

UK parliamentary report reveals shortage of midwives is causing preventable maternal deaths

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The abysmal state of maternity care in the UK, among the worst in Europe that is putting mothers' and babies' lives at risk, was spelled out in a parliamentary report following a recent inquiry into birth trauma.

"Listen to Mums: Ending the Postcode Lottery on Perinatal Care. A report by The All-Party Parliamentary Group on Birth Trauma" was published in May and paints a devastating picture of neglect after decades of underfunding to the National Health Service (NHS).

The inquiry was set up by Conservative MP Theo Clarke and Labour MP Rosie Duffield after Clarke, giving birth in an NHS maternity unit, was left traumatised thinking she "was going to die."

The inquiry's findings are shocking. Sampling 1,300 women and maternity professionals, it found 4 to 5 percent of women develop post-traumatic stress disorder (PTSD) every year after giving birth—approximately 30,000 women in the UK. About a third experienced birth as traumatic.

One respondent to the inquiry spoke about postnatal bleeding, which is life-threatening: "About 6 hours after [my son] was born, I experienced a heavy bleed. I could see my white hospital bedsheets going red and I thought I was haemorrhaging again. I pressed my bell, nobody came. I pressed it again harder, and nobody came."

Others told the inquiry they were denied pain relief, or left with life changing injuries, including severe tearing leading to bowel incontinence. Some babies were brain damaged through lack of oxygen, while others were stillborn through complications during labour.

Behind the litany of horror stories, including overworked maternity staff not having time to listen to patients, is a service depleted of funds.

One midwife told the inquiry she and her colleagues "are witness daily to the devastating impact of poor

staffing, poor provision of resources, poor care and poor communication, which result in people lacking confidence in the service and the standard of care they will receive."

Unable to do their jobs properly, suffering stress and burnout, the inquiry found that midwives have "the highest rate of absences for mental health reasons within the NHS."

Donna Ockenden, who chaired an Independent Review of Maternity Services in Nottingham, told the inquiry that staff retention was a major problem: "If we are losing midwives with 20, 30, 35 years' experience, if they are leaving the NHS in their fifties, early sixties because they can't cope... then being replaced by a more junior workforce who are not being supported in those early days of their career... two going out doesn't equal two coming in."

A survey by the Royal College of Midwives (RCM) over a one-week period in March this year revealed 136,834 extra unpaid hours were worked. But this did not compensate for staff shortages as 76 percent surveyed said "their workplace was not safely staffed during those seven days in March."

The BBC reported in January a shortage of 2,500 midwives, with many more leaving the job. Hannah, a midwife, told the BBC, "I walked away from it because I couldn't live with myself if I provided unsafe care for someone because the staff numbers were unsafe."

The consequences of staff shortages and underfunding are catastrophic. *Birth Trauma* cites the findings of a separate report, "Saving Lives, Improving Mothers' Care," produced by Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries Across the UK (MBRRACE-UK). It found the UK's maternal death rate was the second highest in an eight-country European study in 2022.

MBRRACE-UK reported maternal death rates in pregnancy and up to 42 days after birth were 9.6 per 100,000 births, only less than the worst rate in Slovakia at 10.9. The lowest rate of 2.7 was in Norway. Heart disease, thrombosis and suicide were listed as the main cause, the latter pointing to traumatic experiences during birth and poor aftercare, when women are susceptible to postnatal depression. The lack of good quality pre/post-natal care plays a significant role in preventable deaths.

Led by Professor Marian Knight of the University of Oxford, the MBRRACE-UK study reported rising maternal mortality rates. In 2020-2022, 272 mothers or 13.41 per 100,000 died during pregnancy or up to six weeks after giving birth. Between 2017-2019 and 2020-2022, there was a statistically significant increase in maternal mortality, excluding deaths due to COVID-19. The rate in 2017-2019 was 8.79 in 100,000.

Commenting on the findings, Knight told the *Guardian*, “Maternal mortality rates are a barometer of health systems.”

MBRRACE-UK also found “Women living in the most deprived areas have a maternal mortality rate more than twice as high as women living in the least deprived areas.” Women from Black ethnic backgrounds are almost three times more likely to die around childbirth and Asian women twice more, than white women.

The Royal College of Obstetricians and Gynaecologists declared the work by MBRRACE-UK “adds to the weight of evidence showing lives are being lost to persistent inequalities.”

Birth Trauma is not the first official inquiry into maternity services involving deaths and injuries to mothers and babies. All were ignored by government.

The past 10 years alone saw three investigations into maternity care, at Morecambe Bay, Shrewsbury and Telford, and East Kent hospital trusts, which made recommendations to improve maternity care.

Current inspections by the Care Quality Commission (regulating health and social care), however, found nearly half of maternity units in England either “inadequate” or “requires improvement”. There are currently nearly 1,900 cases under investigation at the Nottingham Hospitals Trust alone concerning failings in maternity care.

The *Birth Trauma* report concludes with a list of recommendations, including “a new Maternity Commissioner who will report to the Prime Minister, which will outline ways to: 1. Recruit, train and retain more midwives, obstetricians and anaesthetists to ensure safe levels of staffing in maternity services and provide

mandatory training on trauma-informed care.”

Women’s Health Minister Maria Caulfield responded to the findings of *Birth Trauma* with the lame statement: “maternity services are not what they should be” while remaining silent on decades of funding cuts overseen by Tory and Labour governments.

The deliberate collapsing and defunding of the NHS is being used as a battering ram to pave the way to a private health insurance model.

In 2021 and again in 2022, midwives and maternity support staff took to the streets to protest lack of funding and chronic understaffing. This rank-and-file action was not supported by the Royal College of Midwives (RCM).

Last year the RCM and other health unions sold out their members’ disputes over jobs, wages and cuts to the NHS, pushing through below-inflation pay deals. The health unions blocked calls for sector-wide action against the destruction of the NHS, working with the Labour Party to head-off a direct confrontation with the Tory government.

Labour Shadow Health Secretary Wes Streeting has rejected calls for extra spending on the NHS, decrying a “something for nothing culture.” His promise to shorten NHS waiting lists is based on exhausted doctors working weekends and a further extension of the private sector.

Streeting has pledged “unsentimental reform” of the NHS, saying a Starmer-led government “will go further than New Labour ever did. I want the NHS to form partnerships with the private sector that goes beyond just hospitals.”

Both Labour and the Tories are committed to NATO’s expanding wars and massive hikes in military spending. The Institute for Fiscal Studies has predicted the health budget will fall from £168.2 billion in 2023-24 to £166.2 billion in 2024-25. Institute for Fiscal Studies Senior Research Economist Ben Zaranko wrote last year that “Defence cuts effectively paid for UK welfare state for 60 years—but that looks impossible after Ukraine”.

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