The midwives manifesto

The Royal College of Midwives
manifesto for the 2019 UK General Election

Our priorities for the next Parliament

- Help our student midwives to make ends meet
- Review the resources that maternity services get
- Champion midwifery leadership
- Give the people the final say on Brexit
- Improve maternal mental health care
Dear candidate

With almost 650,000 babies born in England last year, maternity care is the top reason for admission to an NHS hospital. It is truly a shop window for the NHS, with the perception these women have of how well the NHS is doing heavily influenced by their experience of the care they receive.

As a service used predominantly by young, healthy women, maternity care is the perfect opportunity to spot health issues early and encourage healthy changes in lifestyle. It is also when we lay the foundations for the future health of the child. As such it is a highly cost-effective investment that pays dividends for years to come.

Brexit is burning brightly as an issue right now but it will fade. The care and affection the British people have for the NHS however will never fade. Issues affecting the health service need to be debated in this election too, and there must be space in the campaign to do so.

With the election campaign now in full swing, the Royal College of Midwives is approaching candidates with this manifesto. In it, we set out five things that we want to see during the lifetime of the next Parliament.

The RCM is a UK-wide organisation, and whilst this is a UK-wide election Parliament is responsible only for the NHS in England. This manifesto therefore focuses on the NHS in England, but we hope that MPs elected on 12 December look to learn lessons, both good and bad, from how things work in every part of the UK. Being able to do so is one of the benefits of devolution.

As a candidate in this election, we ask you to let us know whether or not you agree, and you can do that
1. by email, at election@rcm.org.uk;
2. at www.rcm.org.uk/GeneralElection2019; or
3. by tweeting and using the hashtag #midwivesmanifesto

You can also use that email address for any questions you may have or for anything else you would like to let us know.

We hope you all have an enjoyable campaign!

Gill Walton
Chief Executive
Royal College of Midwives
Changes since 2017 have piled debt onto student midwives. This is having a predictable impact on the number of people wanting to train to become a midwife and on the decisions of those struggling with the financial pressures of life as a student midwife. We want the Government to learn from what has happened and provide better financial support for those in training.
Before 2017, student midwives in England paid no tuition fees and many received a non-repayable bursary to help meet the financial costs of midwifery training. Being a student midwife is different from the perception of a student that most people have. Student midwives, for example, spend around half their time working in the NHS on clinical placements as well as attending their university classes. That means extra transport costs and leaves them with little time left to find part-time work. Many student midwives also tend to be older and often have caring commitments of their own, further limiting their ability to seek and obtain paid work.

In 2017 bursaries were abolished in England for those starting midwifery training, and they must now apply for a student loan instead. The financial pressure facing student midwives is now grave. A survey of RCM student midwife members conducted this summer found that three-quarters (76%) were reliant on financial support from friends and family to help top that up.

At the same time as the bursary was abolished, student midwives went from being exempt from tuition fees to paying full tuition fees, from £0 per year to £9,000 per year – all so that they can work in the NHS as midwives, caring for women during pregnancy, birth and postnatally.

At a stroke, someone training to become a midwife and work in the NHS became subject to tens of thousands of pounds of additional debt.

Our survey also found that potential students are seeing the pitfalls of starting midwifery study and staying away as a result. Applicants to midwifery courses in England have fallen by 41% since 2013, with a fall of 20% alone in the year after the bursary was taken away. Added to that, 70% of student midwives, according to our survey, have thought about leaving their courses – with finances cited as the main reason for doing so.

We know that applications to midwifery have not fallen in the same way in Scotland and Wales, where bursaries have been retained and students do not have to pay fees as they do in England.
The midwives manifesto

Our maternity services are short of thousands of midwives. Despite training more than 2,000 midwives every year, the NHS midwifery workforce is at a virtual standstill, growing by just 33 in the last year. We need to see a root and branch review of what’s needed and a plan to deliver on it.

The RCM is calling for a root and branch review of the resources that maternity services need and a commitment to delivering the extra resources identified – with a minimum commitment to recruit an extra 2,500 midwives over the lifetime of the Parliament.
Review the resources that maternity services get

Thousands of midwives start their training each year, and last year the Government committed to a further 3,000 training places on top of existing plans over the next few years. But the sheer number of midwives retiring or leaving the profession for other reasons has meant that despite over 2,000 qualifying as midwives each year (2,091 in 2017/18), the NHS midwifery workforce in England is virtually standing still – up just 33 midwives in the 12 months to July 2019.

With England short of around 2,500 midwives, a pitiful increase in the NHS workforce of just 33 midwives across a 12-month period will do little or nothing to help.

Policy changes, such as a desire to have women cared for by the same midwives, also have clear workforce implications. Additionally, entrenched inequalities in health, in particular amongst our BAME communities, must be addressed and that will take additional investment.

A review would also be able to examine the particular needs of maternity units operating in remote and rural areas, and the positive contribution that can be made by maternity support workers.
The RCM is calling for the championing of midwifery leadership, both in the NHS and our universities. With more midwifery leadership and specialist roles we can drive improvements in care and deliver better care to the hundreds of thousands of women who give birth in England every year.

With almost 650,000 babies born in England last year, and with obstetrics consuming half the NHS clinical negligence budget, it is vital that we get maternity care right and ensure that midwifery leaders have a voice at – and are directly answerable to – the top tables in the NHS.
Everyone – NHS staff, politicians, the public – wants maternity care to be the best and safest it can be. Midwives, maternity support workers and doctors work hard to deliver that, and given the importance of what we do the spotlight is rightly on maternity services continually to improve.

A vital part of delivering improvement is strong, effective midwifery leadership, focused on getting the best out of every member of staff – but the voice and expertise that can be provided by midwifery leaders can struggle to reach the highest levels of management within the NHS.

Whatever the reasons for that, it is a situation that needs to change. We need strong midwifery leadership to deliver high quality, safe maternity services that all of us strive to provide.

That means a director of midwifery in every trust and a head of midwifery in every maternity unit (with shared posts for units in remote and rural areas). We need to see more consultant midwives, which are roles that ensure experienced and more senior midwives stay on the frontline of care rather than being loaded down with management responsibilities.

We need more specialist midwives too. Digital midwives, for example, can help the NHS harness the power of technology to release midwives to have more time to care for women.

We also need to champion midwifery education and research through strengthening midwifery leadership in our universities.
Leaving the EU would be bad news for the UK economy. That would mean less money for the NHS, including maternity services. The Brexit process must end with the people, who should sign off on any Brexit deal in a standalone referendum.
Give the people the final say on Brexit

If there is one issue that will surely dominate the election campaign it is Brexit.

The RCM supported remaining in the EU during the referendum campaign three and a half years ago and more recently we have supported the idea that the people should have the final say in a referendum on any Brexit deal.

Every economic analysis and just plain common sense tells us that Brexit will hit the economy, not least because leaving the EU inevitably means more barriers to trade. Bad news for the economy means less money for public services like the NHS. Less money for the NHS means less money to train and recruit the midwives and maternity support workers we need to care for the hundreds of thousands of women giving birth in England each year.

Added to that, being in the EU makes it easy for EU-trained midwives to come to the UK to work in the NHS. At the last count, in June, the NHS in England employed 1,344 midwives from elsewhere in the EU (“the EU27”). Put another way, that is the entire midwifery workforce of around a dozen maternity units.

EU27 midwives are younger too, meaning they have more years of service left to give. The largest age group of EU27 midwives are those in their late twenties, whereas for UK midwives the largest age group are those in their early fifties. EU27 midwives help improve the age profile of the profession.

Outside the EU, it will be inevitably harder for these midwives to come to the UK to practise, as barriers to free movement are erected, and especially if the UK starts to diverge from agreed EU standards on midwife training.

The advantage of a standalone referendum to decide this question as opposed to a general election is that, in a referendum, voters are deciding cleanly on a single question. At an election, the Brexit question is just one of many policy areas being debated between parties and candidates.
The RCM is calling for all NHS trusts in England to employ maternal mental health specialist midwives. This would ensure that the women who need good maternal mental healthcare get it. This must also form part of a wider review of the resources available nationwide to support and care for women with maternal mental healthcare needs.

Up to one in five women using maternity services is affected by maternal mental health problems. This affects her health and potentially the future development of her child. Resources to help are severely lacking, and we need to see action from the next government to improve this situation.
Improve maternal mental health care

Maternal mental health problems affect up to one in five women. If not spotted and treated these problems can have significant, long-term effects on the woman and her family. These problems can also have a longstanding negative impact on a child’s emotional, social and cognitive development.

Despite these stark facts, the resources available within maternity services to care for the large numbers of women affected can be very limited.

Take, for example, the availability of maternal mental health specialist midwives. These are the midwives with the skills and experience to identify women in need of specialist care and help them before their condition worsens. This is especially important when seven in 10 women hide or underplay the severity of perinatal mental illness.

And yet a UK-wide survey of heads of midwifery conducted by the RCM earlier this year found that a third of areas do not employ any maternal mental health midwives, with a quarter of areas having not employed any for at least the last five years.

This needs to change. Despite commitments to "parity of esteem", where mental health is put on a par with physical health, the resources available, as evidenced by the lack of maternity mental health specialist midwives, is marked.

A THIRD OF AREAS DON’T HAVE A MATERNAL MENTAL HEALTH SPECIALIST MIDWIFE. A QUARTER HAVEN’T HAD ONE FOR AT LEAST FIVE YEARS.
What do you think?

We are asking candidates if they agree with what the Royal College of Midwives is calling for.

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- Improve maternal mental health care

Candidates can let us know, and give us their thoughts:

1. by email, to election@rcm.org.uk
2. online, at www.rcm.org.uk/GeneralElection2019
3. by tweeting and using the hashtag #midwivesmanifesto

Thank you!
The RCM is the only trade union and professional association dedicated to serving midwifery and the whole midwifery team. We provide workplace advice and support, professional and clinical guidance and information, and learning opportunities with our broad range of events, conferences and online resources. For more information visit the RCM website at www.rcm.org.uk

The Royal College of Midwives is and has always been neutral in party politics and we work with politicians from across the political spectrum.

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