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Executive summary

The RCM’s annual State of Maternity Services Report provides an overview of some of the ‘big picture’ trends that are taking place in the midwifery workforce and identifies some of the challenges that face the profession and our maternity services. This year, for the first time, the RCM is publishing individual reports for England, Scotland, Wales and Northern Ireland, rather than one report for the UK as a whole.

England remains short of midwives, a situation openly acknowledged by the Government. In fact, the RCM’s new estimate, based on the number of births last year and the number of staff in post, is that the country’s NHS is short of the equivalent of 3,500 full-time midwives.

The situation was helped last year, and the shortage eased, by a fall of 2.5 per cent in the number of births. The number was in fact down by 6.8 per cent from the 40-year high of almost 700,000 births in England in 2012, but was still 14.7 per cent – or over 83,000 births – higher than 2001.

“We welcome wholeheartedly the Government’s commitment... to train an additional 3,000 midwives.”

The RCM is also concerned that the rate of expansion of the midwifery workforce is slowing. In the years immediately after 2010, we saw annual net rises in the number of full-time equivalent NHS midwives in England of around 300 to 500; in the last four years however annual rises have been consistently below 200.

The rise in the number of students and graduates has begun to feed through into the age profile of the profession, which has been a major concern for us over several years. The proportion of midwives in their twenties or thirties has jumped from 34 per cent in October 2010 to 45 per cent in October 2017. If we count heads, that equates to an extra 3,511 midwives under 40.

Over the same period however the proportion of midwives in their fifties and sixties (with a handful in their seventies) also rose, from just over a quarter (28 per cent) to almost a third (32 per cent). In headcount terms, that was an extra 1,573 midwives aged 50 or above. The NHS is lucky to have these midwives. They will bring to their work many years of experience, but inevitably they are beginning to near retirement and we need to act in good time before they leave the service.

We do need to consider also what the implications are of these changes to the age profile of the midwifery workforce. People will tend to have different responsibilities at different stages of their life, from juggling the needs of raising a young family to caring for elderly parents, and eventually having a higher likelihood of developing medical conditions of their own.

We welcome wholeheartedly the Government’s commitment, announced in March, to train an additional 3,000 midwives over the next few years, over and above existing plans. We need to ensure that there are enough midwifery lecturers and clinical placements to mirror this step change in training numbers, and be wary of the impact of the abolition of bursaries and the introduction of fees. That stated, this is nonetheless a welcome commitment to addressing the shortage and the continuing challenge of the age profile of the midwifery workforce.

In March there were 1,701 midwives who had trained elsewhere in the European Economic Area and who had registered with the regulator, the Nursing and Midwifery Council, to practise in the UK. The number coming to the UK has collapsed since the referendum in 2016, standing at just 33 in the 12 months to the end of March 2018. The number leaving is up, with 234 leaving in the same period.

Whilst these numbers relate to the whole of the UK and not just England, the lion’s share of these midwives work in the NHS in England. Their contribution is immensely important. Put together, they will be providing care for tens of thousands of women every year. We therefore call on the Government to commit to their right to remain here in the UK post-Brexit even in the event of a ‘no deal’ exit from the bloc.

After several years of negative trends within the midwifery workforce in England, we are starting now to see some more positive trends emerge. We have a commitment from the Government to train 3,000 more midwives over and above existing plans. We are starting to see an improvement in the number of younger midwives in post, helping to address the longstanding issue of the age profile of the profession. And whilst the rate of improvement has slowed, the number of NHS midwives in England is growing and has been doing so for several years; with the number of births off their peak, this provides an opportunity, if sustained, for the shortage to begin to fall, which would be a real achievement.

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But challenges persist. The changing age profile of mothers continues to mean that more midwives will be needed. Whilst the number of new midwives emerging from our universities is up, we seem to need 30 graduates just to add the equivalent of one full-time NHS midwife. Whilst we are seeing more younger midwives, we still have a substantial number of midwives not far from retirement. And what may become a permanent loss of large numbers of EU midwives will need to be addressed.

We look forward to engaging over the course of the next year to see if we can sustain the improvements that we are seeing and help tackle the challenges. We’ll report back in the next State of Maternity Services Report.
Every region has seen a rise in births since 2001. The region with the most births each year, London, has also seen the largest rise since 2001: 21 per cent. Last year over 126,000 babies were born in the capital, up over 22,000 since 2001. Two other regions, the South East and the West Midlands, saw rises of over 10,000 births since 2001, with the East of England seeing the next highest percentage rise in births, of 18 per cent. The North East saw both the smallest number of babies born and the smallest rise since 2001.
There has been a stark change in the age profile of mothers in recent years. Since 2001, births have fallen to women in the youngest age groups and risen in older age groups. Births to women in their thirties are up over 76,000 since 2001. Births to women in their forties were up over 80 per cent from over 16,000 in 2001 to over 29,000 in 2017. The number of babies born to women and girls under 20 more than halved over the same period, from over 44,000 to around 20,000.

Births to all age groups fell between 2016 and 2017, but the falls were largest – in both numerical and percentage terms – in the younger age groups and smallest in the older age groups.

Age profile information for England and Wales goes back to 1938. In every year before 2013, most births took place to women below the age of 30. In every year since 2013, most births have been to women in their thirties or older. By 2017, 55 per cent of births were to women in their thirties or older – higher than ever before.

Older women will typically require more care during their pregnancy and postnatally. This will not be true in every case, but overall it does add to the mix of complexity with which maternity services must cope. The very clear ageing of the profile of women accessing maternity care does therefore increase the number of midwives needed by the NHS.
Student midwives at any stage in their training

Source: ministerial answers to parliamentary questions

New student midwives

All student midwives

Source: ministerial answers to parliamentary questions
There is positive news in the figures on midwifery training. The number of training places on midwifery courses is growing, as is take-up of those places. Overall the total number of students in training to become midwives is up and the number graduating each year rose by 51 per cent between 2010-11 and 2016-17 from under 1,500 per year to over 2,100. All these numbers should rise further once the taps open up on the 3,000 additional training places planned by the Government.

We will sound one note of caution however. We will need to look in detail at student midwife numbers in subsequent State of Maternity Services Reports to ascertain the impact of the decision by the Government to impose fees on student midwives for the first time and to remove the bursary. We worry that these decisions will have a detrimental effect on midwifery training.
The number of midwives in the NHS in England is up since May 2010. By May 2018 the total had risen by the equivalent of 2,123 full-time midwives. That is welcome, although there is still an England-wide shortage of 3,500 full-time equivalent midwives.

The largest part of that rise came in the years immediately after 2010, when every year delivered a net rise of between 300 and 500 midwives. In the last four years however we have only seen the midwifery workforce grow annually by less than 200 – and, in the most recent 12-month period, by just 67.

If we look at the month-to-month changes in midwife numbers we see that there is a marked spike each year as the rising number of midwifery graduates emerge from our universities. This is then largely cancelled out during the rest of the year as midwives leave the profession, because of retirement or for other reasons.

It is striking that the number of midwifery graduates each year is now over 2,000 but the net rise in the number of midwives in the most recent 12-month period was just 67. This means, if we crunch the numbers, that we need to train around 30 new midwives to put the equivalent of just one extra full-time midwife on the NHS frontline.
The age profile of midwives changed quite dramatically between October 2010 and October 2017. It became flatter, with a more balanced distribution across age bands. In October 2010, midwives in their forties represented 38 per cent of all midwives; in October 2017, this had become 24 per cent.

The proportion of midwives under 40 years of age rose from 34 per cent in October 2010 to 44 per cent in October 2017. If we count heads, that equates to an extra 3,511 midwives in their twenties and thirties.

There has been however a rise in the number of midwives aged 50 or over, up from just over a quarter (28 per cent) in October 2010 to almost a third (32 per cent) in October 2017. In headcount terms the increase was 1,573.

The age profile of the profession has been a concern for some time, so it is positive that the NHS in England now employs many more younger midwives. We have not however seen a matching decline in the proportion of midwives who are in the oldest age groups; in fact, they are increasing, both in headcount terms but also as a proportion of the midwifery workforce.

The age profile problem remains therefore, with even more midwives fast approaching retirement in 2017 than there were in 2010. Whilst the Government’s commitment to increase planned midwifery training numbers by 3,000 over the next four years is very welcome, we may need to consider maintaining that for longer than currently planned.
In March there were 1,701 midwives who had trained elsewhere in the European Economic Area (the EEA) and who had registered with the Nursing and Midwifery Council to practise in the UK. The number coming to the UK has collapsed since the referendum in 2016, standing at just 33 in the 12 months to the end of March 2018. The number leaving is up, with 234 leaving in the same period.

The contribution these midwives make is immensely important, especially when we consider that England-wide the service is short of the equivalent of 3,500 full-time midwives. Put together, they will be providing care for tens of thousands of women every year.

We welcome the fact that the UK Government is proposing what appears to be a straightforward process for citizens of the 27 other EU member states who are living in the UK to register their status in preparation for life post-Brexit. We would like to see the Government make clear that even in the event of a ‘no deal’ Brexit, this system will still go ahead.