Executive summary

The RCM’s annual State of Maternity Services Report provides an overview of some of the ‘big picture’ trends that are taking place in the midwifery workforce and identifies some of the challenges that face the profession and our maternity services. This year, for the first time, the RCM is publishing individual reports for England, Scotland and Wales as well as Northern Ireland, rather than one report for the UK as a whole. This is our report for Northern Ireland.

It is interesting to note that whilst the overall number of births in Northern Ireland fell over the last decade (down 1,376 or 5.6 per cent between 2007 and 2017), the number of babies born to women aged 30 or older rose by 1,043 (or 8.5 per cent). Indeed, the proportion of births to women in those age groups rose from 50 per cent to 57.5 per cent during that time.

Taken as a whole, women who give birth later in life will on average need more care and support. That will not be the case for every woman in that category, but it will be true on average. They are perfectly entitled to that care, of course, but the added complexity and cost places additional demand on maternity services and this needs to be factored into any workforce calculations.

It is not just the age profile of mothers that presents a challenge. The age profile of midwives does too. It is welcome that the number of midwives in their twenties and thirties has risen. It is vital that they are supported to remain in the profession so that they will be able to provide high quality maternity care for decades to come.

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The RCM acknowledges the huge effort that midwives have made during the last few years to meet the needs of women and their families, particularly during the COVID-19 pandemic. The number of places for new student midwives rose by around 40 per cent in the 2018/19 academic year, and the RCM would like to see this number of student midwives maintained to ensure a sustainable workforce. We are very concerned therefore about whether Northern Ireland will receive the remaining £100m of the £200m earmarked for health service transformation that flows from the Confidence and Supply Agreement between the Democratic Unionists and the Conservatives at Westminster.

Additionally we need to see active management of the age profile of midwives at a Northern Ireland-wide level (which is made much harder by the continued absence of devolved government). We need to ensure that newly qualified midwives receive the support they need in their early years in the profession. Midwives in older age categories will have given many years’ service to maternity services and bring a wealth of experience to their roles. These midwives are essential to supporting new midwives coming in and establishing themselves in the profession. Consideration of innovative initiatives to secure succession planning, such as the scheme developed by the Northern Health and Social Care Trust, are essential as we see the high number of retirements continue over the next few years.

The changes to the workforce profile will also have other implications as midwives continue to attempt to achieve a work-life balance. They are likely to have different responsibilities at different stages of their life. This may involve managing the needs of children to caring for elderly parents or relatives, or ultimately dealing with their own personal medical conditions. Many midwives in Northern Ireland already make the choice to work part-time and this needs to be factored into service development.

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Whilst all sides in the Brexit process agree that the border between Ireland and Northern Ireland should remain in all meaningful ways invisible, there remain risks with regard to the border issue. It is to the benefit of health services north and south of the border that individuals such as midwives can continue to work in the other jurisdiction with as little impediment as possible – this will include some midwives resident in Ireland who work in Northern Ireland. All sides need to ensure that whatever else happens with regard to Brexit, the border in Ireland remains open and frictionless, including for working people.

RCM midwives and maternity support workers (MSWs) in Northern Ireland have been consulted and by vote indicated that they would be willing to take industrial action – up to and including strike action – over pay. The RCM and other unions are continuing to engage with senior civil servants and employers to secure a meaningful settlement. It must be borne in mind now and in future years that pay for health service staff should be maintained at a level that will attract and retain skilled, experienced staff. Midwives, MSWs and everyone else who works to care for the people of Northern Ireland should not be taken for granted. Their pay should reflect the vital work that they do, and the need to attract and retain great staff.

We look forward to engaging with decision makers over the course of the coming year to ensure we sustain some of the improvements that are being seen whilst continuing to tackle the challenges. We will report back in Northern Ireland’s next State of Maternity Services Report.
The number of babies born in Northern Ireland in 2017 dipped by 1,001 (or 4.2 per cent) compared to the preceding year. This rate of decline slowed markedly in the first half of 2018 however. During those six months (January–June 2018) there were 11,427 babies born, which was just 142 (or 1.2 per cent) lower than in the same period in 2017.
Birth numbers fell in every part of Northern Ireland last year. The Belfast HSC trust area saw the largest fall in the number of births between 2016 and 2017 (6.9 per cent), followed by 5.1 per cent in the South Eastern HSC trust area. The smallest fall (2.6 per cent) took place in the Western HSC trust area, followed by the Southern HSC trust area (2.8 per cent). The Northern HSC trust area's drop fell in the middle, at 3.6 per cent.
Over the 10 years between 2007 and 2017, the number of babies born to women aged 30 or older rose by 1,043. The number of births overall fell however as there was a drop of 2,419 births to younger women.

This shift explains the change in the proportion of births to women either side of 30. In 2007, half of births were to women aged under 30 and the other half were to women in older age groups. In 2017, however, a clear majority (57.5 per cent) were to older women and the remainder (42.5 per cent) were to younger women.

That rise in the number of babies born to women in older age groups is important to note. Older women will, on average, require more care and support during their pregnancy and at the birth. This will not be true for all older women, but overall it does add to the mix of complexity with which maternity services must cope and does therefore increase the number of midwives needed in Northern Ireland.
This graph underlines how the fall in the number of babies born in Northern Ireland in the decade between 2007 and 2017 has been driven by fewer births to younger women.
The number of midwives & student midwives in Northern Ireland has been relatively stable for at least the last five years. There were the equivalent of 1,090 full-time midwives & student midwives in the HSC in Northern Ireland in March 2018, up four from 1,086 in March 2013. This figure varied only by about 10 either side of that in each of the intervening years.

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There have been changes in the age profile of Northern Ireland midwives & student midwives in the five years between March 2013 and March 2018.

In the five years to March 2018, the number of midwives in their twenties grew by 60 and the number in their thirties grew by 23 (up by 9.3 per cent and 1.4 per cent respectively). This is positive, although we do need to be sure that these new midwives are getting the support they need in their early years in the profession. There were 63 fewer midwives in their forties and 68 fewer in their fifties (3.4 per cent and 3.0 per cent respectively). The number aged 60 or older also grew, by 32 (or 8.4 per cent).

This situation does need to be actively managed, with new midwives being brought into the profession in good time before increasing numbers of older midwives start to retire.