

March with Midwives Manifesto

“The birth of a child should be a wonderful, life-changing time for a mother and her whole family. It is a time of new beginnings, of fresh hopes and new dreams, of change and opportunity. It is a time when the experiences we have can shape our lives and those of our babies and families forever.”

- Julia Cumberlege

2021 has seen maternity services become critically unsafe for staff and users ¹.

A recent RCM survey of midwives found 60% of staff are thinking of leaving the profession ².

For every 30 newly qualified midwives, 29 are leaving ³.

Bullying and toxic hierarchical management systems are stifling innovation, silencing whistleblowing and causing psychological harm ⁴.

Top-down pressures that include fear of disciplinary or legal action result in a lack of midwifery autonomy and an erosion of the traditional role of the midwife.

Midwifery skills are being lost and the profession is being eroded ⁵.

Black women have a 4 x higher risk and Asian women a 2 x higher risk of dying in pregnancy than white women and are more likely to die during the childbearing year ⁶.

Parents are reporting bullying and coercion. Threats are used to ensure compliance

Unnecessary medical interventions are at epidemic levels

Trauma - amongst parents and midwives - is rife.

Conversely, concerns are being missed and intervention made too late - much of this due to staffing problems ⁷.

The UK has higher rates of and a wider socio-economic gap in infant mortality compared to many other high-income countries with universal healthcare systems ⁸

Death rates in the UK are disproportionate across ethnic groups - highlighting that we have a maternity system that better serves white women and people than women and people from Black and Asian ethnic communities ⁶

UK Breastfeeding rates are drastically low and continue to fall due to lack of skilled Support ⁹.

Families are voting with their feet and choosing to birth alone in increasing numbers¹⁰.

Government promises are not being kept. The Better Births Report is over 5 years old and continuity of carer/Best Start teams cannot be effectively implemented due to staffing issues and lack of funding. Attempts at continuity are, in many instances, adding to the pressures on staff.¹¹

The 2019 NMC Standards for Proficiency are not being adhered to or prioritised and disparities in trust budget allocations continue to increase geographical, racial and demographic disparities in the care available to service users¹².

Giving birth in the UK, a high-income country, is currently carrying risks that are representative of low-income countries⁸.

Opinions of the March with Midwives Grassroots Movement

Where women, parents and babies are not well, their families, communities and countries become unwell. This crisis impacts every level of society. Damage to babies and families ripples out across the whole of society and creates the need for more social and health care later. Fixing the beginning of life is an investment.

The maternity system is not just under pressure or even on its knees. It is utterly broken and not fit for purpose. Maternity negligence payouts are crippling the NHS and a system wide review is urgently required.

Crisis management measures are required IMMEDIATELY.

Midwives demand more time, more money and more autonomy

'Midwives Voices, Midwives Demands', White Ribbon Alliance 2021

Therefore we demand:

LISTEN to all staff and service users and their advocates

FUND emergency retention

ENABLE anybody willing to work or train

REDUCE the demands on staff

- 1. LISTEN:** The APPG and health ministers concerned with maternity need an urgent consultation with us to undertake a system wide diagnosis to address the immediate crisis.
- 2. FUND:** An immediate appropriate, restorative pay rise for midwives that reflects the value society places on their vital work. Award recruitment and retention premia to

new entrants and existing staff. Provide financial support for student midwives and create posts for all newly qualified midwives.

- 3. ENABLE:** Make it possible for Self Employed Midwives to work, thus putting 250 experienced midwives immediately back into the workforce.
- 4. REDUCE:** Provide £5m of crisis funding to 3rd sector organisations for the provision of breastfeeding support and antenatal education to reduce the pressure on midwifery staff.

“Birth in Western society has become an institutionalised act of violence against women”

-Sheila Kitzinger.

Furthermore, we demand:

5. That employers view flexible working positively and therefore create a child-care stipend and flexi-time options (in Trusts and Universities) that allow family friendly working.
6. More flexible bank shift options and freedom to choose specific areas to work in.
7. We welcome the financial help package and one off reward payment for Return to Practice midwives and call for this to go together with a simplified Return to Practice process.
8. Financial support for Student Midwives.
9. Obstetric education that requires student doctors to shadow midwives to observe physiological childbirth.
10. Effective, compassionate support that puts the emotional wellbeing of staff at the centre, and includes free access to psychological support for staff.
11. Promote, protect and provide choice and relationship-based care.
12. Ensure that service users, either independent or from third sector organisations, are involved in planning maternity services and that they are able to be remunerated for their time equitably.
13. Greater transparency: a requirement to end defensive management practices that result in complaints and critical reports being buried.
14. Count babies in patient numbers on postnatal wards so staffing ratios are calculated appropriately.
15. Increased administrative support for midwives to reduce their non-clinical workload.
16. An end to the practice of using on-call community midwives to cover staff shortages, which leads to direct violations of safety standards, employment law and human rights protections.
17. An urgent end to the maternity blame-based litigation systems that result in defensive practice and coercive treatment of service users. We call for this to be replaced by a Just and Learning culture.
18. A prioritisation of the recommendations within the September 2021 Equity and equality guidance as mandatory in all trusts and CCGs.

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8) Are infant mortality rates increasing in England? The effect of extreme prematurity and early neonatal deaths

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12) Nursing and Midwifery Council Standards of Proficiency

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