



Royal College
of Midwives

England

state of maternity services 2023

Introduction

The single most striking fact to emerge from the preparation of this report is that if the number of NHS midwives in England had risen at the same pace as the overall health service workforce since the last general election, we would have no midwife shortage today.

The NHS workforce in England rose by 14.1% between December 2019 and March 2023, up almost 160,000 full time equivalent (FTE) staff. Yet the number of midwives rose just 1.1%, with only 247 additional midwives over the same period. If midwifery had had the same boost as the rest of the workforce, we would have had the equivalent of more than an extra 3,100 full-time midwives.

Released alongside this report is the RCM's updated estimate that the NHS in England is today short of the equivalent of 2,500 full-time midwives. So, those extra 3,100 midwives would have more than wiped out our national midwife shortage – a shortage that has dogged the NHS for at least a generation.

That opportunity was sadly missed, so our central challenge to the Government and the NHS now is this: don't make the same mistake twice. Give maternity care its fair share of extra investment.

And commitments have been made. As part of the 2022 Autumn Statement, HM Treasury committed to recruiting an extra 2,000 NHS midwives in England. Additionally, the new NHS Long Term Workforce Plan commits to growth in the number of midwives. The Government must make sure this happens.

While the number of births has reduced, the decrease is neither linear nor a reason for complacency. Births can – and do – go up, but even if they do not, the complexity of maternity care has increased in recent years. Women are giving birth later in life. In 2011, just under half of pregnant women were aged 30 or older. In 2021, it was three


in every five. Rising levels of obesity impact the demands placed on midwives too, with one in four women classified as obese at the time of their booking appointment during November 2022. All this means that, even with the heat coming out of the headline number of deliveries, the complexity of the work is growing, which demands more of the service and of midwives.

On student midwife numbers, the Government is delivering on its 2018 commitment to open up more places on midwifery courses. The number starting on these courses has jumped substantially, from 2,380 in the 2015/16 academic year, to 3,720 in 2021/22. It takes time for a student midwife to qualify, but we hope that we are on the verge of seeing the dividends of all these extra training places. A pandemic bounce in application numbers for midwifery courses (up 3,000 in 2021) will have helped this process. We need to see this continue.

The RCM supports the development of midwifery apprenticeships as a new route into the profession. It was good to see this route included in the recent NHS Long Term Workforce Plan.

There is a big difference however between the thousands who start midwifery courses each year and the change in the number of midwives in the NHS. Since the last election, we have seen the midwifery workforce rise by an average of less than 100 per year. This is not because those thousands of students are not entering the workforce – the age profile of the profession has become markedly younger over the 2010s – but rather because older, more experienced midwives are leaving. This is because many staff feel burnt out and leave before they reach retirement age. Much more needs to be done to retain existing staff, as well as train and recruit new midwives.

In fact, the RCM's latest calculation is that England is short of 2,500 midwives. That has a real impact. It leaves existing staff exhausted



The RCM's latest calculation is that England is short of 2,500 midwives. That has a real impact. It leaves existing staff exhausted and burnt out; for many, it pushes them out of the door.

and burnt out; for many, it pushes them out of the door. The impact on women is stark and sobering. As the Commons Women and Equalities Committee reported in April 2023, Black women are almost four times more likely to die from childbirth than white women. Maternal death rates in deprived areas are on the rise, they found, with women in the most deprived areas 2.5 times more likely to die than those in the least deprived areas.

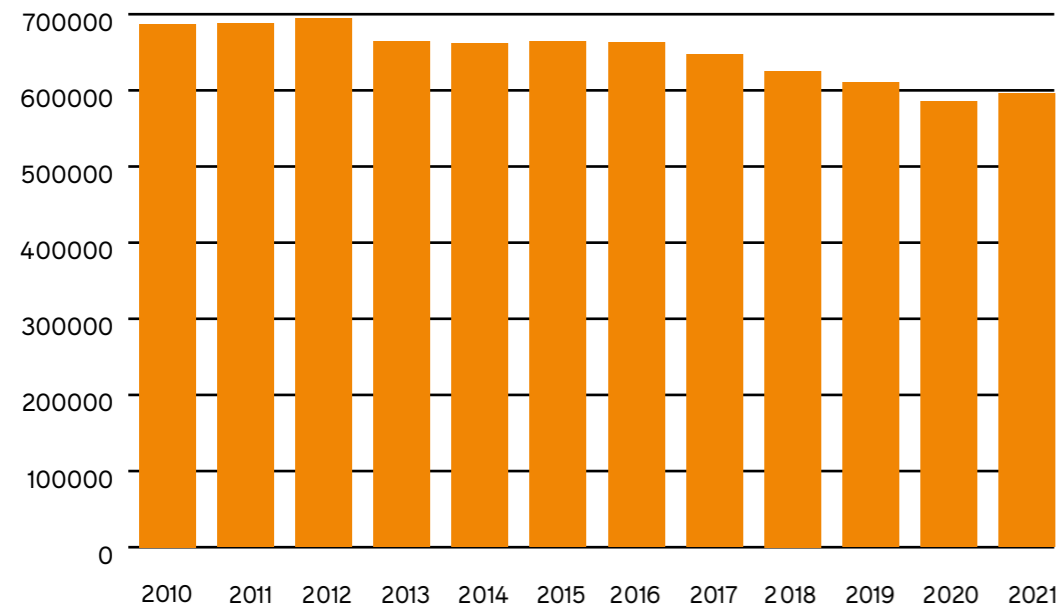
We need firm and fast action from the Government and the NHS to tackle these deep challenges, not just in maternity. We know that action is being taken on shortages in maternity, but we must accelerate the pace. The women who use our maternity services deserve nothing less.



Births in England

Live births

(source: ONS)



Live births by region

(source: ONS)



After a baby boom during the 2000s, the number of babies born in England since 2010 has edged down, falling by 13.3% between 2010 and 2021. The number of babies born in 2021 was still however around 30,000 higher than it was in 2001, at the turn of the century.

Additionally, births have not fallen every year. In the 11 years covered by the figures in this report, the number of births fell in seven but rose in four – including the most recent figures, with births up by almost 11,000 between 2020 and 2021.

This underlines the fact that we cannot assume births will always follow the current trend. After all, the decline of the 2010s followed the baby boom of the 2000s which itself followed a period of falling birth numbers.

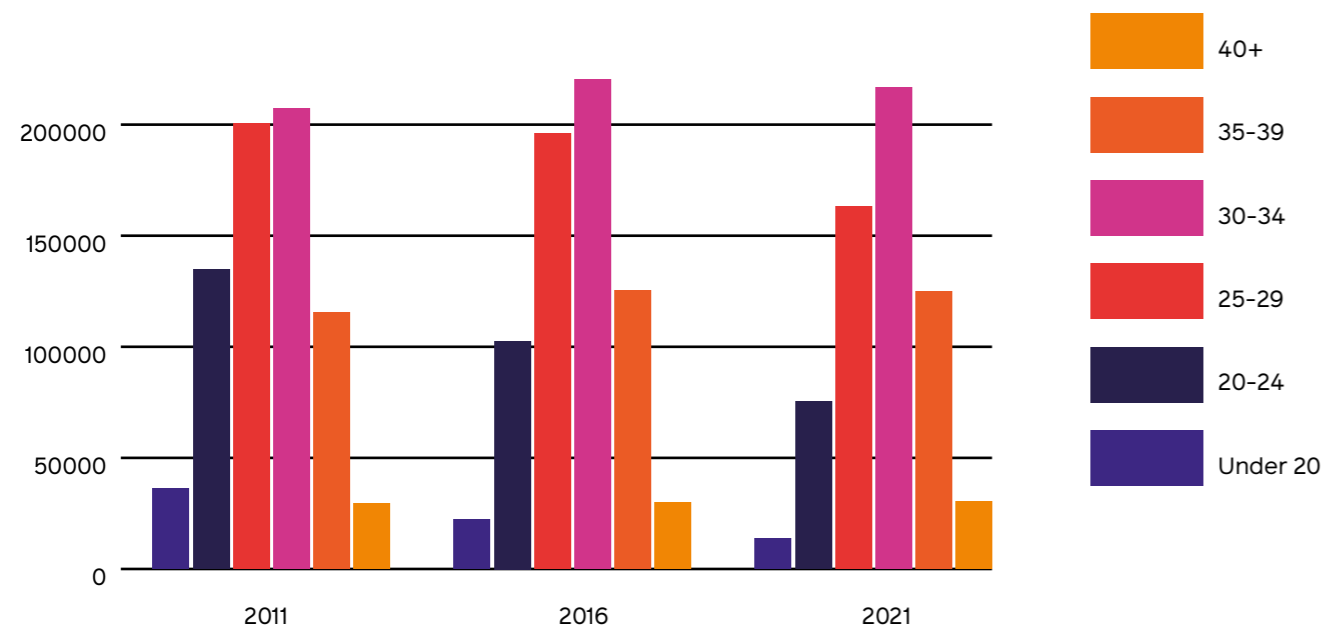
Any downward movement in birth numbers can help to alleviate some of the intense pressure on the system, but it far from eliminates the national shortage of midwives. This shortage is also exacerbated by changes in the demographics of the women who need maternity care.

Changes in the number of births varied regionally. While the North East (17.6%) and London (16.5%) saw the larger falls, the East of England saw a much smaller fall of just 8.4% over the 10 years to 2021.



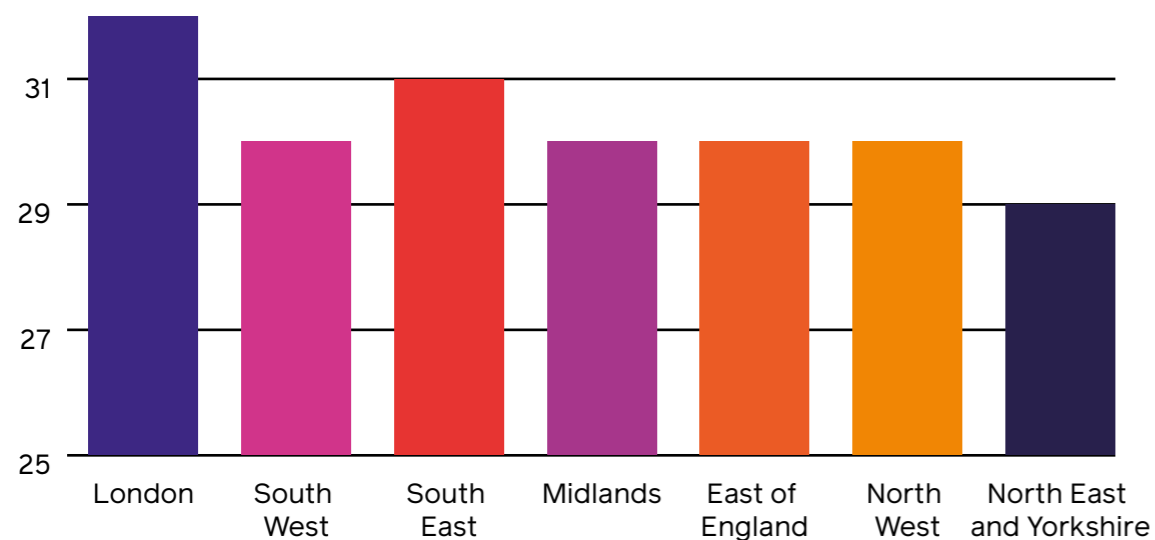
Age profile of mothers, England and Wales

(source: ONS)



Average age of a pregnant woman at time of booking, November 2022

(source: Written Parliamentary Question)



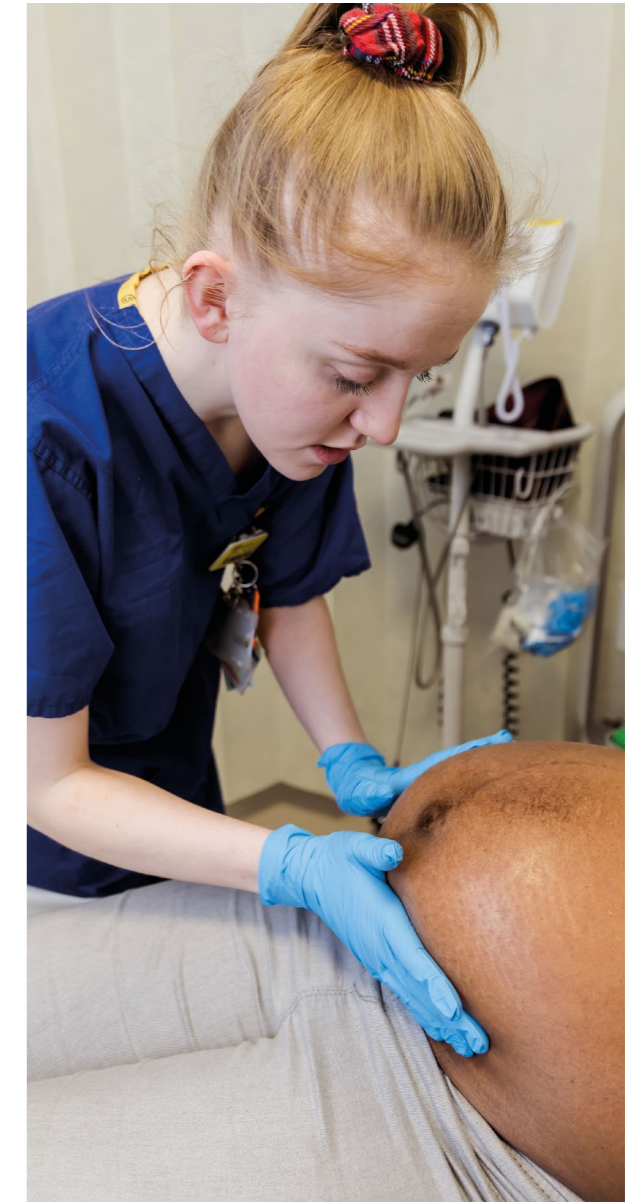
One illustration in the change in the demographics of women accessing maternity care in recent years is the age of mothers giving birth.

Across England and Wales combined, between 2011 and 2021, the number of births to teenagers and women in their twenties fell by almost 120,000. Over the same period, the number of births to women aged 30 or older rose by over 20,000. The fall in the number of births during the 2010s happened purely among younger women. Among older women, births were up.

In 2011, fewer than half of all births were to women aged 30 or older (48.6%). By 2021, however, the clear majority (59.6%) of births were to women in this older age group.

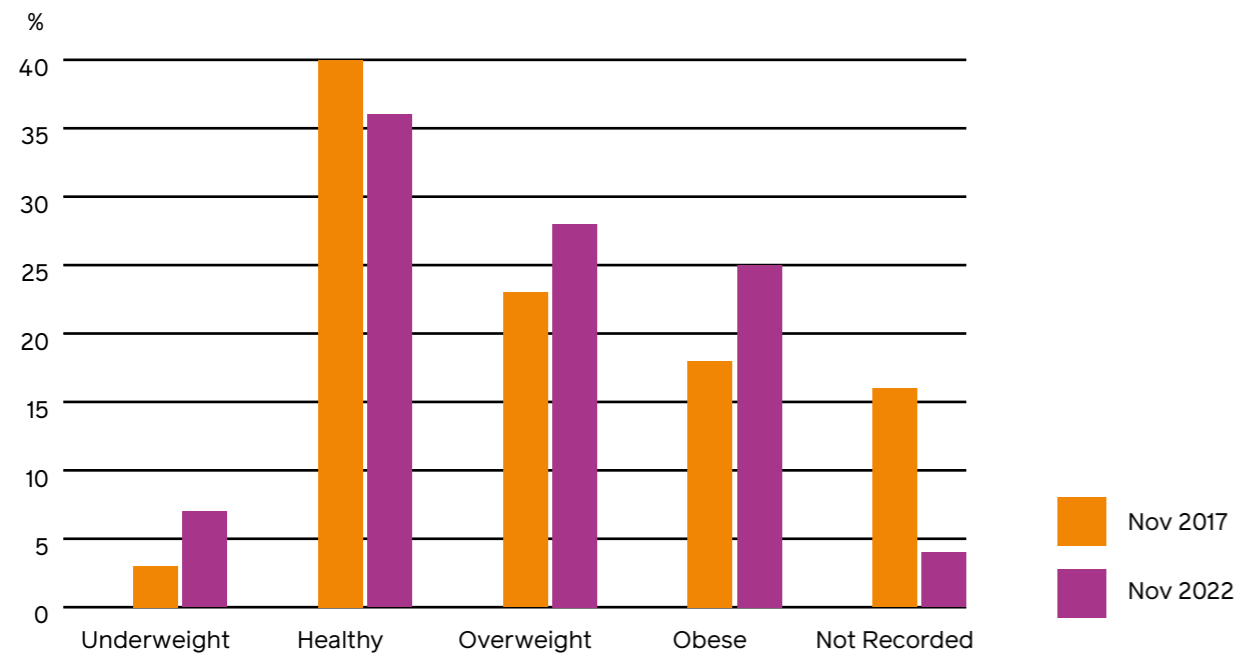
Regionally, using a snapshot of November 2022, only in the North East and Yorkshire region was the average age of a woman at the time of her booking appointment below 30 (in both cases, it was 29). In the South East, it was 31, and top was London where it was 32.

On average, pregnancies are more likely to encounter complications as women give birth later in life. This is not true in every case, of course, but it is the case when we are looking at a macro level. This has implications for the amount of staff time required, with a clear need for more midwives and other maternity staff.



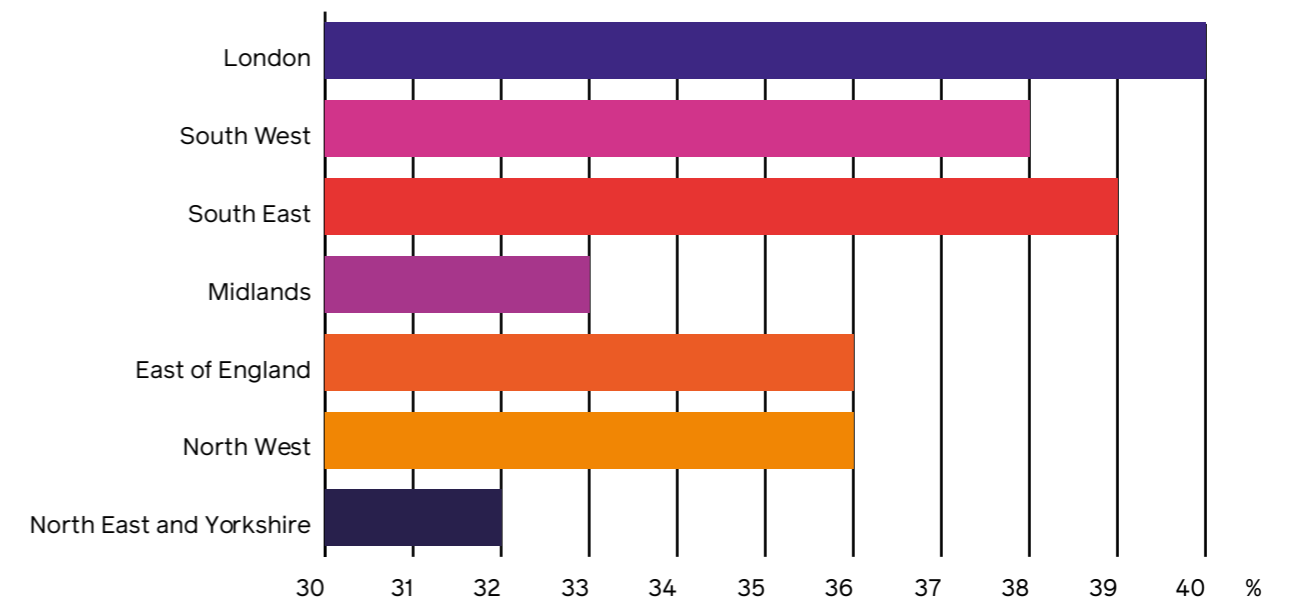
BMI of women at time of booking

(source: Written Parliamentary Question)



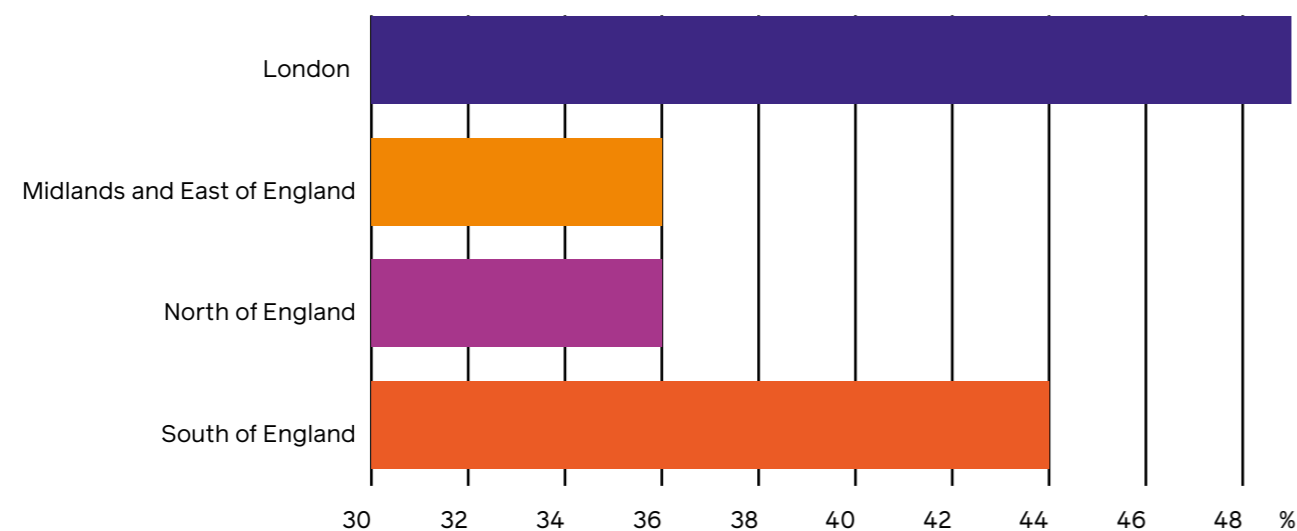
Women with healthy BMI at time of booking by region, November 2022

(source: Written Parliamentary Question)



Women with healthy BMI at time of booking by region, November 2017

(source: Written Parliamentary Question)



Another indicator of the changing demographics of women accessing maternity care is body mass index (BMI), which is recorded at the time of a woman's booking appointment, which happens towards the start of their pregnancy.

In these two snapshots, November 2017 and November 2022, we can see that the proportion of women recorded as having a BMI in the healthy range fell from 40% to 36% over those five years. At the same time, the proportion recorded as obese rose from 18% to 25%, one in four women.

These national numbers hide regional differences. Changes in the definitions of regions between 2017 and 2022 slightly complicate comparisons, but in

both sets of figures the Midlands and the North of England have a lower than average proportion of pregnant women with a BMI in the healthy range, with the South generally and London in particular having a higher than average share of pregnant women in the healthy range.

We cite these numbers purely to illustrate the growing complexity of the caseload that midwives and other maternity staff face in the work they do. All women deserve the best care that can be provided, and those will, on average, involve more care and more staff time for women who are obese. To provide high-quality, safe care to the changing profile of women who are using maternity care simply requires more midwives and other staff.



Midwives in England

There is good news when it comes to midwifery education, with a big rise in the number being accepted onto courses leading to qualification as a midwife. This followed a commitment to train more midwives made by Jeremy Hunt in 2018 when he was Secretary of State for Health and Social Care. It is positive to see this commitment implemented and honoured.

The number of student midwives starting their courses jumped from 2,380 in the 2015/16 academic year to 3,720 in 2021/22. It takes time for a student to complete their course and qualify as a midwife, so we look forward to this increase in midwifery education starting to feed into the NHS workforce numbers soon.

There was a clear surge during the pandemic in the number of people applying to study midwifery. The number of applicants jumped from 7,350 in 2019 and 7,520 in 2020 (by the January deadline, before the pandemic had begun) to 10,510 in 2021. This subsequently dropped to 9,520 in 2022 and back down to its pre-pandemic level in 2023, to stand at 7,360.

While the headline number of applicants in 2023 is essentially the same as it was in 2019, there has been some movement in the age profile of those applying. The number of 18-year-olds, by far the largest group, is up almost 500. This is more than balanced by a drop of 570 in the number of applicants in their twenties. There has also been a jump of 29% in the number of applicants aged 35 or older (660 to 850).

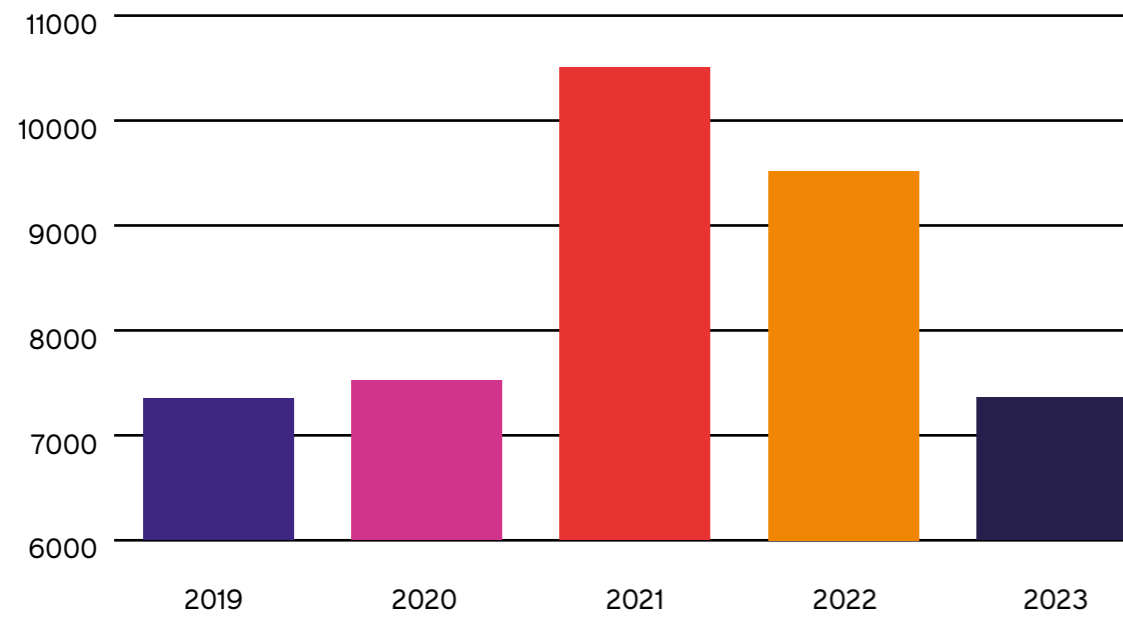
There are additional routes into the NHS midwifery workforce. We are beginning to see the first midwives entering via the apprenticeship route - a development supported by the NHS Long Term Workforce Plan. International recruitment of qualified midwives is also an option, but training our own midwives remains by far the single most important route into midwifery.

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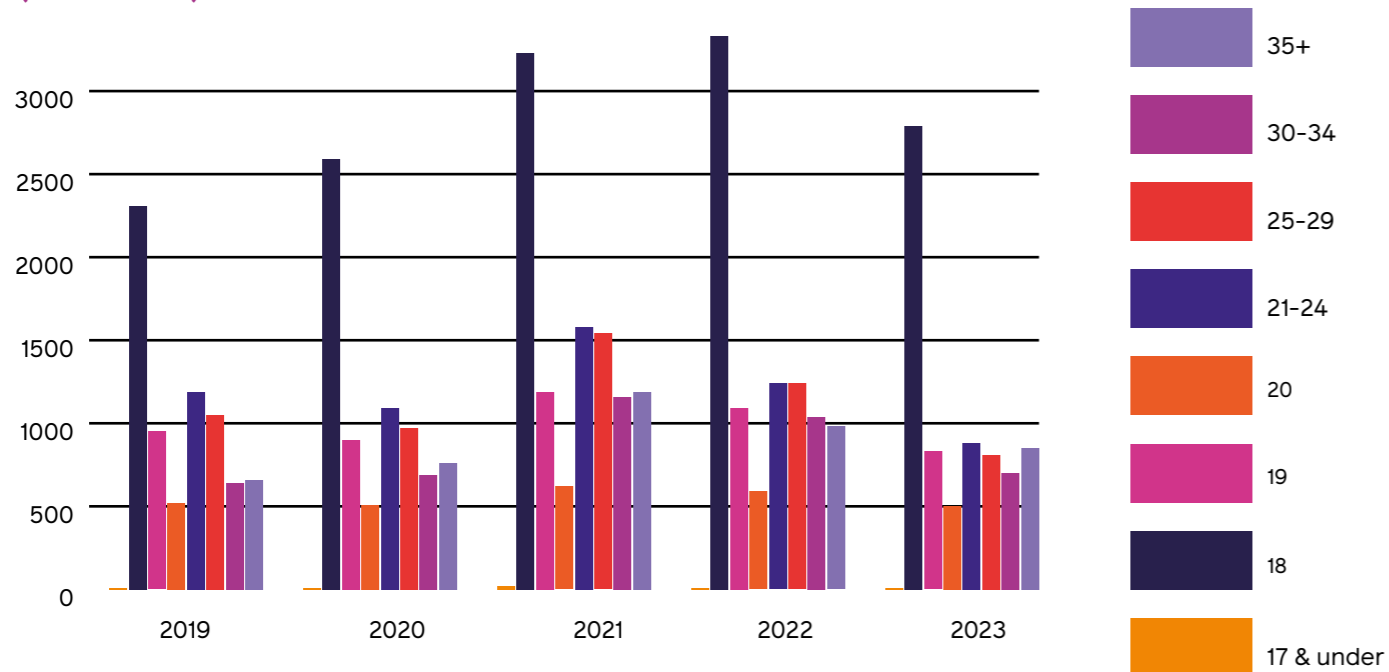
Midwifery courses, applications, by January each year, to England-based providers

(source: UCAS)



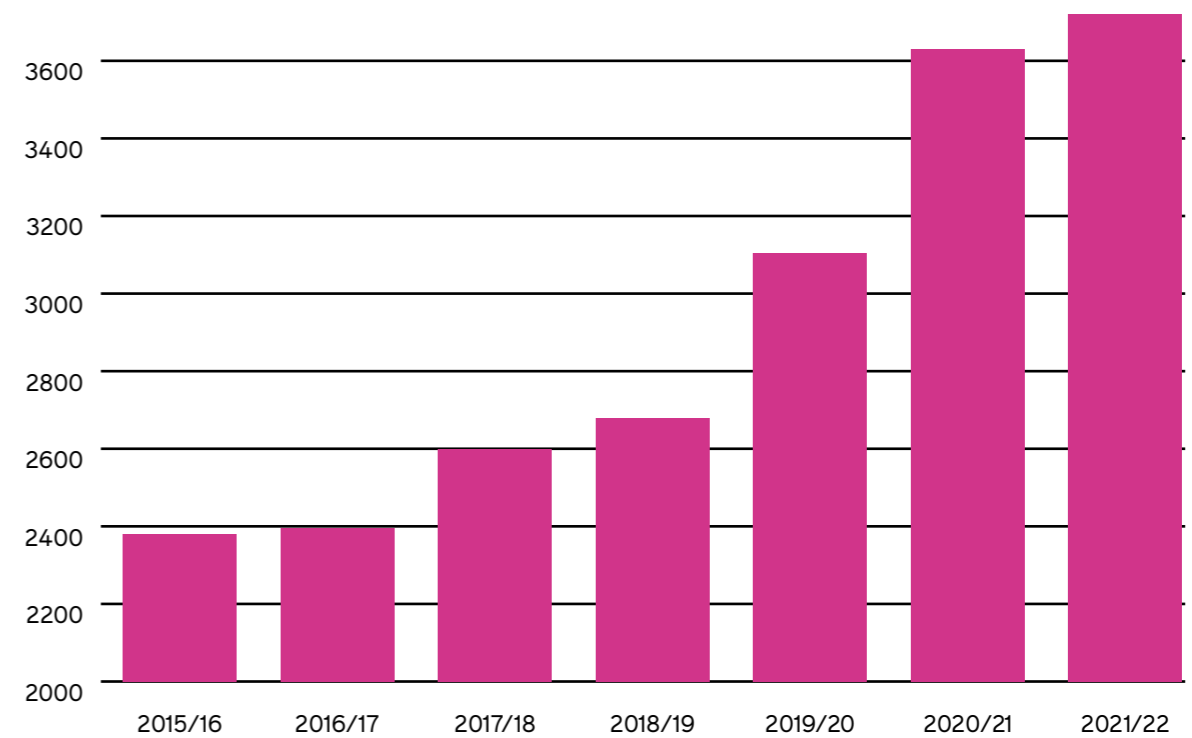
Midwifery courses, applications, by January each year, by age of applicant, to England-based providers

(source: UCAS)



Student midwives (acceptances onto undergraduate midwifery courses)

(source: Written Parliamentary Question)



The number of midwives has risen since 2010, with the number of full-time equivalent (FTE) midwives (a way of counting staff that takes account of part-time working, which is not the case with a simple headcount) up by just under 2,000 between September 2010 and September 2021.

There is something in the annual changes that concerns us, however. In 2011, 2012, 2013 and 2014, the number of FTE midwives in the NHS in England rose by over 300 per year, almost touching 400 between 2010 and 2011. Between 2015 and 2019 however the annual rise was well below 200, even in double-digits in 2015.

Following a big jump of 672 in 2020 – presumably because midwives who may otherwise have left or retired stayed on to help the NHS tackle the pandemic – we are now seeing, for the first time, annual falls in the number of midwives. The workforce was down 327 midwives in the year to September 2021, and down another 438 midwives in the year to September 2022.

The scale of the workforce challenge is illustrated well by these figures. While several thousand start midwifery courses every year, even in the good times we saw rises of mere hundreds in the NHS workforce, and in the bad times we have seen actual falls. This is not because students are failing to complete their courses or that they do not start working as NHS midwives. It is because the NHS is not retaining older, experienced staff. The boost provided by the new staff starting their midwifery careers is mostly – and sometimes entirely – wiped out by other midwives leaving the NHS. Some of this will be because of retirement, but by no means all.

This is reinforced by the monthly figures for midwife numbers. We see a jump in the workforce in the autumn as newly qualified midwives join the NHS. Then we see that whittled away over the course of the rest of the year as midwives leave.

This underlines the need for a renewed focus on retaining the staff we have as well as training new, additional staff. Improved staff retention can be encouraged with, for example, more flexible working opportunities, more support for learning and development, and tackling unacceptable behaviours and poor workplace cultures.

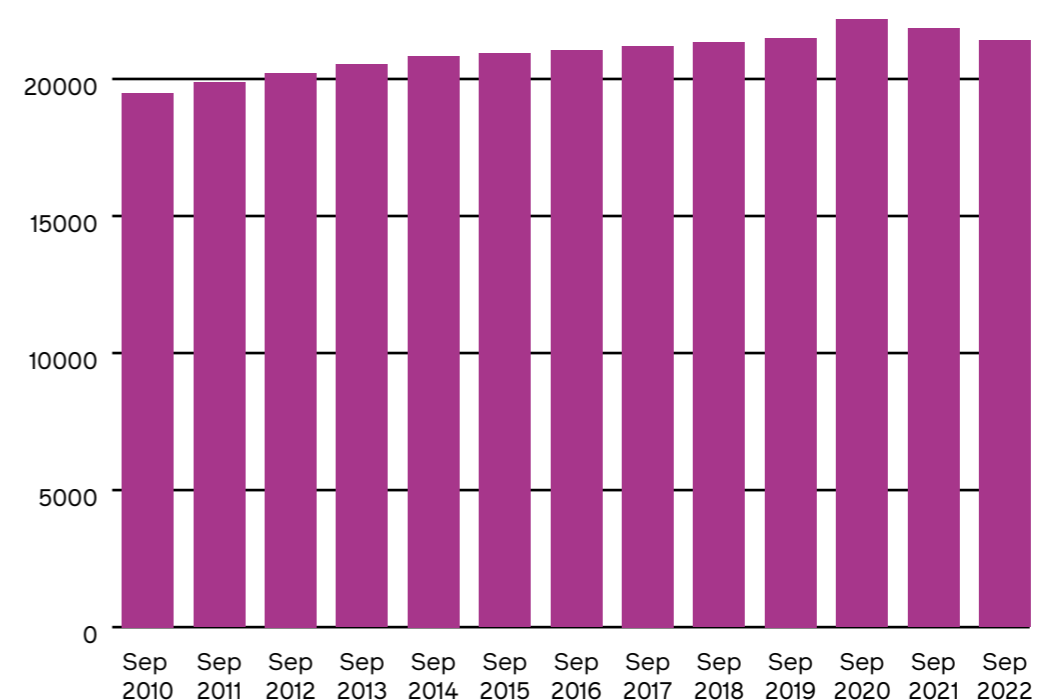
Looking at the monthly figures, we see the first month to record a year-on-year fall was July 2021, when there were three fewer midwives recorded compared to a year earlier. This was followed by a further 17 months of annualised falls in midwife numbers. The first quarter of 2023 has broken this trend, with numbers rising again compared with 12 months earlier.

We hope we will now see a sustained rise, not least with the influx of newly qualified midwives from the additional training places. This is not something that we can take for granted however, and we need to monitor it.

The NHS is not retaining older, experienced staff.

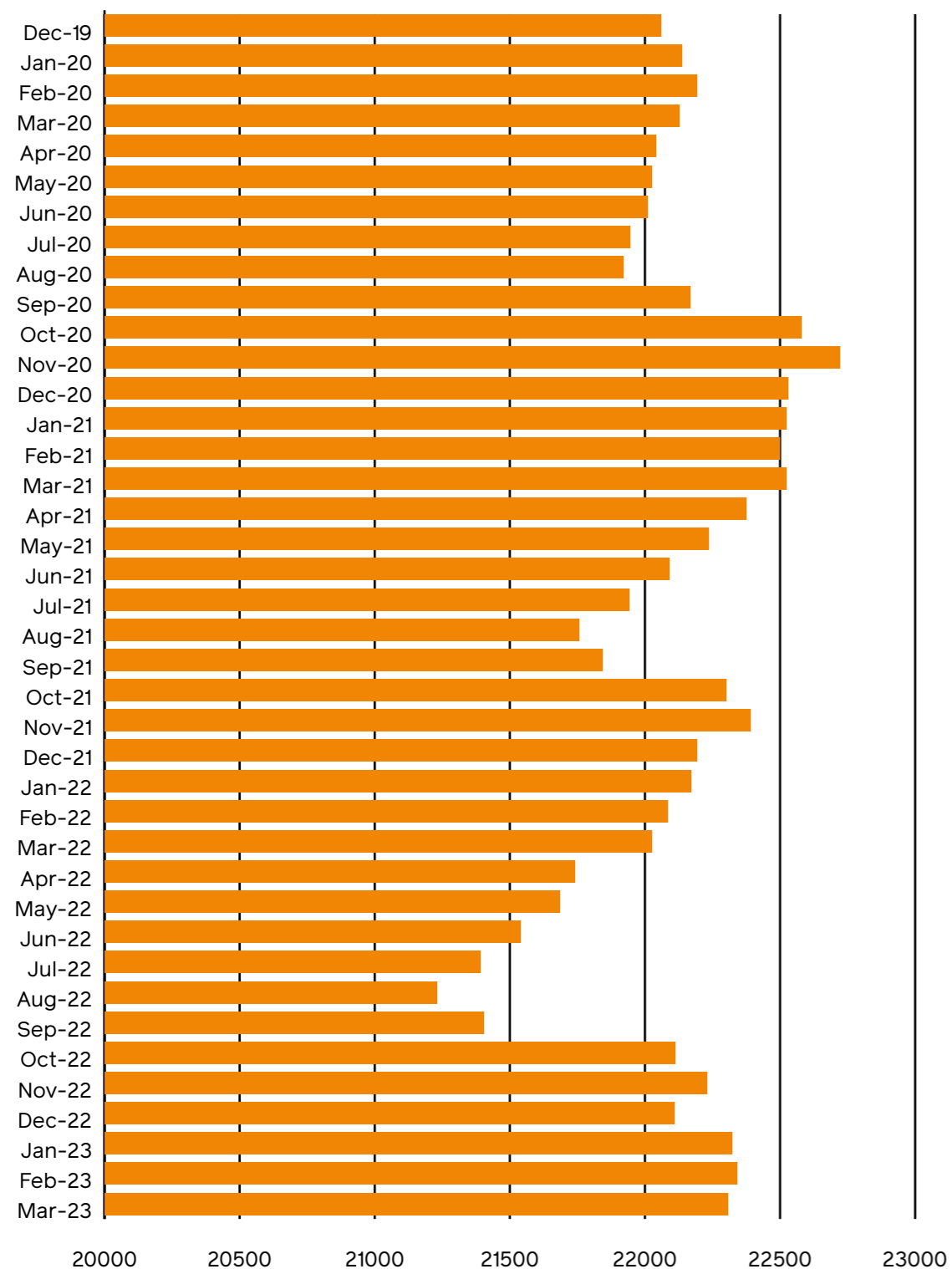
Midwives (FTE): annual change

(source: NHS Digital)



Midwives (FTE): monthly change

(source: NHS Digital)



There has been a substantial change in the age profile of midwives in recent years. In 2010, the largest age group within the profession was those midwives aged between 45 and 54, making up more than a third (36.9%) of all NHS midwives in England. By 2022, this group made up a much lower proportion, around one in five midwives (21.6%).

The largest group in 2022 was those aged 25 to 34. They were less dominant than the 45-54 age group was in 2010 however, constituting around one in four midwives (28.8%).

Indeed, in the most recent (2022) figures, the age groups are more evenly balanced than before, but with the younger age bands taking up a greater proportion of the profession than at the start of the 2010s.

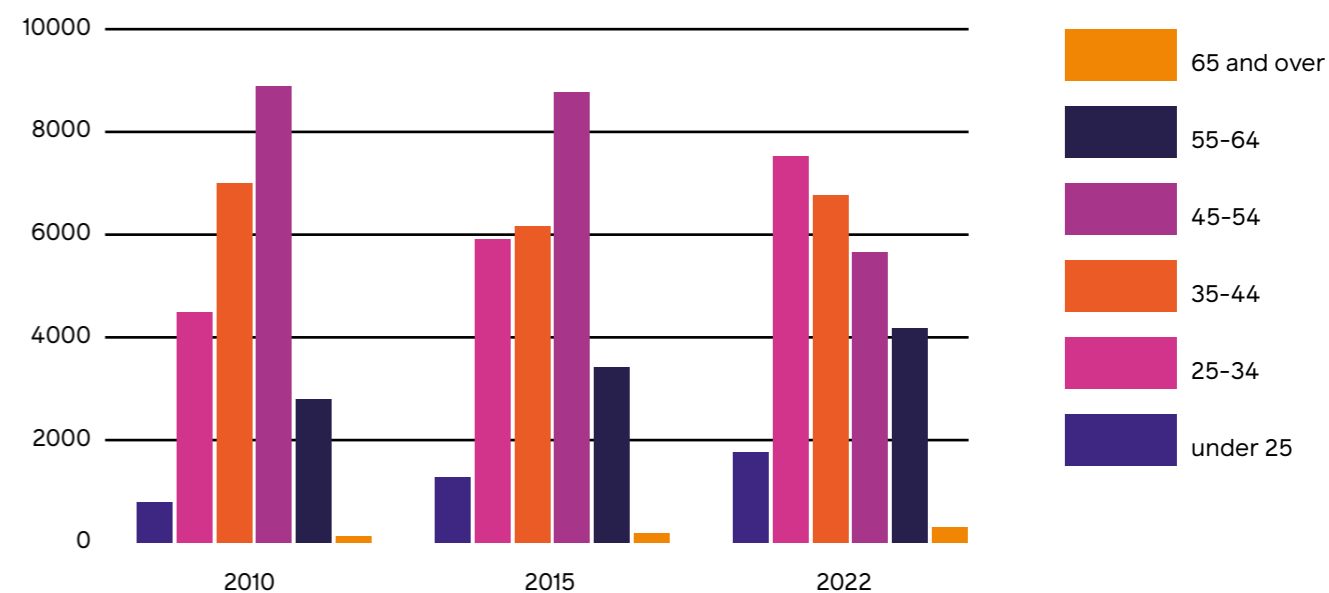
This suggests that we have managed to avoid the potential crisis that faced the NHS a number of years ago when it looked like a substantial proportion of the profession was fast approaching retirement.

We need a good balance across the age groups, not too many close to retirement but also not too many close to qualification and therefore not having yet built up those invaluable years of experience.

This good balance between the age groups is one example of why it is so important to focus on the retention of existing midwives and not to focus purely on newly qualified midwives, vital though they are. Every midwife who leaves the NHS before retirement is a loss to the service, taking so much experience with them. We need to prioritise keeping the midwives we already have as well as increasing investment in midwifery education.

Age profile of midwives

(source: Written Parliamentary Question)



Looking forward

This report does not paint a wholly gloomy picture. There are plenty of hopeful signs when we look at what is happening in our maternity services. But we remain desperately short of midwives, by the RCM's new estimate of a shortfall of 2,500.

The Government has ensured we are training more midwives than in previous years, and has set itself the target of boosting midwife numbers by thousands. Added to that, the new NHS Long Term Workforce Plan targets midwife shortages with plans to increase training.

The national midwife shortage makes it harder to tackle some of big challenges facing maternity care, such as the changing demographics of the women accessing services.

We must also tackle the shameful fact that Black women are almost four times more likely to die during pregnancy, labour, birth and the postnatal period than white women, and women in the most deprived areas 2.5 times more likely to die than those in the least deprived areas. This is a scar on our society and eliminating these inequalities has to be a national

mission, including the main societal factors that contribute to it.

A great deal remains to be done, but absolutely fundamental to that is eliminating the national midwifery shortage. These three steps would go a long way to delivering that:

- Deliver on Government and NHS commitments to boost midwife numbers
- Sustain the number of places for student midwives at their recent higher level
- Focus on retaining the experienced midwives we have in post

We must never again repeat the missed opportunity of the past three years, when simply increasing the number of midwives at the same rate as the NHS workforce overall would have wiped out a midwife shortage that has hung over the service since at least the turn of the century.

The groundwork has been laid with higher numbers of student midwives, and ambitious commitments made by the Government and the NHS to a dramatic boost in midwife numbers. We need sustained, unrelenting action to deliver on this.

That is the challenge we present to Government and to the NHS.

There are plenty of hopeful signs when we look at what is happening in our maternity services. But we remain desperately short of midwives, by the RCM's new estimate of a shortfall of 2,500.





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The Royal College of Midwives
10–18 Union Street
London SE1 1SZ

0300 303 0444
info@rcm.org.uk
www.rcm.org.uk