



Royal College
of Midwives

Response to Scottish Trades Union Congress on The STUC manifesto for social justice

March 2020





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The Royal College of Midwives' response to STUC manifesto for social justice

The Royal College of Midwives (RCM) is the trade union and professional organisation that represents the vast majority of practising midwives in the UK. It is the only such organisation run by midwives for midwives. The RCM is the voice of midwifery, providing excellence in representation, professional leadership, education and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established clinical disciplines.

The RCM welcomes the opportunity to respond to this consultation and our answers to the consultation questions are set out below.

1. Are there key issues of poverty and inequality missing from this manifesto?

The manifesto fails to address the pressing need to ensure women have access to high quality, pre-conception, antenatal, and postnatal care, including for those in rural and remote locations, to reduce inequalities at the start of life. High quality care is not just about good professional care that ensures a healthy and safe pregnancy. It also involves access to a wide range of specialist services that work in partnership to equip parents with the skills they require to become confident and caring parents. Around 20% of Scotland's population live in areas that have been classified as remote and rural. Investment and careful planning are required to ensure communities have access to the widest possible spectrum of care. Access to specialist mental health services is particularly important, as one in ten women develop mental illness during pregnancy or within one year after birth.

2. Are there issues in the manifesto that you don't think should be included?

No.





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3. How would you use this manifesto in your workplace, branch and community?

The Royal College of Midwives can use the manifesto to inform and prioritise our work on public health and social justice issues within Scotland.

4. Are there other campaign materials that you think the STUC should produce?

No.

5. Do you have examples from your workplace of how poverty and inequality is affecting you or your colleagues?

The Royal College of Midwives is acutely aware that our students are struggling. Ninety-one per cent of Scottish student midwives tell us their bursary is not enough to live on. This is particularly troubling as most midwifery students are unable to take on part time work due to the demanding nature and time commitment required to train as a midwife.

Further, fifty-five per cent of Scottish student midwives tell us they worry about paying their bills; sixty-nine per cent agree or strongly agree with the statement 'I worry so much about money that it affects my studies'; seventy-five per cent report feeling financially precarious. In addition, many student midwives have caring responsibilities (41%), and fifty per cent tell us their applications for financial support for childcare costs have been unsuccessful.

The government has made a series of laudable commitments to improving maternity services. If these commitments are to be realised, the government must do all it can to ensure that maternity services are future-proofed. This means ensuring future midwives and other health care students are properly supported.





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6. Do you have examples from your workplace of how poverty and inequality has changed in recent years?

a. Universal credit

Under the previous tax credit regime, a woman in receipt of either Maternity Allowance (MA) and Statutory Maternity Pay (SMP) was treated as in 'remunerative work', and their maternity pay was wholly (MA) or partially (SMP) disregarded in the calculation of tax credit awards. This provided financial support when needed during a period in which a woman cannot work and did not disadvantage those who might miss out on work-related benefits because of low pay, losing or changing jobs or taking maternity or parental leave. However, this former position has been reversed under the Universal Credit Regulations to the disadvantage of a wide group of working women. This change also risks creating disincentives to work.

It is vital to ensure equality of work-related benefits for women on a low income, who often face discrimination in the workplace and need to balance work and childcare responsibilities. In order to achieve this, women on MA should not be excluded from the work allowance and partial earnings disregard in the calculation of Universal Credit awards.

b. Homelessness in pregnancy

Often uncounted, homelessness has a devastating impact on the health and wellbeing of those affected. In 2019, the Royal College of Midwives together with Channel 4 Dispatches surveyed midwives from across the UK, who collectively care for over 15,000 women per month and found that two-thirds of those midwives say that more pregnant women are facing homelessness than ever before.

The survey also found:

- 99.7% of the midwives who responded to the survey reported that they had seen a pregnant woman who was homeless in the past 6 months.
- 96.7% reported that they had seen a pregnant woman whom they believed to be at risk of homelessness in the past 6 months.





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- 97% had seen at least one pregnant woman sharing over-crowded or otherwise unsuitable accommodation.
- 99% had seen at least one pregnant woman living in hostels, shelters or temporary accommodation.
- 97% had seen at least one pregnant woman sofa-surfing.
- 81% had seen at least one pregnant woman who was street homeless.

Living circumstances are crucial to a healthy pregnancy and birth outcomes; and women experiencing difficulties in securing suitable accommodation in good time for their baby's arrival will have particular need for advice and support.

Reports from frontline maternity staff suggest that cuts to benefits, changes in the welfare system (including Universal Credit), and widespread issues with suitable housing in many areas of the UK are disproportionately affecting pregnant women.

c. Vulnerable migrants

The government's decision to introduce charging regulations which require that 'chargeable' patients be charged at 150% of the standard tariff, unless an exemption applies, has meant that vulnerable migrant women can face charges from £6000 to tens of thousands of pounds for accessing maternity care. This has had a significant impact on some of the most vulnerable women in our society.

Research shows that this policy has reduced the likelihood that vulnerable migrant women will access appropriate maternity care. This is hugely concerning, as many migrant women are often socially and economically marginalised and are already at greater risk of poor maternal health outcomes, including maternal death, and premature birth. In 2019, the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE) report noted three instances of maternal death, where it was suggested that the women involved may have been reluctant to seek maternity care because of concerns over the costs of their care.

There is also considerable evidence that these policies are having a profoundly negative effect on NHS clinicians. The recent report by Maternity Action, Duty of Care: the impact on midwives of NHS charging for maternity care, demonstrates that





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charging has had an adverse impact on midwives' professional practice, hindering their ability to form good relationships with vulnerable women.

d. Baby boxes

More positively, Scotland's baby boxes programme is having a real, positive impact on the lives of those who receive them. Midwives report that the box helps new parents at a time where they may be particularly stretched financially and can provide crucial support.

According to a survey, 85 per cent of expectant parents have taken up the opportunity to receive the baby box, and the latest parent survey reveals that 100 per cent are either 'satisfied' or 'very satisfied' with the overall quality and the contents. In addition, A study by Ipsos Mori on the scheme has also found that some families, particularly those in deprived areas, believed that the savings that could be made by receiving the Baby Box were substantial.

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