risk assessment, training on 'keeping in touch', and on working in pairs. Midwives should be also equipped with appropriate devices for check ins and alerts. The RCM recommends involving health and safety representatives in the development and monitoring of relevant policies and protocols.

Finally, midwives must be protected from the effects of stress and secondary trauma. To mitigate these risks, midwives should have access to reflective and restorative supervision. Consideration should also be given to midwives' caseload. Where midwives are seeing multiple women experiencing SMD, their caseload should be adjusted appropriately. Midwifery positions should also be regularly evaluated and appropriately banded to reflect level of responsibility and work undertaken. Too often midwives are undertaking work which is far beyond their banded responsibilities. This contributes to low job satisfaction and burnout.



Endnotes

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