



RCM Position Statement: Deployment of midwifery staff

The RCM professional advisory guidance group clearly states that “midwives should remain working in the essential service of maternity care. Pregnancy and birth are an essential health service that will continue regardless of national emergencies.” The ICM warns: “Midwives, whether based in the community or in hospitals, are essential health workers providing a critical service to childbearing women and their newborn infants. Deploying midwives away from maternity services to work in public health or general medical areas during coronavirus pandemic is likely to increase poor maternal and newborn outcomes.”

Accordingly, the RCM remains strongly opposed to any deployment of midwives or MSWs to Covid-positive areas outside of maternity, in order to protect the maternity workforce and the pregnant population and newborns.

The coronavirus crisis is exposing the gaps that already exist in maternity services in some areas. Evidence from a survey of heads of midwifery indicates that existing shortages have been substantially compounded by the coronavirus itself, combined with the need for many staff to self-isolate, with the result that one-in-five (rising to two-in-five in maternity units in London and in other hotspots) midwife roles are currently unstaffed.

While other areas and specialties can postpone and cancel procedures, this option is not available to maternity services (beyond the cancellation or delay of, for example, some elective caesarean sections) and the ongoing need for maternity care is, if anything, increasing as anxiety levels among women are rising.

So, given:

- i. the high level of risk associated with understaffed maternity care highlighted in successive reports of failures of maternity care,
- ii. the need to provide women with the level of care and support, and reassurance, that they need and
- iii. continuing and increasing levels of shortages in the midwifery workforce, the RCM remains of the view that there is currently no justification or possibility for redeploying midwives or maternity support workers (MSWs).

There may however be a case for enabling maternity services to step up to care for women who, out with the pandemic, would have been transferred to other areas, such as CCUs, but this would be dependent on the surge capacity in adult critical care.

Maternity care is a highly specialised area, to which other members of healthcare staff are unable to be redeployed. Failings in the standard of maternity care can have catastrophic results for women and babies. It would be of grave concern if the Covid-19 epidemic led to a rise in maternal or newborn deaths due to the lack of skilled maternity care.

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