

blueprint

for better maternity care in Scotland



Royal College
of Midwives

Blueprint for better maternity care in Scotland

The COVID-19 pandemic will cast a shadow over Scotland, the UK and the world for years to come. Its effects will be felt in areas across society, but also of course in healthcare. The pandemic has shone an intense and unforgiving light on many longstanding problems, in Scotland and beyond, not least the health impacts of stubborn inequalities.

If the new Scottish Government is to tackle these inequalities effectively, it must put investment in maternity services at the heart of its agenda. Good support during pregnancy improves the health and outcomes for mothers and pregnant people and gives the baby the best start in life.

The Royal College of Midwives Scotland has identified five areas where we want to see action from the Scottish Government in the future. Naturally, our focus is on maternity services, but there is work to do across the whole of the health service

1. Tackling social deprivation

The pandemic has hit socially deprived areas harder than more affluent areas. COVID's unequal impact follows a familiar pattern, and acts as a stark reminder to everyone of the need to tackle these deep, longstanding inequalities.

This is of course a challenge that goes far wider than the provision of healthcare, but healthcare has a vital role to play in any broad-based

attempt to tackle the inequalities caused by social deprivation.

For maternity care, this means more specialist midwives with a particular focus on supporting women living with severe and multiple disadvantage, and multidisciplinary teams including midwives focused on delivering the best care to women from socially deprived areas – helping to level up outcomes for all women.

We are asking that the next administration in Scotland actively promotes and supports the development of well-funded, dedicated services for those pregnant women and new parents in every part of Scotland living with adversity and deprivation.

2. Delivering the best maternity care for all the people of Scotland

The pandemic has hit the poorest and most deprived the hardest, including those from Black, Asian and minority ethnic communities. This builds upon existing, deep racial inequality; at its most stark, Black mothers are more than four times more likely to die in childbirth than white mothers.

The next Scottish Government should commission work focused on understanding the experiences and outcomes that Black and Asian women in particular have when using

NHS maternity care in Scotland. This should be followed by specific targets and action aimed at delivering maternity care grounded in equality of experience and outcome for all.

3. NHS staff need to recover from the pandemic

This last year has been brutal on NHS staff. Maternity services have remained open throughout the pandemic, with midwives and maternity care assistants (MCAs) supporting pregnant women in often challenging circumstances. The system and the people need time to recover, which will need to be balanced against continuing to provide services.

Black mothers are more than four times more likely to die in childbirth than white mothers



The past year has taken a heavy toll on both the physical and mental health of many people, including healthcare staff who were on the frontline throughout. Services such as the National Wellbeing Hub, the National Wellbeing Helpline and, more recently, the Workforce Specialist Service have been welcomed by staff across the NHS in Scotland. We would like to see these continued, supplemented and built upon, not only for the post-pandemic recovery, but as a way of supporting the wellbeing of staff over the medium to long term too.

Many maternity staff are still suffering the long-term health impacts of COVID-19, so-called long COVID. It is vital that any recovery package includes support for those who have been affected.

All of us have experienced a year like no other and having the time to recover and refresh is vital to retaining staff. We need to ensure that any significant service redesign associated with the Best Start maternity policy is begun in a measured way, neither too soon nor too fast, to ensure its successful implementation.

Keeping hold of the staff we have – by paying them enough and treating them well – is just as important in maintaining the size of the NHS workforce as training new midwives and MCAs. The next Scottish Government must continue to develop services to support the wellbeing of all healthcare workers and that this should include work at the national level to promote positive workplace cultures and imaginative approaches to retaining staff.

4. Birthplaces that are fit for the future

Social distancing and good ventilation are key to preventing the spread of the virus. This has however been a struggle in many of Scotland's old, outdated NHS buildings. Many simply do not physically allow for socially distanced care, putting staff and the women and families in their care at risk.

Scotland's maternity services – and the staff who work there and those they support – deserve buildings that are fit for purpose. The next Scottish Government must assess and refresh the NHS's physical estate for maternity care. This provides an opportunity to provide women in Scotland with more choice over where to give birth, including in purpose-built midwife-led units.

5. End Scotland's midwife shortage for good

If we are to give women and families the support they deserve, we need more midwives in all parts of Scotland, particularly in the north of the country. This is fundamental to improving maternity care across the whole of Scotland.

Because midwifery training in Scotland is restricted to just three universities – Edinburgh Napier University; Robert Gordon University; and the University of the West of Scotland – the odds are already stacked against some areas of the country. With training concentrated in just three universities, fewer students apply from areas that are more distant from those institutions and, typically, student midwives

will seek clinical placements near to where they study. This means we have a much lower number of newly qualified midwives from the Highlands, Islands and Tayside. As a result, these areas are struggling to attract midwives as they finish their training.

To broaden access, we need to see midwifery education offered in more universities and we also need to see a more flexible approach to training. Shortened programmes for nurses and other healthcare professionals could enable us to bolster the midwifery workforce more quickly, while a defined route into midwifery for MCAs could capitalise on existing maternity experience.

Many maternity staff are still suffering the long-term health impacts of COVID-19, so-called long COVID. It is vital that any recovery package includes support for those who have been affected.



