

More Midwives

NFWI Campaign Action Pack

theWI
INSPIRING WOMEN



**2012
WI RESOLUTION:
THE EMPLOYMENT
OF MORE MIDWIVES**

2012 NFWI Resolution: The Employment of More Midwives

“There are chronic shortages of midwives. The NFWI calls on the government to increase investment in the training, employment and retention of midwives in England and Wales to ensure services are adequately resourced and are able to deliver a high standard of care.”

Horwich WI, Lancashire Federation

It's time for more midwives

Over 700,000 babies were born in England and Wales last year – we're in the midst of a baby boom that has lasted ten years, and is set to continue.

But there hasn't been an increase in the number of midwives in England and Wales to keep up with this boom and as a result, mothers and babies are at risk. Birth is also getting more complicated, with a rise in pregnancies amongst certain groups who require more care, such as obese and older mothers. The NFWI believes it is time to employ more NHS midwives and maintain current midwifery training levels.

Not only does midwife-led care lead to great clinical outcomes, evidence shows it's cheaper for the NHS to deliver too. Mothers are more confident and report better birth experiences when midwives lead them through labour, with midwives playing a key role in giving every family the best possible start. Every mother and baby deserves this – we need more midwives!



Three ways that midwives deliver

Families get a great start

Antenatal care provided by midwives provides a 'golden opportunity' to impact the health of whole families into the future. Women and their partners - who might otherwise never access health services - are encouraged to make healthy life choices to ensure the health and wellbeing of their whole family. Investment in care, from pregnancy into the early years is the most powerful way to reduce health inequality across Britain.

Happier mums and babies

Evidence shows midwife-led care improves women's experiences of labour and childbirth, and offering more personalised care results in good outcomes. Research shows women experiencing midwife-led care are more likely to report feeling in control during labour, having their choices acknowledged, and higher levels of overall satisfaction.

Less intervention, fewer complications

The health benefits for women and babies who are cared for by midwives are well documented. Women having midwife-led care are more likely to have 'normal' vaginal births without medical intervention, and are more likely to breastfeed.

Did you know?

45%

of midwives are set to retire in eight years

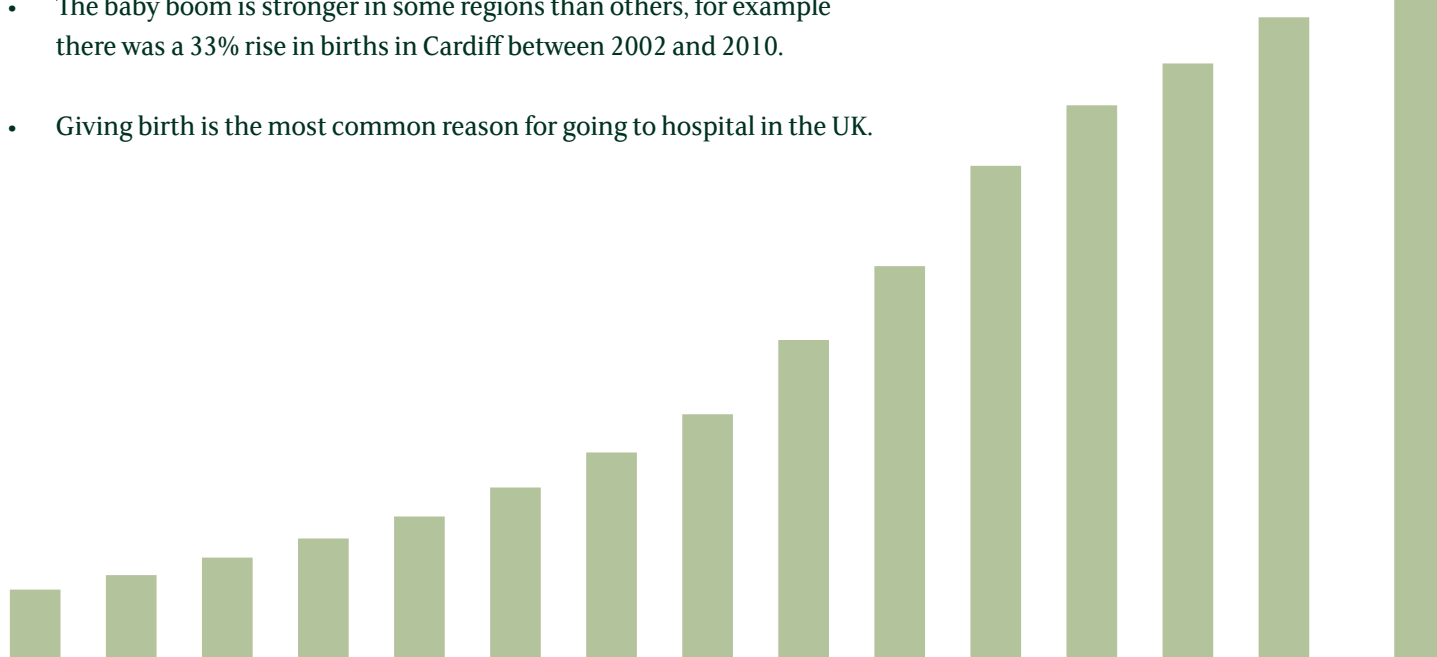
There are just
131

male midwives in England

More babies were born in England last year than in any year since

1971

- The baby boom is stronger in some regions than others, for example there was a 33% rise in births in Cardiff between 2002 and 2010.
- Giving birth is the most common reason for going to hospital in the UK.





Scrimping on midwifery services might seem to save money in the short term; but the economic and social costs will be greater in the long term if we short change the next generation. A far wiser course is to invest in the very start of life; one which I am sure will pay rich dividends

**Professor Lesley Page,
President, Royal College of Midwives**

What is the current situation?

As well as a rising birth rate in England and Wales, there are more women giving birth who require more care from midwives.

Alongside this, the NHS is undergoing the biggest reorganisation in its history and seeking to realise £15-20 billion of efficiency savings by 2015. While more midwives are in training than ever before, places aren't keeping pace with the baby boom. Furthermore the midwife workforce is ageing and predominantly working on a part time basis.

The Royal College of Midwives (RCM) estimates that England alone is short of 4,700 midwives already. In 2010, Wales

had fewer midwives than it has had at any time since 2003. Between 2008 and 2010 the number of midwives in Wales dropped by almost 10 per cent, while over the same period the number of births increased.

Midwife-led care in non-obstetric units is safe for most women, and it's more cost-effective too. Women have been promised a choice guarantee of where to give birth since 2007, but still, less than 5 per cent of mothers get the full range of birth location choices. Staff shortages contribute to lack of choice. The Department of Health recently announced plans to ensure care is improved through making sure that every woman has one-to-one midwife

care during labour and birth. Currently most women do not get a designated midwife, and worse, one in five report being left alone during labour when they were worried. A similar proportion had never met their birthing midwives before they went into labour.

Why does this matter? One-to-one care is associated with great outcomes for mothers and babies. It's shown to positively affect women's satisfaction with their birth experience, make labour shorter, and lower the need for expensive medical interventions like C-sections or forceps. These are the outcomes that make one-to-one care so valuable yet it will remain an aspiration until there are more midwives.

Midwives under pressure

Almost one-third of midwifery heads have been asked to cut staff in 2011. Units have vacancies, but recruitment freezes leave posts unfilled. The situation is getting worse: a Parliamentary Question last year revealed there is not a single region in England that is meeting the nationally recommended ratio of one midwife for every 28 births. In 2010, 927 women had to be transferred when maternity units had to temporarily close. 50 per cent of these closures were caused by staffing issues.

Midwifery heads also report that midwifery graduates are scrambling for every job. The RCM is worried that morale is falling as the current pay freeze and staff shortages make midwifery a less attractive career. Half of midwives have thought seriously or very seriously about leaving their jobs and 76 per cent of them say staff shortage is a reason to consider leaving. They just can't deliver the care they were trained to give. The largest study of maternity care ever undertaken found one in six mothers in England felt their care was rushed.



ENGLAND

The birthrate increased by 22 per cent in the ten years from 2001, the highest growth rate of any of the UK nations.

The number of women aged over 40 giving birth increased by 71 per cent from 2001 to 2010.

Over 80 per cent of women in England did not receive one-to-one midwife care while in established labour in 2010.

WALES

In 2010 the Welsh home birth rate remains above 3 per cent per cent for the sixth year running. Wales continues to be the UK nation with the highest proportion of births at home.

Wales lost 10 per cent of its midwifery workforce between in just two years (2008-2010)

The good news for Wales is that unlike other areas of the UK, the average age of its midwifery workforce is declining.

What is our campaign calling for?

Midwives want to deliver safe, personalised, family-centred care. But they can't do this effectively in an environment where there aren't enough of them to go around. We need More Midwives to deliver the high standards of care that all women and their families deserve.

At a national level:

The NFWI will let Government know that the WI is concerned about the future provision of maternity training places and is calling for recognition of the workforce pressures that midwives are facing.

At a local level:

The WI is calling for those bodies now responsible for commissioning maternity care to implement one-to-one care and the choice guarantee. Back in 2008, contributors to the Independent Inquiry into Maternity Services said maternity was a low priority for trust boards. We are calling for this complacency to end.

WI members and communities:

Should support maternity services and midwives. Speak up about how valuable your midwife care has been for you and those close to you.

2001-2010: The number of midwives fails to keep up with the rising birthrate (England + Wales)



“I wanted a home birth but was told there wasn't enough staff or midwives who knew how to do it.”

London mother, Healthcare for London Maternity Project



Get involved – things you can do

- 1. Help us build the evidence base.** Have you or someone close to you given birth recently? We want to find out about mothers' experiences and what they want from maternity care. Take part in our survey! See our webpage www.thewi.org.uk/campaigns or contact the public affairs department.
- 2. Hold the date!** We'll be encouraging members to hold WI and community events to mark International Day of the Midwife: **5th May 2013**
- 3. Sign our petition.** Support our call for urgent action to ensure maternity services across England and Wales are adequately resourced. Copies are available from the NFWI website or contact the Public Affairs department.
- 4. Enter our 'Midwives Deliver' themed competition.** What does midwifery mean to you? Put your photography skills to the test and think creatively to capture an image that demonstrates the value of midwives. The best entries will feature in an NFWI exhibition. Contact the Public Affairs department for an entry form and more information on competition categories and prizes. Closing date 4 February 2013.



A history of helping: maternity care in the UK

1853 – Queen Victoria is administered chloroform to help with pain during the birth of Prince Leopold.

1900 – 1 per cent of women have their baby in a hospital. 100 years later, it is 98 per cent

1902 – Midwifery becomes a recognised profession in England.

1950 – The average size of a woman's family is 2.09 children and average mother's age is 26 years.

Early 1950s – Mothers have a 1 in 1,500 chance of dying in childbirth. Today, the chances are 1 in 20,000.

Late 1950s – Professor Ian Donald begins to refine the use of ultrasound in Glasgow. By the early 1990s a routine foetal scan at 20 weeks has become an integral part of antenatal care.

1962 – Fathers allowed into British delivery rooms for the first time. By 2010, 89 per cent of fathers and partners are present during labour and birth.

1960s – Only 20 per cent of babies weighing less than 1kg (2lbs 2oz) at birth survive. By the 1980s that figure is 80 per cent.

1970s – **The most common month for births begins to shift from November, to December in the 1980s and January today. Birth patterns arise from a range of factors, including cultural differences, holidays, temperature and climate.**

1978 – The world's first 'test tube' baby, Louise Brown, is born in Manchester. Since then, there have been over a million IVF births worldwide.

2001 – The average size of a woman's family drops to 1.88 children, and the average age of mothers is 29 years.

2007 – Tewkesbury experiences a two-decade birthrate high following devastating floods. It is common for birth rates to increase after natural disasters.



Victorian Traditions/Shutterstock

2007 – Mothers are given a choice guarantee of where to give birth, and are again promised one-to-one care in labour.

2011 – More babies are born in England than any year since 1972. The Royal College of Midwives calls for 5000 more midwives across the UK.

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August 2012
Public Affairs Department,
National Federation of Women's Institutes
104 New Kings Road, London, SW6 4LY
020 7371 9300
publicaffairs@nfwl.org.uk
www.theWI.org.uk
Charity Registration No: 803793