

# Why midwives leave – revisited

October 2016



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## Executive summary

Nearly fifteen years ago the University of Sheffield with The Royal College of Midwives (The RCM) published 'Why Do Midwives Leave?' by Linda Ball, Penny Curtis and Mavis Kirkham. Finding out the reasons why midwives leave, and what will encourage them to return, is important because there has been a shortage of midwives in the UK for over a decade. The latest figures show that there is now a shortage of nearly 3,500 midwives. While student numbers have been gradually increasing it is not enough to close the shortage of midwives - existing midwives need to be retained and midwives who have left need to be encouraged back to midwifery.

Since the original 'Why Do Midwives Leave?' was published in 2002 there have been many changes in the NHS. Maternity units have experienced increased complexity of health needs and the birth rate has increased by over 100,000 births since 2002 (an increase of nearly 20%). For the past six years there has been on going pay restraint in the NHS, seeing the salary of an experienced midwife at the top of band six decrease in value by around £4,000.

It is in this context, of increased workloads, a shortage of midwives and continued pay restraint in the NHS, that the RCM has conducted a new survey for 2016 to investigate why midwives leave today. Our survey had 2,719 responses from midwives who have left midwifery in the last two years or are intending to leave in the next two years.

By far, the greatest reasons that midwives gave for wanting to leave were because of staffing, workload and not having enough time to spend giving women and their families high quality care. This shows that maternity services are in a catch-22 situation, if more midwives are retained, staffing levels will improve, which will in turn cause fewer midwives to leave. Additionally, if staffing levels improve, midwives will have more time to spend with women, improving the quality of care they are able to give and thus their job satisfaction which again will cause fewer midwives to leave.

**Published: October 2016**

The key findings of the survey are the following.

- Midwives who have left midwifery were asked the reason(s) why they decided to leave. The top five reasons were: not happy with staffing levels at work (52%); not satisfied with the quality of care they were able to give (48%); not happy with the workload (39%); not happy with the support they were getting from their manager (35%); and not happy with their working conditions (32%).
- Midwives who are intending to leave midwifery were asked to give the reason(s) why they are intending to leave. The top five reasons were: not happy with staffing levels at work (62%); not satisfied with the quality of care they were able to give (52%); not happy with the workload (46%); not happy with their working conditions (37%); and not happy with the model of care they are working in (30%).
- When asked if they might return to midwifery only 18% of midwives who have left midwifery said they would consider returning, although 27% said they didn't know if they could be persuaded to return to midwifery. When asked what factors might encourage them to come back to midwifery the most popular factors were: appropriate staffing levels (88% said very/quite likely); a change in workload (83%); more support from management (81%); a change in working conditions (81%) and a change in workplace culture (80%).
- For midwives intending to leave midwifery a more promising 27% said they might stay and 47% said that they didn't know if they might be convinced to stay. The most popular factors to encourage them to return to midwifery were: appropriate staffing levels (95% said very/quite likely); a change in workload (92%); a change in working conditions (86%); a change in workplace culture (84%); and increased pay (80%).
- Only 32% of the midwives who took part in the survey would recommend midwifery as a career.
- When asked if midwifery is valued, 65% of midwives said that midwifery is valued by the public; 35% of midwives said that midwifery was valued by their employer (or last employer); and only 9% of midwives said they feel midwifery is valued by the Government.

## Recommendations

The greatest reasons that midwives gave for wanting to leave were because of staffing, workload and not having enough time to spend giving women and their families high quality care. If more midwives are retained, staffing levels will improve, which will in turn cause fewer midwives to leave. Additionally, if staffing levels improve midwives will have more time to spend with women, improving the quality of care they are able to give, and thus their job satisfaction which again will cause fewer midwives to leave. The RCM makes the following recommendations to Government and NHS organisations to reduce the numbers of midwives who leave midwifery and encourage midwives to return. If Government and NHS organisations meet these recommendations it will greatly improve the working conditions for midwives and, most importantly, improve the staffing levels by retaining more experienced midwives in the service.

The RCM recommends the following.

- NHS organisations should review their maternity staffing levels using a recognised workforce planning tool, such as Birthrate Plus, to ensure they have the appropriate midwifery establishment for their workload. Any resulting vacancies should be recruited to as a matter of urgency.
- NHS organisations should review their midwifery turnover rates and vacancy data to identify posts that have recruitment and retention issues. NHS organisations should then make use of recruitment and retention premia (RRP) in Agenda for Change for midwives to counter existing shortages.
- The Government should end their policy of public sector pay restraint and allow the NHS Pay Review Body to make unfettered recommendations for NHS staff, including midwives, and break the 1% pay cap to ensure that midwives are fairly rewarded for the job they do.
- NHS organisations should sign up to the RCM's Caring for You Charter to improve midwives', student midwives' and maternity support workers' health, safety and wellbeing at work. The Caring for You Charter includes a commitment on undermining behaviours and bullying and a commitment on flexible working and breaks.
- The Government should re-think its plans to abolish the bursary for midwifery students and not introduce tuition fees as both of these actions will have consequences for the numbers of new students training to be midwives.

If you have any questions about this report please contact Amy Leversidge, Employment Relations Advisor at the RCM on [amy.leversidge@rcm.org.uk](mailto:amy.leversidge@rcm.org.uk)

## Introduction

Nearly fifteen years ago the University of Sheffield with the Royal College of Midwives published 'Why Do Midwives Leave?' by Linda Ball, Penny Curtis and Mavis Kirkham. It was a seminal piece of work that found that midwives left because they were dissatisfied with midwifery, particularly because of the demands placed upon them at work.

They found midwives felt they were not supported and lacked control over their working life. Importantly, the research found that midwives would return to midwifery if they were more supported and valued and if hostile working environments improved. Additionally, the research identified that there is a need for more opportunities for career progression for midwives and greater access to flexible working.

Finding out the reasons why midwives leave, and what will encourage them to return, is important because there has been a shortage of midwives in the UK for over a decade. The latest figures show that there is now a shortage of nearly 3,500 midwives. While student numbers have been gradually increasing it is not enough to close the shortage of midwives - existing midwives need to be retained and midwives who have left need to be encouraged back to midwifery.

One of the advantages of retaining existing midwives and encouraging midwives back to midwifery is that the NHS keeps experienced midwives in maternity units while students and newly qualified midwives are gaining experience. Currently, the shortfall of midwives in the NHS is currently made up by the intensification of work for existing midwives which is leading to burnout, as evidenced by the RCM's Caring for You survey results, or by using expensive agency and bank staff. The RCM's report into the agency, bank and overtime spending in the NHS in England reveals that maternity units in England spent over £72 million in 2015 on bank and agency midwives and overtime for midwives. This would equal the salaries of 2,063 full time, experienced midwives or the salaries of 3,318 full time, newly qualified midwives.

Since the original 'Why Do Midwives Leave' was published in 2002 there have been many changes in the NHS. The demands on the NHS have increased dramatically, with an ageing population and increased complexity of health needs and in maternity the birth rate has increased by over 100,000 births since 2002 (an increase of nearly 20%). In 2004, Agenda for Change, the national terms and conditions for the majority of NHS staff, was introduced which was a positive step for midwives. However, for the past six years there has been on-going pay restraint in the NHS, seeing the salary of an experienced midwife at the top of band six decrease in value by around £4,000.

During this time the RCM has grown as a membership organisation, representing not only midwives and student midwives but also maternity support workers. The RCM has defended midwives' and maternity support workers' pay, terms and conditions during this time, including taking industrial action for the first time in our 134 year history in 2014 as part of the pay dispute in the NHS. Most recently, the RCM has launched our 'Caring for You' campaign to attempt to improve the health, safety and wellbeing of RCM members so that they can provide high quality care for women and their families. The RCM consistently argues that investment in staff is an investment in care and this is why it is important to understand why midwives leave midwifery today.

It is in this context, of increased workloads, a shortage of midwives and continued pay restraint in the NHS, that the RCM has conducted a new survey in 2016 to investigate why midwives leave today. The survey was conducted online, by survey monkey, from Wednesday 8 August to Friday 19 August 2016. The survey was sent by email to RCM members and promoted on the RCM social media streams. We asked midwives to complete the survey if they had left midwifery in the last two years or are intending to leave in the next two years. There were 2,719 responses in total.

**The RCM would like to thank every member who responded to the survey.**

# Survey results



## About the survey

The RCM's survey had 2,719 responses in total. 30.8% of responses were from midwives who have left midwifery in the last two years and 69.2% of responses were from midwives who are intending to leave midwifery in the next two years (69.2%).

Of the 2,719 respondents 85% were based in England; 8.9% were based in Scotland; 3.4% were based in Wales and 2.7% were based in Northern Ireland.

In terms of equality monitoring data, of the 2,719 respondents 12.8% were under 30; 20.8% were 30-39; 21.3% were 40-49; 34.7% were 50-59 and 9.8% were 60 or older (0.8% preferred not to declare their age). Of the 2,719 respondents 83.6% were white British and 13.8% were BME (2.7% preferred not to declare their ethnicity). 1.3% said they were bisexual; 1.2% said they were gay/lesbian; 90.4% said they were heterosexual (7.2% preferred not to declare their sexual orientation). 10.4% of the respondents declared that they had a disability and 89.6% declared they did not have a disability.

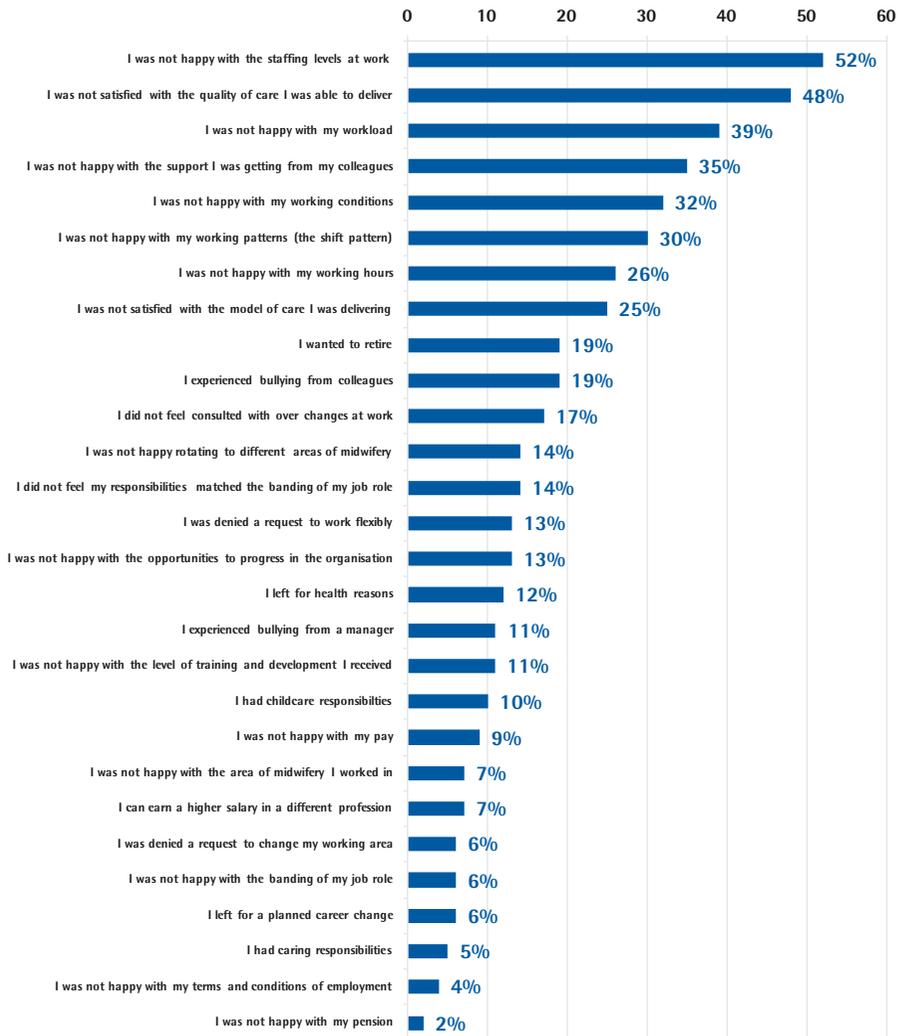
## Reasons for leaving midwifery

Midwives were asked the reasons why they decided to leave midwifery and were able to record more than one reason.

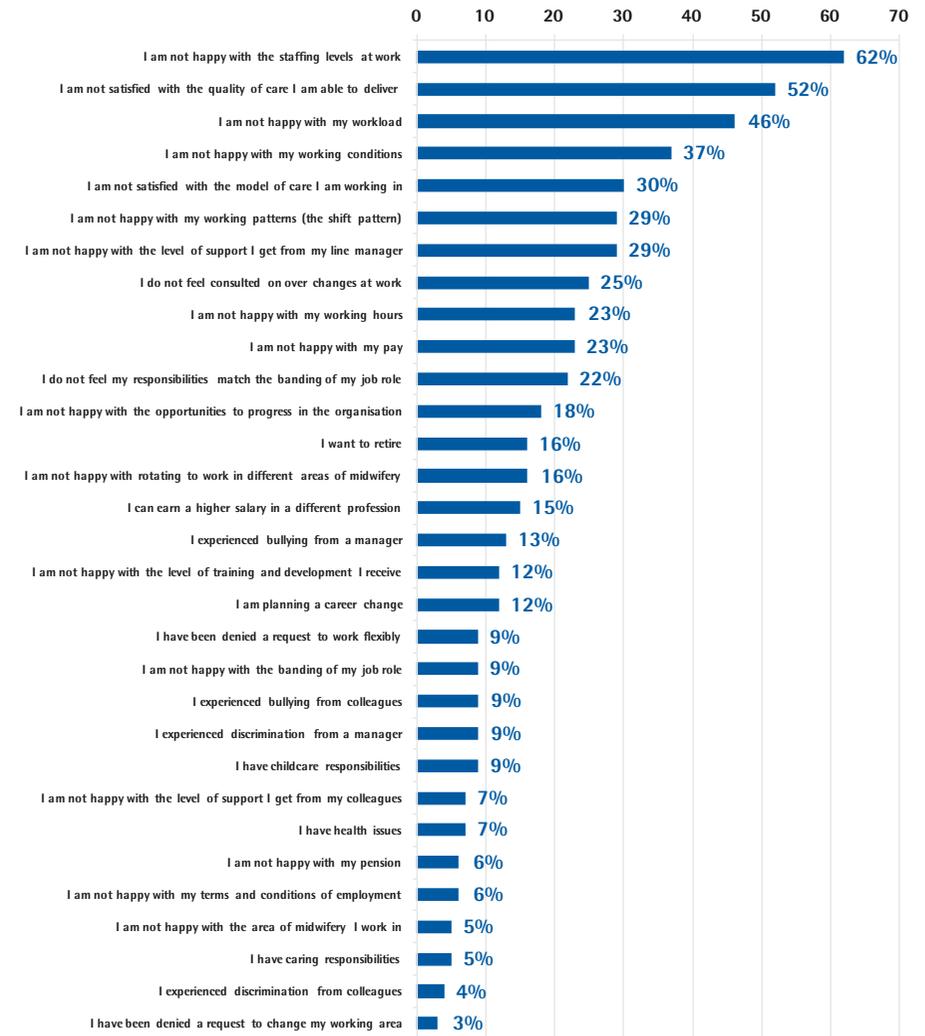
The top five reasons that midwives who have already left midwifery gave for why they left were: not happy with staffing levels at work (52%); not satisfied with the quality of care they were able to give (48%); not happy with the workload (39%); not happy with the support they were getting from their manager (35%); and not happy with their working conditions (32%).

The top five reasons that midwives who are intending to leave gave for why they want to leave are: not happy with staffing levels at work (62%); not satisfied with the quality of care they were able to give (52%); not happy with the workload (46%); not happy with their working conditions (37%); and not happy with the model of care they are working in (30%).

Reasons for Leaving – midwives who have already left



Reasons for leaving midwifery – midwives who are intending to leave



Overwhelmingly, for both midwives who have left midwifery and for those who are intending to leave, midwifery staffing and workload were the top most common reasons given for wanting to leave, alongside being dissatisfied with the quality of care they are able to deliver. Respondents were given the opportunity to give further information about their reasons for leaving and many midwives commented how the staffing levels led to an unmanageable workload and that this led to poorer care for women. This indicates that the top three reasons for leaving are all related to staffing levels.

Midwives said:

*"Although it was primarily for health reasons, I can honestly say those health concerns were in a large part caused by the stress of trying to provide good as well as safe midwifery care despite ridiculously low staffing levels and having to complete endless paperwork just to prove I was there".*

Midwife, England, left midwifery 18-24 months ago

*"Disillusionment with the profession. I could have continued for a few more years but felt depressed and stressed at work. I feel midwives are undervalued and although most midwives do their utmost to provide the best care possible it is frequently impossible to cope with ever increasing workloads and expectations. Job satisfaction is sadly lacking a lot of the time".*

Midwife, England, left midwifery 6-12 months ago

*"I am tired and worn out and am concerned that if this continues that I might make a tragic mistake".*

Midwife, England, intending to leave midwifery in the next 12-18 months

*"After forty years in the NHS, my health was being affected by the stress of understaffing and the ever increasing workload. I tried going part time but found I was still doing too many hours, this is mostly because I was determined not to give sub-standard care. I hadn't planned to retire until sixty years old, and then go part time, but I found that the job I had loved was now causing me too much stress and anxiety and I was becoming less efficient because of this. In short I am burned out".*

Midwife, England, left midwifery 6-12 months ago

*"Majority of shifts too busy to allow me to take my break. Feel my goodwill in working through my break is now expected; impossible to complete necessary admin unless I do this".*

Midwife, England, intending to leave midwifery in the next 18-24 months

*"I was often working 12.5 hours with no breaks. My unit was struggling with employing enough midwives - we had a shortage of thirty full time midwives in the unit. I was not able to deliver the care I wanted as decisions were often made about women's birth without her full involvement. It was not safe to look after fifteen mums and babies on a postnatal ward by one midwife. We were not listened to when we raised issues over staffing and safety".*

Midwife, England, left midwifery in the last 6 months

*"I have worked as a midwife since 1990, I have seen many changes in the way health professionals are expected to work. Many changes have been good, however I feel that at present the workload is far above what is safe for me and the women and babies we care for. I am constantly exhausted both mentally and physically. I hate the fact that I am not able to give high quality care due to lack of staff".*

Midwife, England, intending to leave midwifery in the next 18-24 months

*"I worked as a community midwife specialising in low risk midwifery. Due to short staffing I was being sent in to cover high risk patients very regularly which I felt was unfair, unsafe and dangerous".*

Midwife, Wales, left midwifery 6-12 months ago

*"I find the whole midwifery workforce feels demoralised and under-valued. We work 12.5 hour shifts without breaks on most shifts as staffing levels and workloads don't allow it. This is unpaid time that we cannot claim back and are told it is due to our own poor time management. This is a very unsafe practice, to hold a role with such responsibility without allowing for rest. It creates stressful and dangerous situations. I loved my job once. There really was nothing better, now I dread shifts and cannot wait to get out".*

Midwife, England, intending to leave midwifery in the next 12-18 months

*"I felt scared with the care I was able to deliver. I was left in a dangerous position on many occasions due to a lack of staff and a lack of support from managers when escalating concerns. The care was not patient-friendly as the level of staff did not allow for this. I did not like rotating as I was unsupported when returning to critical care on labour ward despite asking for support from management. I was given no choice in my rotation and even had to transfer during a night shift to work in another hospital to cover their staffing issue. At Christmas I was given two weeks' notice of my shifts. This was not unusual and meant I could not plan for childcare or special occasions".*

Midwife, England, left midwifery 6-12 months ago

*"The job has changed over the years and the workload has increased twofold, which does not give you time to offer the care you want to give. Managers are making decisions about your working time and work area which are not negotiable. The bullying, stress levels and sickness levels are epidemic".*

Midwife, England, intending to leave midwifery in the next 6-12 months

*"I don't want to burn out and midwifery is such a stressful and undervalued profession. I love true midwifery, but what I am forced to practice is far from that. It is too defensive and we are forced to practice unsafely... compromising quality of care, women's choices, our own integrity, and our health. Maternity is the most litigious area in healthcare, yet we cannot actually practice safely and in a way that makes us proud, due to chronic staff shortages and cost cutting measures that destroy the midwife-woman relationship; which has been proven to be essential in improving outcomes on many levels".*

Midwife, England, intending to leave midwifery in the next 18-24 months

Midwives also made comments about the low pay levels, particularly in relation to the responsibilities of a midwife and the level of workload.

Midwives said:

*"Midwives are some of the most motivated and highly trained of any workforce and yet they are consistently treated in a derogatory manner by their employer. The level of pay is in no way consistent with the role and responsibility they hold and does not reflect the expertise they have".*

Midwife, England, left midwifery 18-24 months ago

*"I have been disappointed in the support to progress in my career and all enthusiasm has been eroded over the past 13 years working as a midwife in the NHS; on top of that my salary has actually decreased; it simply is not worth the effort and stress and resulting debt trying to make a living in London working for the NHS".*

Midwife, England, intending to leave midwifery in the next 6-12 months

*"All the band sevens had to reapply for their jobs, with vastly reduced number of posts available. I was reduced to a band six so left as soon as my protected pay stopped. I was expected to carry on doing the same job, despite my pay being reduced".*

Midwife, England, left midwifery 12-18 months ago

*"I am currently working as a specialist bereavement midwife overseeing over eight hundred staff members. I am a band six despite the responsibilities and pressures of role. I have been offered little to no additional training or support - money cited as major factor".*

Midwife, England, intending to leave midwifery in the next 18-24 months

*"I left midwifery to go on a ski season to have some fun and get away from the pressures of the modern day NHS. I adore midwifery but it is a shame that many people that I met on my season earn more than I do doing a job that doesn't require three years training and caring for people's lives. For example, a secretary I met can earn up to £35,000 in their first year of work".*

Midwife, England, left midwifery 6-12 months ago

*"Too much pressure for the pay I receive. I can earn more money elsewhere with less stress, where I do not have to work nights and weekends, where I can take my breaks and have holidays that suit me, when I want them instead of when the service can release me. The job is simply overwhelming and pay and conditions do not adequately compensate for the level of responsibility".*

Midwives, England, intending to leave midwifery in the next 12-18 months

*"We definitely need more midwives but the pay needs to improve. We used to be on par with the police, teachers etc. now we lag far behind."*

Midwife, England, left midwifery 18-24 months ago

*"I am leaving midwifery due to the unsociable hours I work, the responsibilities I have, and stress that I am under, which is not appreciated, recognised or reflected in the salary of a midwife. I am unable to provide the quality of care I would like due to workload, staffing levels and increased paperwork, guidelines, protocols. I can work in a different profession, earn the same pay without all the stress, responsibility and health related issues".*

Midwife, England, intending to leave midwifery in the next 6 months

*"I felt my experience and skills were undervalued. I had to reapply for a substantive post I had been in for eighteen months after already having two interviews for post. It makes me sad to have left after twenty-five years".*

Midwife, Wales, left midwifery in the last 6 months

*"I feel very burnt out and dissatisfied with the level of workload and responsibility that I have in my role. We are short staffed and this puts an extra strain on work life. I have a vision of how to improve my team (I am a team leader in the community) but there is never enough time or resources to progress with this. I work 10-12 hour days, five days a week but my contracted hours are 37.5. I can't work like this until 68-70 years old. I have to balance a clinical and management role and I have had no training for this. My pay works out that other members of the team earn more than me even though they are a band below me because I don't get any weekend pay. How is that right or fair?"*

Midwife, Scotland, intending to leave midwifery in the next 12-18 months

*"I have young children and financially it was not viable to go back to work. I am lucky I did have the choice to leave, unlike many of my colleagues who struggle with childcare and shifts for absolutely minimal money remaining at the end of the month".*

Midwife, England, left midwifery 6-12 months ago

*"The realities of the job are not what I trained for and the working conditions and workload are completely unreasonable. The importance placed on documentation and covering yourself and the trust have overtaken the importance placed on care, and the staffing levels and workload make it really unsafe sometimes. Why would I stay when I can have a better salary and work-life balance elsewhere, as well as not having to constantly deal with high levels of risk and stress? If the government want well trained and educated people to choose to stay in this profession, they need to drastically improve our terms, conditions and working conditions - we're degree professionals now, so we have higher expectations and more career options".*

Midwife, England, intending to leave midwifery in the next 6 months

*"An issue where I work is the very high cost of living/rental in this area. We do not qualify for inner/outer London living allowance, even though this area has the highest discrepancy between income/living costs in the UK. As a result, young people do not stay around long after qualification, meaning a high turnover of staff. Retention rates are dreadful. I'm sure this will get worse as the cost of studying for a midwifery degree starts to rocket in September 2017. The lack of any long term vision to address these issues is heartbreaking".*

Midwife, England, intending to leave midwifery in the next 18-24 months

Additionally, midwives commented about the pressures of shift work and managing childcare, other caring responsibilities and health conditions. Many spoke about being denied requests to work flexibly.

Midwives said:

*"I retired early due to ill health. There is no equality in the NHS if you are disabled. If you are broken, as I was by over thirty years of midwifery you are thrown on the scrap heap... there is no compassion for the carers!"*

Midwife, England, left midwifery 6-12 months ago

*"I have worked at the same hospital for twenty-one years, I love being a midwife and am extremely passionate about helping women to make the transition to parenthood. I worked full time for the first fifteen years of my career, but now have three young children (one of whom has autism) and I would like to work part-time. Unfortunately my employers no longer support midwives who have young children and families. I am devastated".*

Midwife, England, intending to leave midwifery in the next 6-12 months

*"I took retirement when I could as the pressure of work became too much and there was no support in reducing the workload for someone coming up to sixty".*

Midwife, England, left midwifery 18-24 months ago

*"Long shifts on a busy delivery suite is not healthy for either the midwife or the women they are caring for. I feel so disappointed having trained to do the job I had always longed to do but didn't feel I could give the women in my care 100%, which is what they should receive at all times. I would have been very happy to move into a different area of midwifery working less hours and shorter shifts but this was not possible due to being newly qualified".*

Midwife, England, left midwifery 18-24 months ago

*"Upon returning from maternity leave, my request to reduce my working hours from full time to part time was denied. As my husband works away, I am the sole childcare provider during the week so I would be unable to work the required three twelve-hour shifts a week to cover full time hours (I could have done the necessary part time hours at weekends). In addition, the shift start time of 7.30 and end time of 20.30 is outside of any childcare providers opening hours."*

Midwife, England, left midwifery 18-24 months ago

*"I have two small children under two. When I am due to return to work from maternity leave, I have been told I will need to work on labour ward (I am currently a community midwife) and the shift pattern is not conducive to childcare options available. I would be paying out more in childcare than I earn! My husband also work shifts as a police officer therefore out of hours childcare really hard to find. If I was returning to community midwifery with more regular hours it would have been much easier to manage."*

Midwife, England, intending to leave midwifery in the next 6-12 months

*"When I went on maternity leave, I was in a seconded role. I was made to interview for the post when my daughter was three months old. I did not get the job, and I suspected it was because I would have another baby and wanted to only work four days (as I was before going on maternity leave). When I resigned, my manager informed me that 'when I've had my next baby, I can concentrate on my career' - confirming my previous thoughts."*

Midwife, England, left midwifery in the last 6 months

*"Mothers returning from maternity leave are not supported as they should be by the NHS. For the short time period that flexibility is needed compared to a working lifetime, I feel it would be beneficial to allow flexibility to keep a valuable workforce engaged and motivated. Instead we are made to feel inferior if we choose our children over our career."*

Midwife, England, left in the last 6 months

Furthermore, midwives spoke about poor management, discrimination and bullying in the units.

Midwives said:

*"Midwifery department is run by midwives who were never trained to be managers and make poor decisions. I was shocked at the poor people management and strategic management displayed. I experienced direct discrimination from a manager who accused me of lying and being untrustworthy and hinted that this was due to my LGBT status"*

Midwife, England, left midwifery 18-24 months ago

*"We have too much to do with minimal staff resources. I have just finished a twelve hour shift having again not received a break. No staff are willing to help and support me as a newly qualified midwife because they are too caught up in their own stresses at work. I walk into the staff room in the morning and all I hear is "looks to be another day in hell". Staff morale is so low and everyone seems stressed and snappy. Just today I needed the senior band seven, without her knowing I could hear her from the staff room say "you wouldn't think this girl had done three years of training". Unfortunately comments such as these are a daily occurrence. I do not feel I give my women great care and I feel it is just getting worse, therefore I have intention to leave and pursue my original career choice in law"*

Midwife, Wales, intending to leave midwifery in the next 12-18 months

*"I was a midwife for two years, but I felt that the opportunities to progress (beyond band seven) as a black midwife were extremely limited. The NHS exists completely upon the goodwill of those who work there and I feel that my goodwill expired. It's really sad, because I enjoyed midwifery so much and I felt privileged to enjoy this time with the families that I cared for"*

Midwife, England, left midwifery 6-12 months ago

*"I loved my job. I loved caring for women and sharing an incredible time of their lives with them. Understaffing and over-working I could cope with, but when you add in incredibly stressed out colleagues and bullying supervisors then the good gets overshadowed. It's very sad"*

Midwife, left midwifery in the last 6 months

*"I left for the main reason that my line manager did not support or appreciate the experienced team she has. Within the last two months of me leaving fourteen staff have also left or retired due to the poor management in running midwifery services and caring for staff. The unit is now dangerously short staffed and is recruiting furiously, this could be avoided if they cared and appreciated the staff they had".*

Midwife, England, left midwifery in the last 6 months

*"I was diagnosed with cancer in July 2015. After a septic episode during chemotherapy, a band seven manager felt the need to conduct a home visit to ask when I was returning to work and continued to bully and harass me during my treatment. I was diagnosed a week after my 30th birthday, I was permanently rotating between days and nights in the same week so was constantly exhausted. I missed cancer symptoms because I thought I was run down from my job".*

Midwife, England, left midwifery in the last 6 months

*"I am fed up, trying to make changes to ensure good quality care, trying to discuss things with management. Last time I was told 'If you can't cope just leave.' So I will".*

Midwife, Scotland, intending to leave midwifery in the next 18-24 months

*"I was happy working with postnatal women and families but the 'system' I worked left me constantly feeling dissatisfied, unfulfilled, afraid of making a mistake when caring for really unwell women with increasingly complicated needs. Felt as if us midwives were constantly set up to fail. Higher management were unsupportive and appeared afraid for their own jobs. They only appeared to take any notice of midwives' opinions after a serious incident had occurred".*

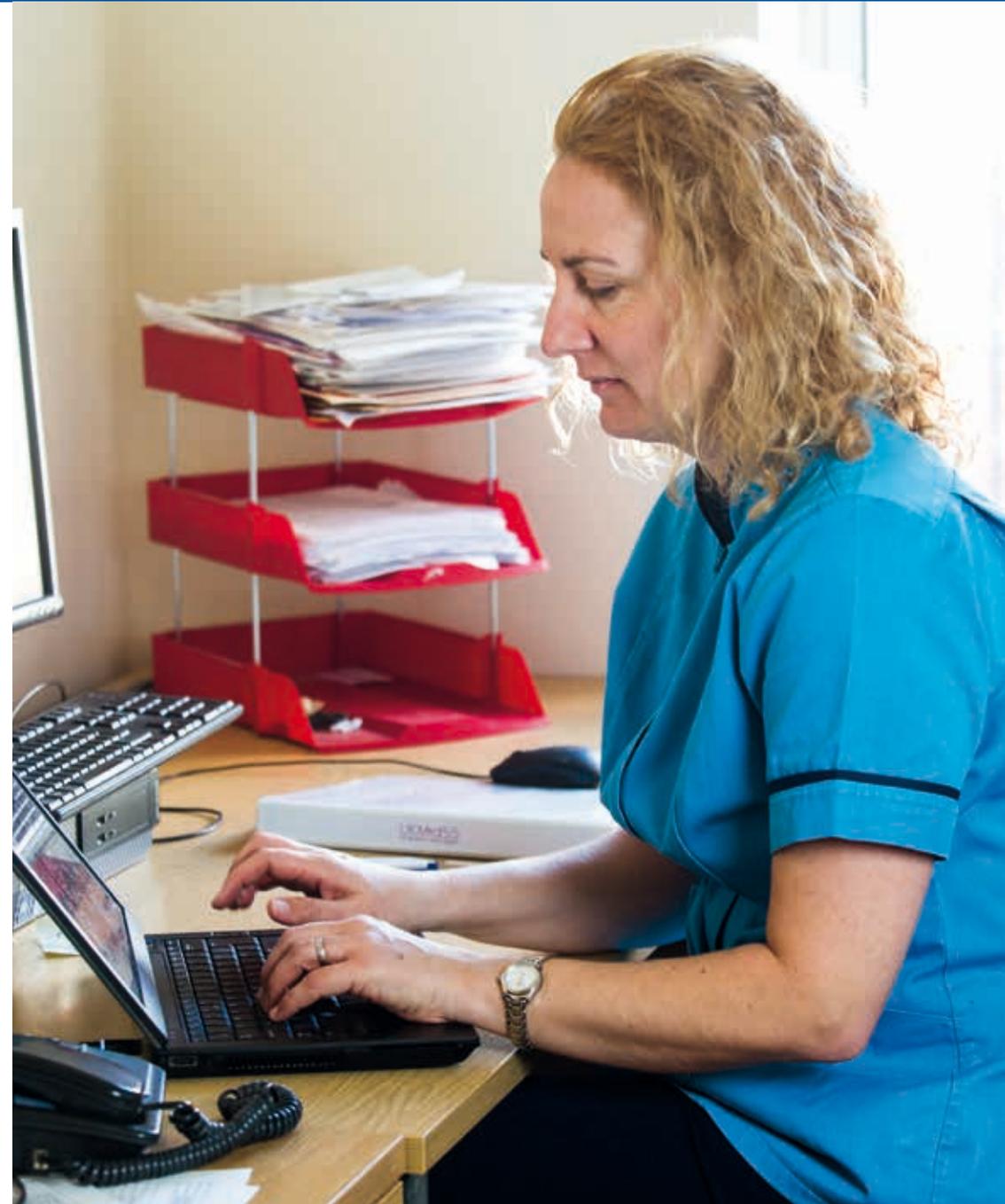
Midwife, England, left midwifery 12-18 months ago

*"Culture of fear, defensive practice, overwhelming paperwork and blame culture. The management have poor interpersonal skills which have led to personal anxiety, shame and fear of making mistakes".*

Midwife, England, left midwifery in the last 6 months

*"Staff who voice their concerns to highlight serious concerns are not listened to. Any concerns highlighted are responded with ' staff are leaving to progress and not because they are unhappy' when we all know why they are leaving. Management is turning a blind eye".*

Midwife, England, left midwifery in the last 6 months



*"Hierarchical attitude meant that I was spoken down to as a younger midwife. Lack of support from the very first day as a newly qualified midwife. Left alone numerous times when I was meant to be supernumerary during my preceptorship rotation. When I reported the bullying I felt I was experiencing, the senior midwives stuck up for the offenders and didn't investigate at all and sometimes became derogatory towards me too. My whole personality began to change: as someone who is normally mentally strong, I found myself becoming anxious before shifts and low in mood and having physical health repercussions also. All which have resolved since leaving midwifery".*

Midwife, England, left midwifery 18-24 months ago

*"At my interview for health visiting, they empathised with my situation. They all bothered to learn my name during my training instead of persistently being referred to as "the student". They were supportive and encouraging and wanted everyone to thrive. I qualified top of my cohort".*

Midwife, England, left 18-24 months ago

*"I feel that that cost of living in London is so high that my salary wasn't covering my childcare costs. The night shifts were a big issue for me and requested to only work Friday or Saturday night because of childcare but they pay no attention. I loved my unit, my colleagues and the women I cared for but management made life too hard".*

Midwife, England, left in the last 6 months

*"I have seen many changes over the past thirty years and have been passionate about my job however now the workload is often unsafe and unacceptable but you are just expected to carry on. Changes are put in place after serious incidents i.e. more staff in those specific areas but as soon as the workload reaches capacity these staff are moved to cover other areas once again leaving you in a vulnerable position. I have always felt confident in my job but these days often feel like I'm walking a tight rope and do not want to end my career worrying about a potential meeting at the NMC. Managers I understand have a significant job to do but a thank you would mean a lot instead of negatives all the time. I worry for younger midwives and fear they will leave or burn out. There is a reason why sickness and recruitment is high..maybe they should consider why".*

Midwife, England, intending to leave midwifery in the next 6 months

## Returning to/staying in midwifery

When asked if they might return to midwifery only 18% of midwives who have left midwifery said they would consider returning, although 27% said they didn't know if they could be persuaded to return to midwifery. When asked what factors might encourage them to come back to midwifery the most popular factors were: appropriate staffing levels (88% said very/quite likely); a change in workload (83%); more support from management (81%); a change in working conditions (81%) and a change in workplace culture (80%).

For midwives intending to leave midwifery a more promising 27% said they might stay with 47% saying that they didn't know if they might be convinced to stay. The most popular factors to encourage them to return to midwifery were: appropriate staffing levels (95% said very/quite likely); a change in workload (92%); a change in working conditions (86%); a change in workplace culture (84%); and increased pay (80%).

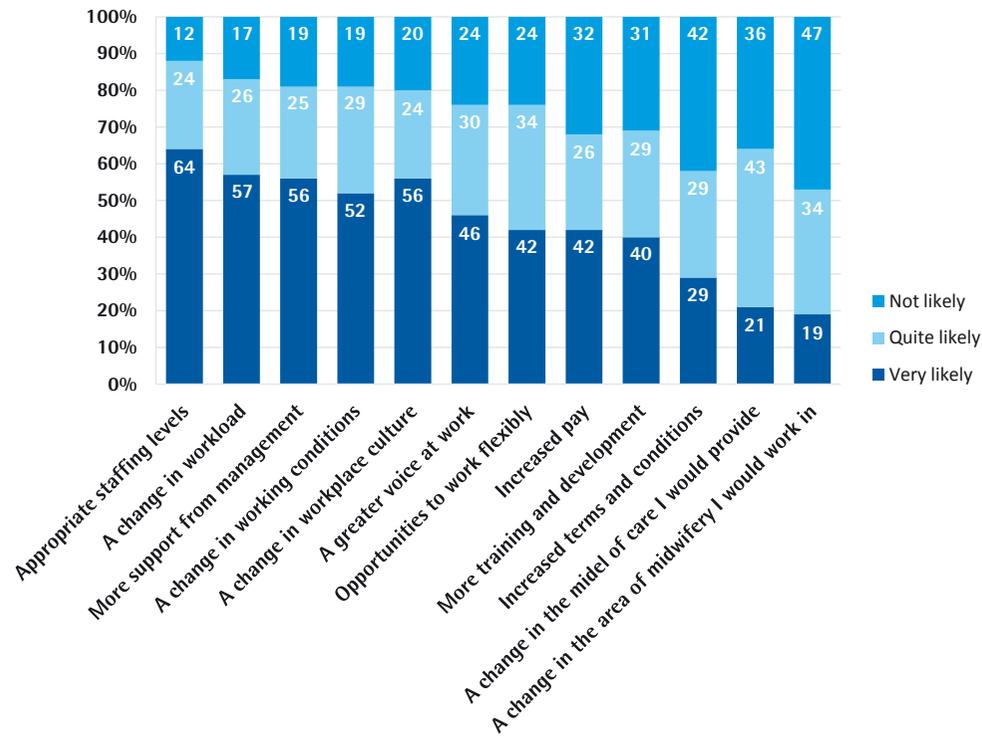
This report recommends that NHS organisations should review their maternity staffing levels using a recognised workforce planning tool, such as Birthrate Plus, to ensure they have the appropriate midwifery establishment for their workload. Any resulting vacancies should be recruited to as a matter of urgency. This should meet midwives' requests for appropriate staffing levels and a change in workload. Additionally, our recommendation for the Government to re-think the removal of the student bursary should avert any future staffing and workload issues caused by a reduction in the numbers of student midwives.

This report also recommends that NHS organisations should review their midwifery turnover rates and vacancy data to identify posts that have recruitment and retention issues. NHS organisations should then make use of recruitment and retention premia (RRP) in Agenda for Change for midwives. This again, should help to address the issues of staffing levels causing midwives to leave.

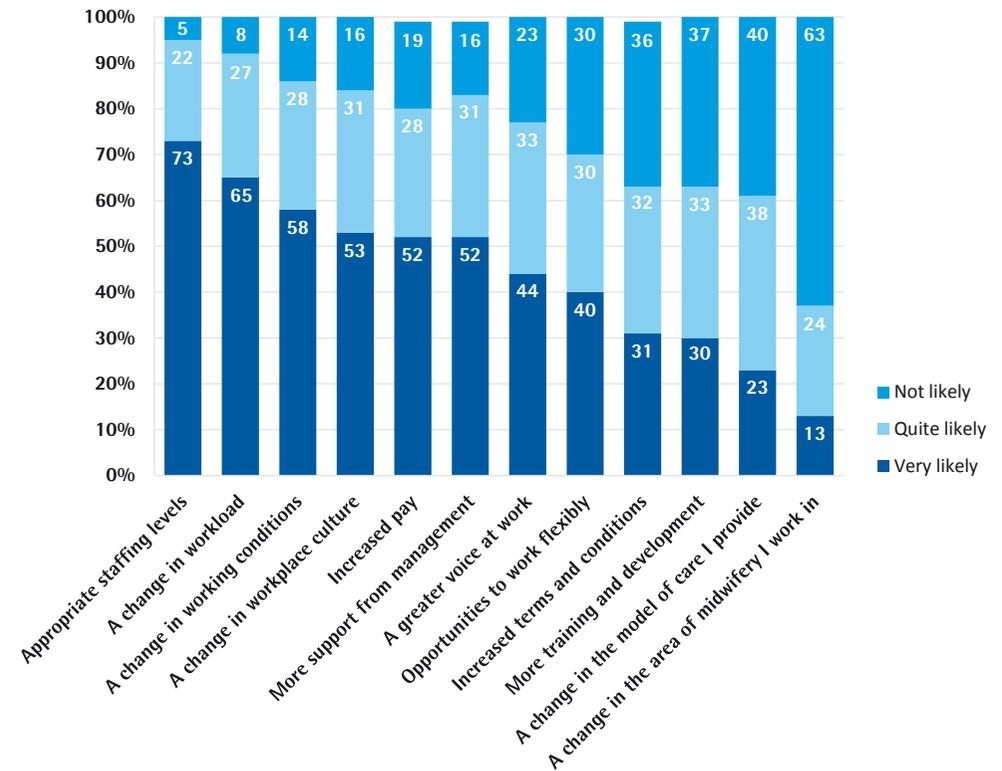
This report further recommends that NHS organisations should sign up to the RCM's Caring for You Charter to improve midwives', student midwives' and maternity support workers' health, safety and wellbeing at work. The Caring for You Charter includes a commitment on undermining behaviours and bullying and a commitment on flexible working and breaks. This should address midwives' concerns around working conditions, support from managers and workplace culture.

Finally, this report recommends that the Government should end their policy of public sector pay restraint and allow the NHS Pay Review Body to make unfettered recommendations for NHS staff, including midwives, and break the 1% pay cap to ensure that midwives are fairly rewarded for the job they do. This should address the midwives' concerns as they identified that increased pay is likely to encourage them to stay in midwifery.

Factors that might encourage midwives that have left to come back to midwifery



Factors that might encourage midwives that are intending to leave midwifery to stay



Midwives were able to give more information about what would make them return to midwifery or encourage them to stay.

Midwives said:

*"If a more common sense approach to staffing were taken. There are a vast number of midwives in exactly the same position, all trying to juggle young families. If only we were allowed to work fewer hours, we'd all stay and staffing would be better".*

Midwife, England, left midwifery 18-24 months ago

*"If staff truly feel listened to, supported, and are able to work flexibly to have a work life balance, they are likely to feel happier and emotionally able to perform well in a very demanding job".*

Midwife, Scotland, left midwifery 12-18 months ago

*"We deserve to be paid more, as do doctors and nurses and anyone else working clinically in the NHS. It's ridiculous that we don't already. I love midwifery and I will go back and continue but things have got to change".*

Midwife, England, left midwifery 6-12 months ago

*"If the profession were better staffed, the pay recognised the weight of responsibility, and a better work/life balance was available to me then I would strongly consider staying in midwifery".*

Midwife, England, intending to leave midwifery in the next 18-24 months

*"A higher salary that allows me at least to live on my own; better working hours; being able to get a break every day; higher staffing levels; less bullying and harassment; less discrimination; and better teamwork".*

Midwife, England, left midwifery 6-12 months ago

*"With over a decade of experience and significant skills in safeguarding, management and other areas, my skills simply aren't recognised or valued in the NHS. There is little progression available and affording to live in London with a family is simply not covered, even with a band seven salary. The difference between salaries of doctors and midwives is truly shameful".*

Midwife, England, left midwifery 12-18 months ago

*"The NHS need to address the issue supporting parents back to work following maternity leave. In particular, breastfeeding mothers. On one hand I was recommending for patients to breastfeed for a minimum of two years as recommended by the WHO. On the other hand, my working conditions meant I was often called out overnight, leaving a twelve month old baby distressed and hungry. In the end I was forced to put my family ahead of the career I loved. On top of this, the workloads and stress levels/sickness are reaching breaking point. Not addressing this now is very short sighted. Excellent midwives are leaving the profession after benefiting from years of NHS funded training and experience".*

Midwife, left 6-12 months ago

*"More flexible and diverse ways of working. It would be helpful if there was the possibility to work a set clinical shift so that you were able to plan other work and family around that specific commitment (rather than the lottery clinical shift patterns are presently)".*

Midwife, Scotland, left 18-24 months ago

*"If staffing was improved the workload would be more appropriate and we would not be under so much stress and pressure to push the boundaries of our caring responsibilities beyond what seems safe. Better support from management and from each other would surely generate a more positive work environment rather than an atmosphere of fear and practicing defensively".*

Midwife, Wales, intending to leave in the next 6 months

*"For me it really is all about having enough staff to do the work so that when you aren't at work you aren't worrying all the time. I took no leave for six months because I was worried about who would look after my women. It's really hard being a specialist midwife when your caseload is so massive".*

Midwife, England, intending to leave in the next 12-18 months

*"The job itself, I enjoy. It is almost everything else surrounding it that is unbearable. We work incredibly hard with a huge amount of responsibility for not a lot of pay and for little or no regard from managers, NHS England, the government, Hunt, and the media. The public, on the whole, are very grateful and that keeps us going but it shouldn't be that way".*

Midwife, England, intending to leave midwifery in the next 18-24 months

*"If just one more member of staff was on duty to allow for us to be humane, enabling breaks and time to give to our women".*

Midwife, England, intending to leave midwifery in the next 18-24 months

## The value of midwifery

Only 32% of the midwives who took part in the survey would recommend midwifery as a career. When asked if they would recommend midwifery as a career midwives said:

*"The elation and passion felt when helping a mother to bring her baby in to the world cannot be matched in any other profession. Just lack of investment in to our profession creates barriers to sustain this passion which we need to challenge with new recruits".*

Midwife, Northern Ireland, left 6 months ago

*"A decade or so I would have recommended midwifery as a career. Not now. Poor staffing levels is a major problem. Midwifery is a young person's career, but even so the turnover of younger staff is high".*

Midwife, England, intending to leave midwifery in the next 12-18 months

*"Caring for your workforce should be a priority. Until this attitude changes midwives will continue to leave".*

Midwife, England, left 12-18 months ago

*"If someone asks me, I tell them it's great if you are young but I say that if you have children it will be ten times as hard and no one will give you any support, but instead will resent you for wanting Christmas day off and two weeks off in the school holidays. I tell them that midwifery is a vital, important, valuable profession when midwives are able to do their jobs properly".*

Midwife, England, left 18-24 months ago

*"Midwifery is great profession but only if we are well staffed and can give women proper care and support. These days midwives are rushing from one woman to another one which is not great for both. Women aren't trusting midwives anymore because they are not spending enough time with them. They should bond with each other which will make communication better and life easier for both".*

Midwife, England, left 6-12 months ago

*"At this time it is so seriously understaffed it is dangerous. Cracks in the service have been papered over and fudged for too many years. With virtually all the senior midwives having left it is fantasy to think newly qualified midwives can really shoulder the workload. They should be concentrating on caring for staff and stamping out bullying within the service".*

Midwife, England, left 6-12 months ago

*"Hard work but very rewarding and a privilege to be able to assist in bringing in a new life into the world. Midwifery if one of a few careers which enables you to make a difference to women their babies and their families lives and they never forget their midwife".*

Midwife, England, left 18-24 months ago

*"With the responsibility, lack of support, low pay and fear of constant litigation, not a chance. Every shift is so dangerously understaffed that midwives will risk their NMC pin just to turn up for work. The case loads are ridiculous and never did we get a proper break. So dangerous".*

Midwife, England, left in the last 6 months

*"I feel so sorry for young people training and just qualified now. Many of them told me they were unsure they could keep going at such a level for many years. Tears were becoming a common occurrence and not just mine".*

Midwife, England, left 12-18 months ago

*"Over worked and under valued. Earned less after completing a masters degree than my relative who joined the police force without qualifications. Not worth the pressure, lifestyle challenges or poor pay progression".*

Midwife, England, left 12-18 months ago

*"It's a fantastic career, I feel privileged to have been a midwife but things need to change to keep midwives. Better working hours, more flexibility, and more staff".*

Midwife, England, left 6-12 months ago

*"I really enjoyed providing care, especially for high risk women. I also worked with some lovely people who I class among my friends".*

Midwife, England, left in the last 6 months

*"I would answer yes and no to that. Yes because it can be immensely rewarding particularly in the relationships one builds with women. No, because it is emotionally draining, risky, the responsibilities are huge and often go unrecognised and unrewarded. Shift working is destabilising and not family friendly. Management is about cutting costs rather than looking after staff".*

Midwife, England, left 6-12 months ago

*"I have discussed my experiences with many women who have expressed interest in midwifery. I only wish I had entered the profession knowing the truth of what it was like... I am proud to say I have talked many women out of becoming midwives".*

Midwife, England, left 18-24 months ago

*"I would like to say yes but due to the working conditions I can't. If staffing levels improved and there was protected time for training and development, so that you could give best evidenced care and be "with woman". Then I would definitely recommend midwifery as a career, when you give the best possible care you can, there is no career like it, it is a privilege and can be very special".*

Midwife, left 12-18 months ago

*"Very rewarding, but also long hours and not good pay for the responsibility and the stress."*

Midwife, England, left 12-18 months ago

*"Answering no makes me feel incredibly sad, being a midwife should be such an honour and incredible privilege but the current working conditions make it extremely difficult to do. Being over worked left me feeling I was unable to provide the care women deserve and the dangerous staffing levels make midwifery a very stressful job".*

Midwife, England, left 18-24 months ago

*"When it works well, midwifery is an amazing job. I recommend midwifery only to those I think will survive it, or be a significant part of changing it. Unfortunately most of those would be mature students, who now will financially be unable to do the course. Midwifery is at serious risk, and the government simply doesn't recognise it".*

Midwife, England, left 18-24 months ago

*"Midwifery is an amazing career. I can't imagine doing anything else but it's so demanding. One would need lots of stamina, motivation and the money to get through the training now and ideally have a very supporting family. If you put all the disadvantages aside, it's a very special privilege to be with a women during her pregnancy and birth".*

Midwife, England, intending to leave midwifery in the next 18-24 months

*"I loved being a midwife and feel so torn over wanting to leave. I try to make a difference but I cannot give anymore of myself. I would say to anyone entering the profession to think very hard as it is not the job it was when I started. The risk machine is mammoth and the paperwork is relentless".*

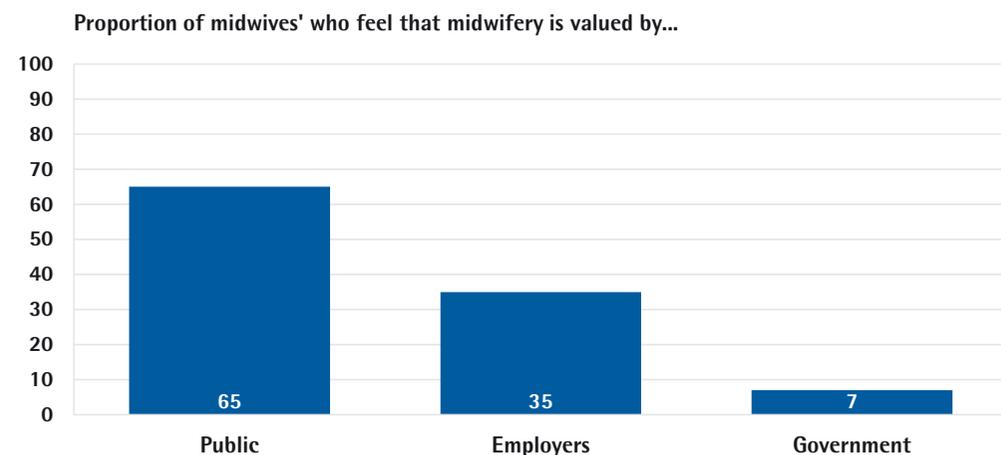
Midwife, England, intending to leave midwifery in the next 12-18 months

*"I absolutely love the work I have done since qualifying yet to watch new midwives constantly upset and unable to fulfill the expectations placed upon them I could not recommend this level of stress to anyone - and the pay is not worth it".*

Midwife, England, intending to leave midwifery in the next 12-18 months

*"I love being a midwife. I am so privileged to witness new life entering the world and seeing the start of new families occur. Rubbing a woman's back, giving her support and encouragement, holding her hand and seeing that first look into her newborns eyes or watching them feed their babies bring me so much happiness and joy. I just can't cope with the stress and the responsibility of my decision making when I've had no breaks or am running between labouring women. I can't provide safe care for them and I feel like I'm getting so frustrated with the lack of staff and the overworked unit that I feel I'm becoming a bad midwife by staying. I don't want my frustrations to be taken out on the women".*

Midwife, England, intending to leave in the next 6 months



When asked if midwifery was valued by the public, their employer (or last employer) and the government 65% of midwives said that midwifery is valued by the public; 35% of midwives said that midwifery was valued by their employer (or last employer); and only 9% of midwives said they feel midwifery is valued by the government.

When asked to explain their answer midwives said:

*"Not respected as much as we used to I was so proud of my profession but last few years feel beaten down by system"*

Midwife, England, left in the last 6 months

*"I feel that people don't really understand the difficulties that midwives face in their day to day work. The reports are always about the negative aspects of midwifery, which mainly occur due to staff shortages. It's a catch 22 - midwives leave because of the way they're treated and the others are then left to struggle due to staff shortages"*

Midwife, England, left 12-18 months ago

*"I believe the government lack understanding of midwifery, for example supervision. Women want continuity of the same midwife however to do this effectively money has to be available to provide the correct staffing for the models of care that will support this"*

Midwife, England, left 18-24 months ago

*"We need more money to employ staff and increase the ratio of midwives to women. This will improve care and reduce mistakes that lead to adverse outcomes. A decent pay rise is long overdue too!"*

Midwife, England, left 12-18 months ago

*"The government are currently undermining doctors and their value and they are going to take away bursaries for students so, no, they do not value or appreciate us. If they did we wouldn't have had to fight for a 1% pay rise"*

Midwife, England, left 6-12 months ago

*"Often midwifery is held up as a prized possession by trusts and governments but how they treat staff does not indicate this, they expect so much to be done 'because you care' but eventually this wears thin. If you value staff you would support them and value them, instead we live in a blame culture where I have seen midwifery colleagues destroyed by management if something goes wrong and yet they had worked an 12 hour shifts without breaks and no-one will accept that the system has caused the failure, they let the midwife take the fall. None of my colleagues go on shift to cause harm. I noted how doctors support each other, this is not the case in midwifery"*

Midwife, Northern Ireland, left 6-12 months ago

*"Our rates of pay say it all especially in Northern Ireland. Compare midwives pay rates to other professions and we are bottom of the list regardless of experience"*

Midwife, Northern Ireland, intending to leave midwifery in the next 18-24 months

*"I feel that the public do not realise how overworked we are as midwives because of the excellent care midwives provide; despite not being able to provide 1:1 care nor being able to have a break. We get excellent feedback from families commending us on the caring and friendly care they received, showing that midwives try their very best to ensure their stress and exhaustion doesn't affect patient care"*

Midwife, England, intending to leave midwifery in the next 6-12 months

## Conclusion and summary

The greatest reasons that midwives gave for wanting to leave were because of staffing, workload and not having enough time to spend giving women and their families high quality care. If more midwives are retained, staffing levels will improve, which will in turn cause fewer midwives to leave. Additionally, if staffing levels improve midwives will have more time to spend with women improving the quality of care they are able to give and thus their job satisfaction which again will cause fewer midwives to leave.

The RCM makes the following recommendations to Government and NHS organisations to reduce the numbers of midwives who leave midwifery and encourage midwives to return. If Government and NHS organisations meet these recommendations it will greatly improve the working conditions for midwives and most importantly, improve the staffing levels by retaining more experienced midwives in the service.

The RCM recommends the following.

- NHS organisations should review their maternity staffing levels using a recognised workforce planning tool, such as Birthrate Plus, to ensure they have the appropriate midwifery establishment for their workload. Any resulting vacancies should be recruited to as a matter of urgency.
- NHS organisations should review their midwifery turnover rates and vacancy data to identify posts that have recruitment and retention issues. NHS organisations should then make use of recruitment and retention premia (RRP) in Agenda for Change for midwives to counter existing shortages.
- The Government should end their policy of public sector pay restraint and allow the NHS Pay Review Body to make unfettered recommendations for NHS staff, including midwives, and break the 1% pay cap to ensure that midwives are fairly rewarded for the job they do.
- NHS organisations should sign up to the RCM's Caring for You Charter to improve midwives', student midwives' and maternity support workers' health, safety and wellbeing at work. The Caring for You Charter includes a commitment on undermining behaviours and bullying and a commitment on flexible working and breaks.
- The Government should re-think its plans to abolish the bursary for midwifery students and not introduce tuition fees as both of these actions will have consequences for the numbers of new students training to be midwives.





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