

It doesn't add up: counting the cost of the midwifery workforce crisis

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Giving birth has long been the most common reason for hospital admission. In 2020, England and Wales welcomed over [615,000](#) babies into the world. If we agree that every birthing person needs a midwife at their side, why then have midwifery workforce numbers been left to shrink to dangerous levels?

NHSE/I refer to 'gaps' in the workforce. This doesn't do justice to the monumental scale of the current midwifery recruitment and retention crisis.

Workforce supply has been exacerbated by the pandemic, but the challenges highlighted by the [RCM](#) in 2017 warned of a gathering storm. It signalled that over 30% of midwives were 50+ years old - a ticking retirement time-bomb.

Simultaneously, student finance changes ended bursaries and introduced tuition

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fees, while [RCM](#) warnings of the impact on applications were ignored. 2018's [HEE's RePAIR Report](#) confirmed that applications to study midwifery decreased ([c.35%](#)); and student midwife attrition increased ([c.31%](#)). The majority said this was for 'financial reasons'.

NHSE/I [announced](#) that maternity units could share £95.9m to help recruit 1,000 midwives. Their expectation is that all

maternity services will be fully staffed before April 2022 in line with [Birthrate Plus](#), the approved safe staffing toolkit.

This rings hollow when there are few midwives on the market to recruit and the [parliamentary committee \(p54\)](#) reported that a *minimum* of 1,982 were needed.

To cover midwifery workforce 'gaps' the NHS commits over £70m annually for agency, bank staff and overtime. Along with [£4.5m](#) [announced](#) to

support the recruitment of 400 international midwives, one might argue this demonstrates a colossal failure in proactively planning for a sustainable midwifery workforce.

[The parliamentary report into the safety of maternity services](#) investigated how the under-investment in workforce has led to an exponential rise in the cost of clinical

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negligence claims to [NHS Resolution](#) for obstetric harm. In 2020-21 this accounted for a whopping 59% of the £7.1bn total.

So, what does a maternity unit in distress look like?

It means midwives are increasingly fearful that they cannot deliver against the professional standards detailed in the [NMC Code](#).

- **Unable to prioritise people:** There are insufficient staff to manage the demands on the service. Women get less time and care from midwives. There is less capacity to prevent [worse outcomes for many women and babies](#) or deliver essential public health initiatives.
- **Practising ineffectively:** Seeing the erosion of cooperation; failures in communication and less civility in the workplace; the quality of documentation is compromised; and student midwives experiencing a sub-optimal learning environment.
- **Less preservation of safety:** Staff stretched to work beyond the limits of their competence leading to more mistakes and harm. Missed opportunities to identify families that are struggling or where there may be threats to safety at home.
- **Diminishing professionalism and trust:** Insufficient staffing impacts on the ability to participate in vital safety training. When things go wrong, time to deliver clinical care is eroded further by the need to

cooperate with investigations and audits.

Midwives strive to provide safe and compassionate care, but when units have midwifery vacancy rates as high as 20-30%, the system needs to be held accountable for failing midwives and the families they care for.

What may change this? My top three suggestions...

1. A sharper focus on the retention of existing midwives. [Data from the past decade](#) shows a real terms fall in midwife pay of £1,813 pa.
2. Given the impact that changes to student finance have had on student midwife applications and retention, why not scrap tuition fees and re-introduce bursaries to help widen participation?
3. We could diversify the maternity workforce by accelerating implementation of the [Maternity Support Worker Career Development Framework](#). Using apprenticeships, we could increase the workforce capacity at pace.

A grass-roots organisation has emerged to organise countrywide vigils on **Sunday, 21 November 2021 from 2pm** to establish a network to share outrage at this mounting national calamity. Visit the [March With Midwives UK Facebook page](#). Their primary aim is to lobby those in positions of power at political, policy and strategic levels to take urgent and meaningful action.

This current situation cannot be endured for much longer. We all deserve better.