State of Maternity Services report 2011

The Royal College of Midwives
Executive summary

Welcome to the first annual State of Maternity Services report. The aim of this report is to provide an overview of the demands being placed on NHS maternity services across the UK and the resources available to deliver that care.

At the end of the report we outline our prescription for addressing the issues and problems we identify. We call for a shift to more midwife-led care, the appropriate incorporation into the workforce of maternity support workers, and a guarantee to maintain current midwifery training levels.

The baby boom has put significant pressure on maternity services across the UK

We hope that one of the strengths of this new report is that it covers England, Scotland, Wales and Northern Ireland in one place.

• In England we are seeing a failure to adequately address the chronic shortage of midwives. Whilst more midwives are being employed, these are simply being eaten up by the record-breaking baby boom.

• In Scotland the number of births is at a recent high, with older mothers compounding the workforce demands on the service. Whilst the number of midwives looks broadly sufficient, the ageing midwifery workforce presents a hidden problem that must be addressed if a retirement crisis is to be avoided.

• Wales is also experiencing a baby boom. It had largely managed to stay on top of this, but a dramatic shortage of midwives has suddenly emerged.

• To a great extent, Northern Ireland mirrors Scotland. The number of babies is not at its highest, but near it. It has a broadly adequate midwifery workforce, but one that is ageing rapidly.

Another strength of this report is that we have tried wherever possible to look at indicators over a reasonable timeframe. This has allowed us to step back from the small changes year-to-year that are often the focus of news reports, and take a longer-term perspective.

A new Welsh midwife shortage has emerged

Each of the four parts of the UK has experienced a rising number of births over the last decade. We are in a baby boom. England has seen the largest growth (22%), followed by Wales (17%), Northern Ireland (15%), and Scotland (12%).

Births are also becoming more complex. We have looked at the age of mothers as an indicator of complexity, and in England, Scotland, Wales, and Northern Ireland the number of births to women aged over 40 has increased by more than 50% since the start of the century. Meanwhile births to women and girls aged less than 20 seem to have fallen across the UK.

The baby boom has put significant pressure on maternity services across the UK, but how well services stand in each part of the UK varies. Scotland and Northern Ireland, even with a rise in the number of births, still have, broadly, a sufficiently large midwifery workforce. This is because both these parts of the UK had a sufficiently large workforce at the start of the boom.

England and Wales on the other hand have been overwhelmed by the rising number of births. England did not have nearly enough midwives even in 2001, and despite increasing the number of midwives quite substantially since, it still does not have enough. If England had employed enough midwives in the first place it would have weathered the baby boom adequately, but it had already been getting by with a threadbare service, unprepared for any shocks to the system.

Wales survived for most of the boom adequately enough. Like Scotland and Northern Ireland it had, until 2008, broadly enough midwives. Since then, however, our analysis has been that a new Welsh midwife shortage has emerged.

With midwives nearing retirement, therefore, the adequacy of numbers in Scotland and Northern Ireland may be temporary, and for England the warning lights must surely be flashing red – too few midwives, with many nearing retirement.

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The findings of this report could lead some to pessimism, but this would be wrong. By examining the situation in each part of the UK, side by side, we are able to see that it is not a relentlessly negative picture. Indeed, England’s situation is most certainly not hopeless. As the experience of Scotland and Northern Ireland shows, the midwifery shortage is a problem that can be solved. With its chronic shortage of midwives it must seem to ministers and others in England that not having enough midwives is an unavoidable fact of life. It need not be. If Scotland and Northern Ireland can manage it, so can England and Wales. If Wales can have a midwifery workforce that is not ageing, so surely can England, Scotland and Northern Ireland. It is a simple matter of political will and resources.
The number of births each year has skyrocketed since the beginning of the century, up 123,263 between 2001 and 2010. That is more than 10,000 extra babies born every month, and in percentage terms equates to a rise of 22%. At the last count, the number was still climbing.

The baby boom is not a regional or localised phenomenon either. It has taken place in every single region of England, although it has been stronger in some regions. Above average rises were recorded in London, the East Midlands, and the South West.

Since the turn of the century, therefore, we have seen a substantial rise in the number of babies being born in every part of England. This has placed a massive additional burden on maternity services that were already overstretched.
The age profile of pregnant women is getting older. Whilst the number of births to women and girls aged under 20 has actually fallen during the time of the baby boom, the number of births to women of other age groups has increased dramatically. Between 2001 and 2010 for example the number of births to women aged 40 or over rose by 71%.

These figures, which are for England and Wales together, reveal some truly remarkable trends in the age profile of mothers. The number of births, in 2010, to women and girls under 20 was 40,591; this was the lowest this figure had been since 1956, more than a half-century ago. This was down more than half from a peak of 86,746 in 1966.

Equally noteworthy is the dramatic rise in the number of births to older women. For women aged 40 or over, for example, the number of births in 2010 (27,731) was the highest since 1948, more than four times higher than the postwar low of 5,988, in 1977.

This ageing of mothers means greater demands on maternity services as pregnancies to older women are more likely to involve complications, which demand more of midwives and others in the maternity team. Combined therefore with the baby boom, this has a multiplying effect on the workload heaped on midwives.

The number of midwives in England has risen in recent years, but at a much slower rate than the number of births. There were the equivalent of 20,790 full-time NHS midwives in 2010, up 2,742 on 2001. As a percentage this was 15%, lower than the 22% rise in the number of births. In other words the growth in the workload of already overstretched maternity services has outpaced the more modest rise in resources.
The current midwifery shortfall of the equivalent of almost 5,000 full-time NHS midwives has existed for about the last five years. Whilst there have been increases in the number of midwives, the continued baby boom simply creates more demand. This shows that whilst the Government can legitimately say that there are now more midwives in the NHS than ever before, it is also true that we need many more. We need the NHS to redouble its efforts to fill this enduring shortfall.

A regional breakdown of midwife numbers is very revealing. Despite the nationwide baby boom, not even every region has increased its number of midwives, with the North West seeing a cut in midwife numbers between 2002 and 2010. Additionally, no region with the exception of London has increased its midwife numbers to match the boom in the number of births.

There are big challenges facing maternity care in London, but it is evident that as a region it has tried hard to make progress and match resources to births. The capital saw a 45% rise in the number of midwives between 2002 and 2010. This is not to say that other regions have not tried, but London clearly deserves recognition for its hard work in putting more resources into the service to improve care. Indeed, despite being home to only one in every five births in England, the capital has been responsible for almost a half of the net rise in midwife numbers since 2002.

Overall this is a story of a nationwide baby boom met by a patchy and underwhelming response by the NHS in England. The number of extra midwives has not kept pace with the booming workload, both in terms of the number of births and the added complexity (e.g. from older mothers) with some regions responding to the challenge in a particularly lacklustre way. All this happened during a period of rapidly expanding NHS budgets; the challenge for the future, especially if the number of births each year continues to rise, is how the NHS can perform better than it has done in the past in a time of spending constraint.
There has been an enduring midwifery shortage in England for some years. The only way to get large numbers of new midwives into the profession is through training student midwives, yet the record on student midwife numbers is patchy. In the 2005/06 academic year, for example, we even saw a 16% cut in numbers, and it took five years for numbers to climb back up to their 2004/05 level.

With an ageing profession, a substantial and consistent rise in student midwife numbers is the only way in which we will rectify the enduring problem of too few midwives working in the NHS in England. The Government's commitment to maintain midwifery training numbers in 2011/12 is welcome, but it must be sustained. It cannot be just a one-year, one-off guarantee because midwifery numbers must increase, and continued investment in students is the only route to achieve that.

**Age profile of midwives**

Midwives are getting older. The midwifery workforce under the age of 45 has shrunk between 2002 and 2010, while the under 50 workforce has remained static.

**Student midwives**

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The last three years – 2008, 2009 and 2010 – were the three years since devolution with the highest number of births in Scotland. That said, Scotland is not currently witnessing a historically high number of births; right up until 1995, for example, the annual number of births was consistently above 60,000.

Nonetheless, it is the direction in which the workload is heading that is important, and currently the number of births sits on a high plateau, broadly above where it has been for more than a decade. This means that the demands placed on midwives and maternity services generally are higher than they will have recently experienced.

The age profile of women giving birth in Scotland is getting older.

Births to the youngest women and to girls are down substantially. For women and girls under 20 the number of births fell 21% between 1999 and 2010; for girls under 16 the number fell 46% over the same period. These figures now stand at a historic low, with the number of births, in 2010, to under 16s at its lowest since 1963 and for under 20s it was at its lowest since 1952.

Meantime, births to women in the 35-39, 40-44 and 45-49 age groups are all up. There were more births to women in the 40-44 age group in 2010 than in any year since 1967. For the 45-49 age group it was the highest number of births since 1970.

As in England, this ageing of mothers places greater demands on the maternity services they are using.
It is our assessment that looking at Scotland as a whole, its midwifery workforce is broadly of about the right size. There is certainly not the kind of chronic shortage of midwives that there is in England. However, there are regional variations in the number of midwives and there are instances where maternity services could be improved.

That there is not a shortage of midwives in Scotland is a fact that should be celebrated. The situation in Scotland shows to decision-makers in England that an enduring shortage of midwives is not something that has to just be lived with and accepted as a fact of life. We would hope that England learns from this and follows Scotland’s example.

That stated, as the age profile of midwives in Scotland shows, within this positive picture is the issue of an ageing profession, which will increasingly need to be replaced.

**Age profile of midwives**

Scotland’s midwifery workforce is ageing.

We only have data for the four most recent years – 2007, 2008, 2009 and 2010 – but even within that short timeframe, there has been an identifiable ageing. Whilst, in 2007, the majority (56%) of the workforce was under the age of 45, by 2010 this had dropped to 46% and the majority (54%) was over the age of 45.

It is not simply the case, however, that a small number have tipped from one side of 45 to the other. Indeed, there were rises in every age group from 45-49 and above, the most substantial being a 50% rise in the number of midwives in their early fifties.
Since devolution at the end of the last century there has been, overall, a general, downward trend in the number of new student midwives beginning their studies each year. No academic year since 1999/2000, for example, has seen as many new student midwives as started their course that year. Indeed, comparing 1999/2000 with 2009/10 reveals that whilst the intake of new students directly into midwifery (i.e. not individuals who are already qualified nurses) is up five, this is more than counteracted by the number of conversion students (i.e. nurses training to become midwives) falling by 59. This is not good. As already pointed out, Scotland’s midwifery workforce is ageing. What we need to see therefore is not a downward trend in the number of new student midwife places, but an upward trend.
The number of live births in Wales has risen rapidly over the last decade, following a significant decline in the 1990s. Indeed, between 2002 and 2010 there was a 19% rise in births, up 5,747 per year during that period.

This is not just a national baby boom. Every part of Wales has experienced an increase in births over that time, with Cardiff seeing a massive rise of over 33%.

In a pattern repeated across the UK we see a fall in the number of babies born to women and girls under the age of 20, whilst simultaneously seeing a rise in the number of births to older women. The increase in the number of births to women aged 40 or over between 2001 and 2009 was over 50%, the fastest rising of any age group.
After years of having broadly enough midwives, in 2009 and 2010 Wales dramatically developed a sudden and worsening shortage. This is almost entirely due to a cut in the number of midwives; if as many midwives as were working in Wales in 2008 were still in post there would be no meaningful shortfall. This is self-inflicted, and not due to an unforeseen sudden rise in the number of births.

Indeed, in 2010, Wales had fewer midwives than it has had at any time since 2003. Between 2008 and 2010 the number of midwives dropped by almost 10%, while over the same period the number of births increased only marginally (by just under 1%), leaving Wales with a shortfall of 136 FTE midwives in 2010.

Though Wales fared well in the first half of the decade, this recent downturn is of significant concern.

The good news in Wales is that they have a midwifery workforce that is getting younger, not older. This is a significant achievement, and should be applauded. An ageing workforce is a concern in the rest of the UK, but Wales shows that it is an issue that can be addressed.

Midwives under the age of 35 made up almost 20% of midwives in 2009, compared to only 8% in 2004. Midwives over the age of 55 made up less than 12% of the workforce in 2009, compared to over 20% in 2004.

It is a shame that the sudden midwife shortage in Wales undermines their strong performance in other areas.
From only having 119 student midwives in the 2005/06 academic year, Wales has more than doubled the number of pre-registration midwives in training to 259 in 2010/11. This is a positive trend and provides Wales with the potential to quickly bounce back from its shortfall of midwives, though this will also depend on the NHS providing midwifery posts.
Northern Ireland is no different from the rest of the UK – it has also seen a substantial increase in the number of births since the turn of the century.

In 2010, there were 25,315 live births, an increase of 15% since 2001. The three latest years for which we have figures – 2008, 2009 and 2010 – were the years with the three highest number of births in recent years.

As with every other part of the UK, the age of mothers in Northern Ireland is increasing.

Just like the rest of the UK, the number of births to women and girls under 20 is down, whilst the number of births to women aged 40 or over is up (by over 50%).

Of course, just like the rest of the UK this means that the average birth will be more complicated, demanding more of the midwifery workforce. This amplifies the impact of the baby boom – as midwives cope with not just more births, but more complicated births.
The Royal College of Midwives

Northern Ireland

With the exception of 2008, when there was a brief shortfall in midwife numbers in Northern Ireland (as births peaked), the service can be said to be generally adequately staffed.

Whilst this can superficially look positive, the age profile of the midwives is just as important. This shows (details below) that the workforce is ageing rapidly. The service in Northern Ireland cannot therefore rest on its laurels, but rather must ensure that a sufficient number of new, younger midwives are entering the profession to head off significant workforce problems in the future.

Northern Ireland’s midwifery workforce is ageing rapidly. This matches the situation in England and Scotland.

Whilst only 36% of midwives in 2002 were aged 45 or over, this had jumped spectacularly to 55% by 2010. A dramatic fall in the number of midwives aged between 35 and 44 has been matched by rises in the older age groups; this is a clear indication that a static workforce is slowly ageing, and their numbers are not being replaced. Unless addressed as a matter of urgency this will be a significant challenge in future years, and will only get harder to solve the longer it is left.
Our prescription

There are a number of steps that could be taken to address the shortage that is prevalent in England and Wales, and also the ageing of the profession, apparent everywhere but Wales.

Firstly, providing more midwife-led units and more home births will reduce the shortage. This is because in terms of workforce planning, births in such units or at home result in fewer interventions and are therefore less demanding of midwife time. In terms of hard numbers, it would mean that for every 10,000 births moved from a consultant-led unit to a midwife-led unit or to a home setting, the required midwifery workforce would be reduced by the equivalent of 71 full-time midwives.

Secondly, maternity support workers (MSWs) who have been adequately trained, are suitably deployed and appropriately overseen can perform up to 10% of the tasks traditionally carried out by a midwife, current analysis suggests. Given that our estimated midwifery workforce in, say, England was 25,454 in 2010, around 2545 could be covered by MSWs. This would bring the England shortfall down from 4664 to 2119. It must be noted however that individuals cannot just be thrown into these roles; it is technical work and requires, as stated, high quality, standardised, funded training, followed by appropriate deployment and oversight.

Thirdly, we believe current levels of midwifery training in each part of the UK should at least be maintained and in some regions increased. The number of midwives in the NHS across the UK is up; there are jobs for midwives as the profession grows. With the birth figures up in three of the four UK countries in 2010 there is growing demand for them too. Keeping up numbers going into training is necessary for an adequate supply to emerge at the other end.

That would also exert a downward pressure on the age profile of midwives, which is needed in England, Scotland and Northern Ireland. To illustrate the scale of this problem, it is worth pointing out that over 11,000 midwives in England alone were, in 2010, aged between 45 and 59, less than 15 years off the age at which a great many midwives retire.

Taken together we believe that these measures would substantially address the size of our estimate of the number of midwives needed in each part of the UK and reduce the age profile of midwives:

- more births in midwife-led units and at home
- appropriate deployment of properly trained and supervised MSWs
- a guarantee not to cut midwife training places