

Northern Ireland

state of
maternity
services
2023



Royal College
of Midwives

Introduction


Recent years have seen some positives for maternity care in Northern Ireland. The big rises in the number of student midwives mean we now have many more newly qualified midwives, and with it a midwifery workforce less skewed towards those nearing retirement. But there are big challenges too that need to be tackled urgently and head on.

The demographic makeup of women using maternity services in Northern Ireland is changing rapidly. In a dramatic recent change, pregnant women today are more likely to be in their thirties than in their twenties. Over one in four is obese, and fewer than half have a weight in the healthy range. They are also much more likely to have been diagnosed with diabetes than a decade ago. All of these factors and more have massively increased and complicated the workload of our midwives.

We need action to address these challenges. The best step that can be taken is for the development and publication of a new maternity and neonatal strategy for Northern Ireland. That is years overdue and is something the RCM has long called for. It is an idea that has cross-party support, but which is held back by the frustrating continuation of the suspension of the Assembly and Executive. We need urgently for politicians to get back to work in the institutions. Added to this we need more

midwives, something we can achieve not just through continued investment in more training but by keeping the staff we have. How? We pay them better and treat them better.

Let's see our institutions back up and working again. Do that and the RCM stands ready to work with politicians in Northern Ireland to tackle these challenges. The women and families of Northern Ireland deserve nothing less.



The average age of women giving birth has been steadily rising over the past decade and may well continue to do so for a while yet



Births in Northern Ireland

The number of births in Northern Ireland has edged slowly downwards over the past decade, from just above 25,000 in 2011 to around 20,500 in 2022. This trend is replicated across the five Health and Social Care Trusts.

However, we are also seeing marked changes in the demographic profile of women giving birth. The fall in the number of births we saw between 2011 and 2021 came essentially to those aged under 32. There were actually more births to women aged 32 or over in 2021 compared to 2011. The average age of women giving birth has been steadily rising over the past decade and may well continue to do so for a while yet.

This matters because women's clinical needs during pregnancy rise significantly with age. It is important for us to be absolutely clear that pregnancy and birth are still safe for the vast majority of women, but older mothers are more likely to experience higher rates of pregnancy-related conditions, and higher rates of assisted birth, leading to longer stays in hospital. This does mean that they will need more support from midwives and other maternity staff. All of that has implications for the size of the workforce needed.

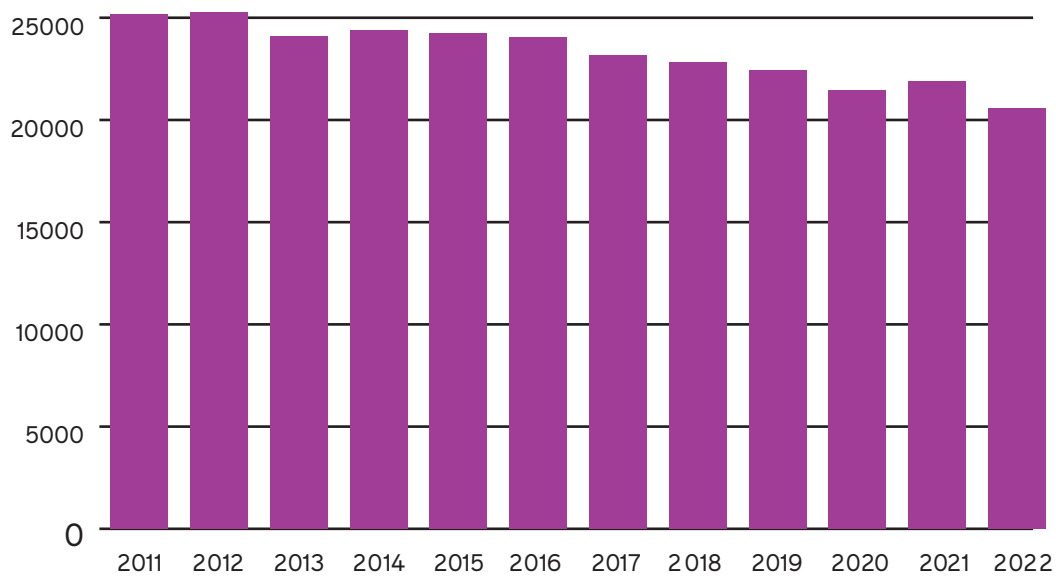
Increasingly, and quite rightly, women have higher expectations of maternity services than in generations past. They have been promised greater choice over how and where to give birth, and greater continuity of care and carer during pregnancy and birth. The greatest resource commitment attached to these promises is that of midwifery time, and this too must be counted and costed in midwifery staffing levels. We cannot provide 21st century maternity care on 20th century assumptions about suitable staffing establishments.





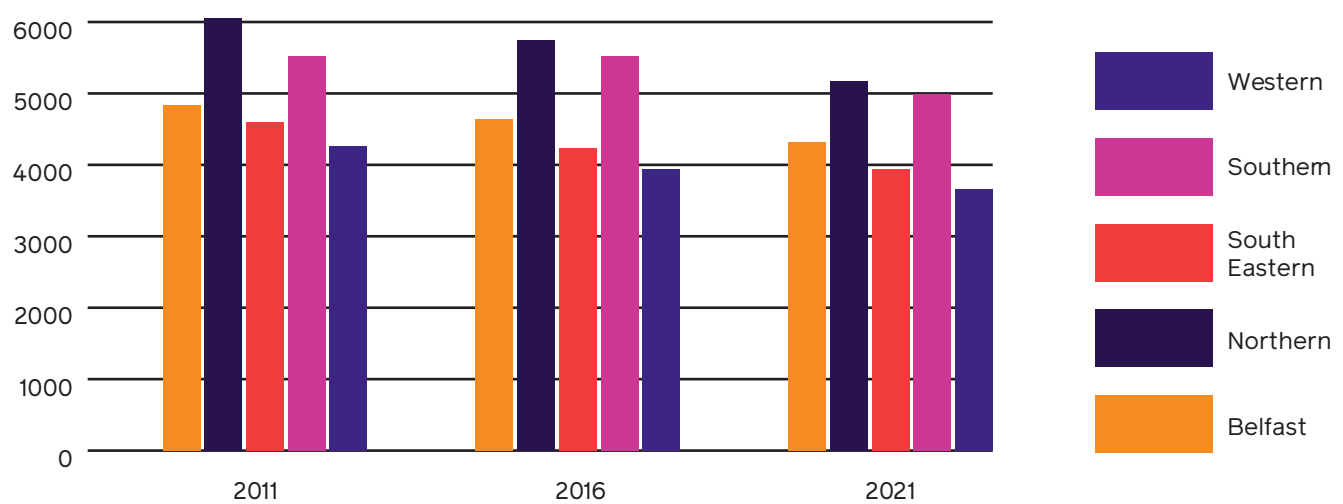
Live Births, Northern Ireland, calendar year

(source: Northern Ireland Statistics and Research Agency/NISRA)



Births by HSC area

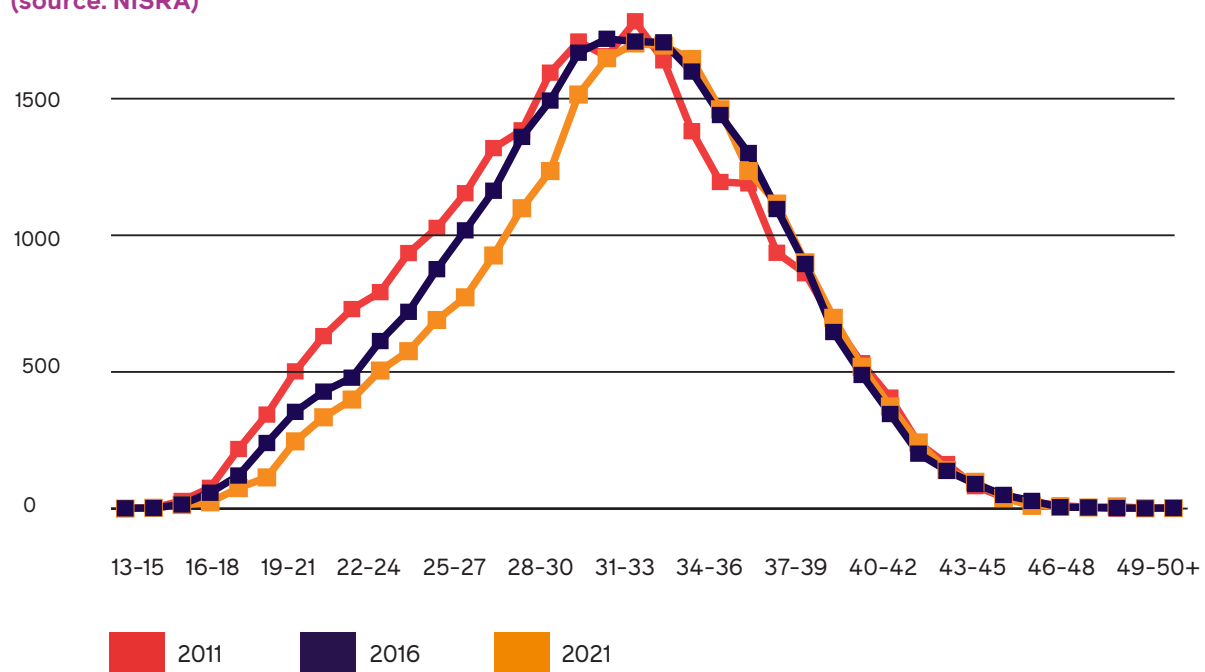
(source: NISRA)





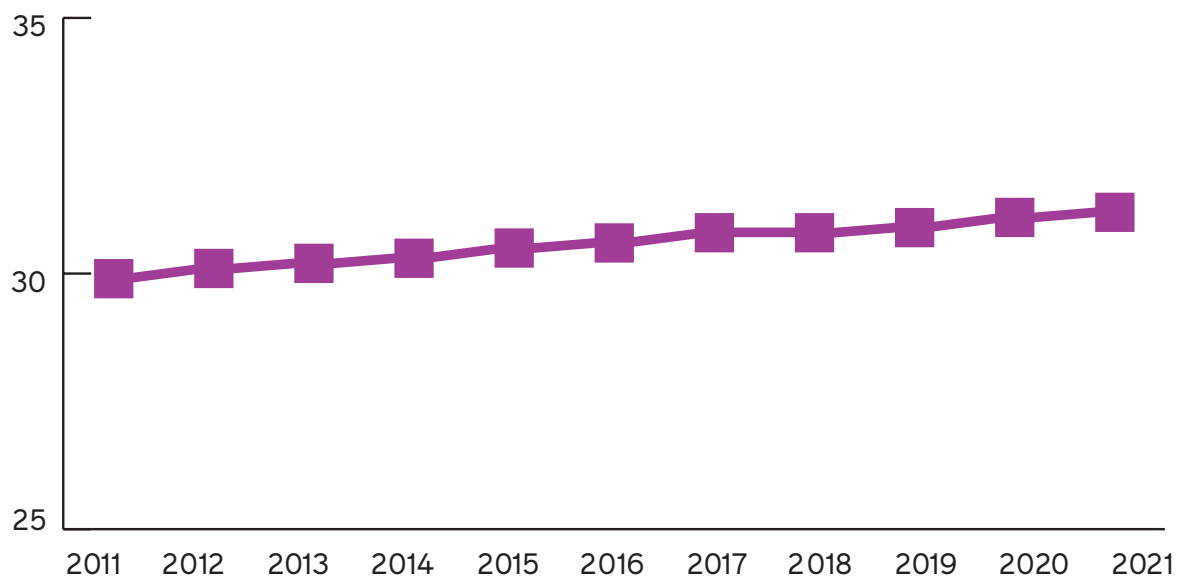
Age profile of mothers

(source: NISRA)



Average age of mothers

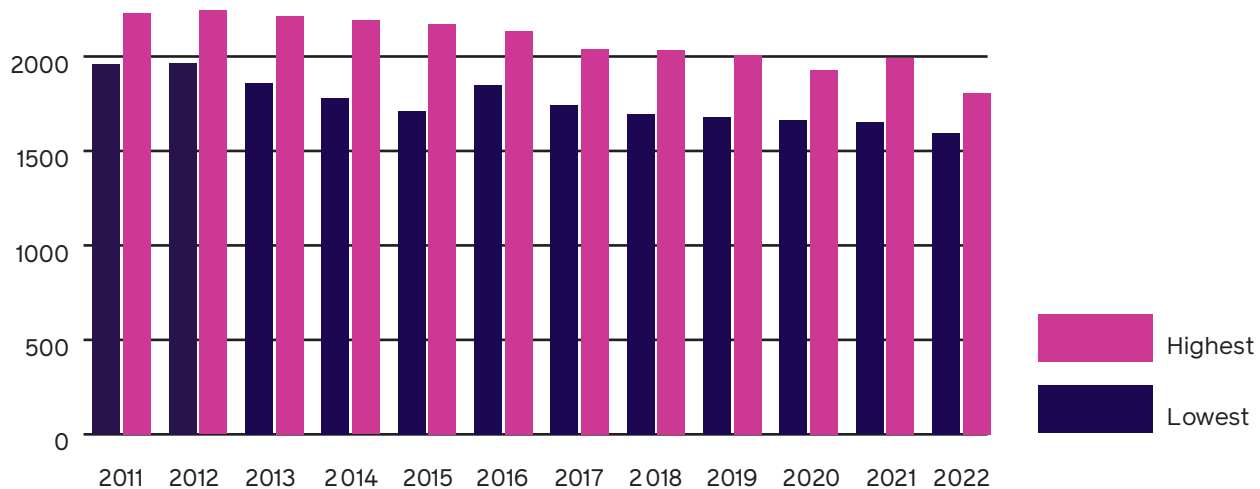
(source: NISRA)





Live births, Northern Ireland, lowest and highest month each year

(source: NISRA)



Demand for maternity services cannot be managed through waiting lists, so it is vitally important to base workforce planning on evidence rather than assumptions

Uniquely in the UK, Northern Ireland releases regular monthly birth numbers and one important thing this shows – in comparison to simple annual totals – is how much the number of births varies during the year. This is important because it underlines how maternity services face peaks in demand that cannot necessarily be predicted or planned for, and which need to be staffed and resourced accordingly.

It is also important to note that the number of births fluctuates from year to year. Demand for maternity services cannot be managed through waiting lists, so it is vitally important to base workforce planning on evidence rather than assumptions. It takes time to train new midwives, so we cannot operate a service at capacity. Demand can intensify quickly, just as much as it can ease.





The level of demand being placed on maternity services cannot be measured simply by the number of births. Vitally important to any assessment of workforce pressures and the need for more midwives and other maternity staff is the demographic makeup of the women using their services.

Take age of mothers as one key indicator of this. Though not the case for every woman, it is true to say that on average the amount of care that a woman needs during pregnancy typically rises as she gets older. This has clear and obvious implications for the number of midwives needed.

It is true that we have seen fewer births in recent years compared to earlier years, but the demographic makeup of the women giving birth has changed. There are fewer births now to women in their twenties and younger than there were at the beginning of the last decade, but there are more to women in their thirties and older.

In the decade from 2011 to 2021, the average age of a women giving birth rose from under 30 to over 31, so from being in her twenties to being in her thirties. And that rise has been a clear, consistent one year after year.

The incidence of diabetes also indicated how the clinical needs of women using maternity care are increasing. In 2012/13, 899 women resident and giving birth in Northern Ireland had diabetes. This had risen to 3,177 by 2020/21. We need more midwives and more maternity staff generally to help these women have safe births.

The most recent figures (2020/21) show that over a quarter of pregnant women were obese, according to their BMI, at the time of their booking appointment. Over the same period, the proportion of women with a BMI in the healthy weight range, fell from 50.1% in 2012/13 to 41.7% in 2020/21.

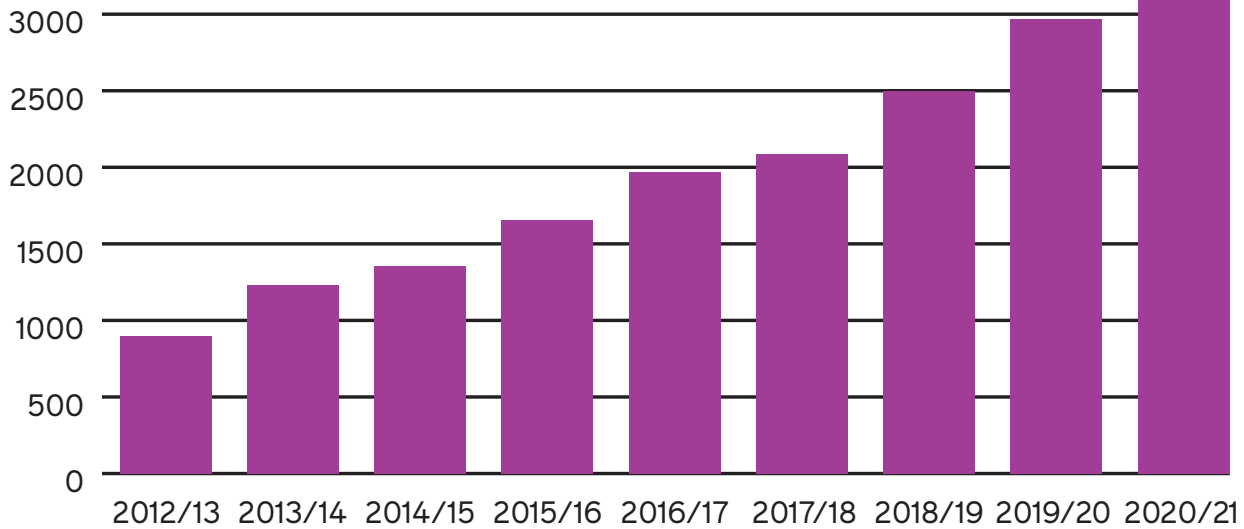
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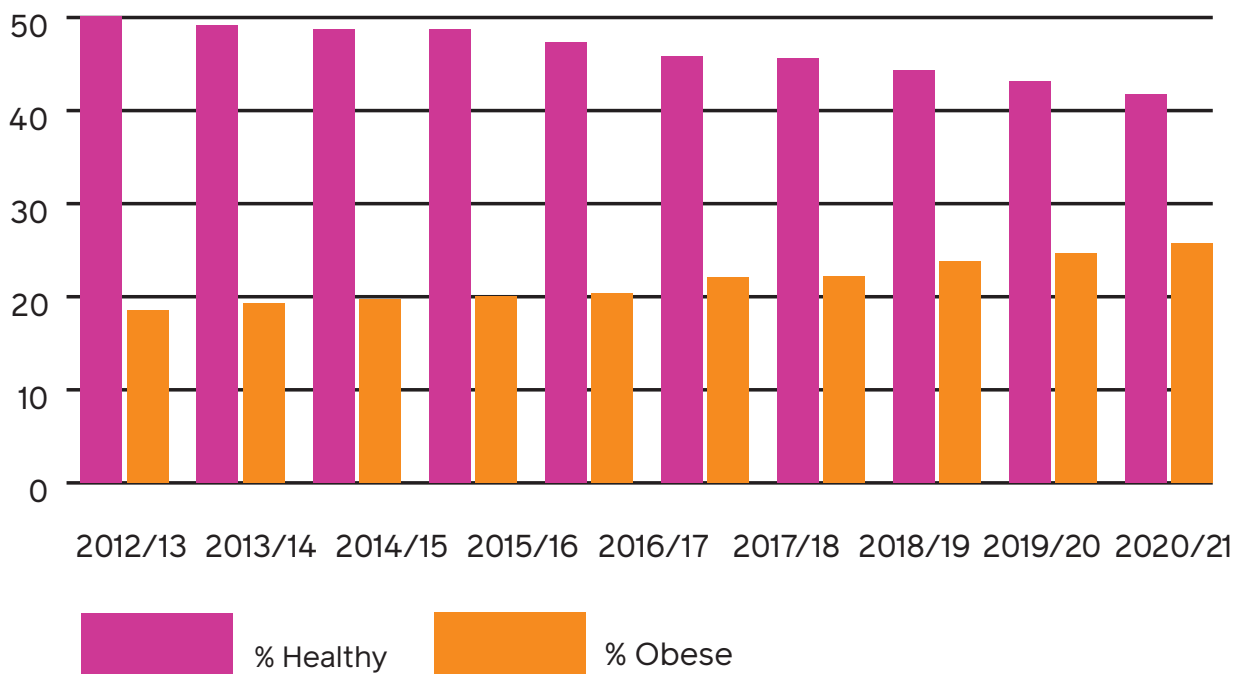
Mothers with diabetes

(source: Public Health Agency, Northern Ireland)



Maternal BMI

(source: Public Health Agency, Northern Ireland)



Midwives in Northern Ireland

There is good news on midwifery education. We have more than 100 people starting the midwifery education programme each year, with a marked increase in university places – both for the three-year undergraduate pre-registration programme and for the shortened post-registration MSc midwifery programme for adult nurses.

We are beginning to see the benefits of this extra investment, with an increase in newly qualified midwifery graduates. There were 70 in 2021/22, up from 50 five years earlier. As the increased number in training reach the end of their studies, the number of new graduates will continue to rise.

Why, then, are overall midwifery numbers static? Why are all these extra midwives not driving up the size of the workforce? One answer can be found in the changing demographic profile of midwives.

If we just go back to 2016, the largest groups of midwives by age were those in their fifties. In 2022, the largest group was midwives in their early forties, with two equally large groups in second place: those in their late thirties and those under the age of 30. While the makeup of the workforce in 2016 meant we had many, experienced midwives in post, many of them were nearing retirement. In the most recent numbers, we are seeing a much more balanced age profile for the profession.

This has many benefits, not least the future stability of the workforce. We need to ensure that this new workforce is supported with excellent preceptorship, continuing professional development, clinical leadership and academic rigour to ensure an evolving evidence base for improving practice. We also need to do more to support those more experienced midwives who play such a vital role in supporting early career midwives. If we can keep bringing in new midwives while retaining existing staff, we should start to see a growing midwifery profession in Northern Ireland.





The number of midwives working in the HSC in Northern Ireland has remained remarkably stable over time, at a little over the equivalent of 1,000 full-time midwives between 2016 and 2022.

When we look at the numbers across the five trusts, the stability is repeated. There has been perhaps a small rise in the number of midwifery staff in Belfast, but only modestly so.

If one takes into account all those student midwives qualifying each year it is even more remarkable. We now have more than 70 midwives graduating each year, but the number of midwifery staff remains essentially the same, year after year.

This illustrates the vital importance of the increasing number of training places, because the number of new midwives emerging from our universities is just enough, apparently, to replace those who are leaving the profession.

It also makes the case for maintaining or even continuing to increase the number of training places in Northern Ireland, because if we are to increase capacity in HSC maternity care then we need the number of new midwives to outpace the number leaving the profession.

The extent to which this is needed could usefully be determined by a new maternity strategy for Northern Ireland, which is long overdue.



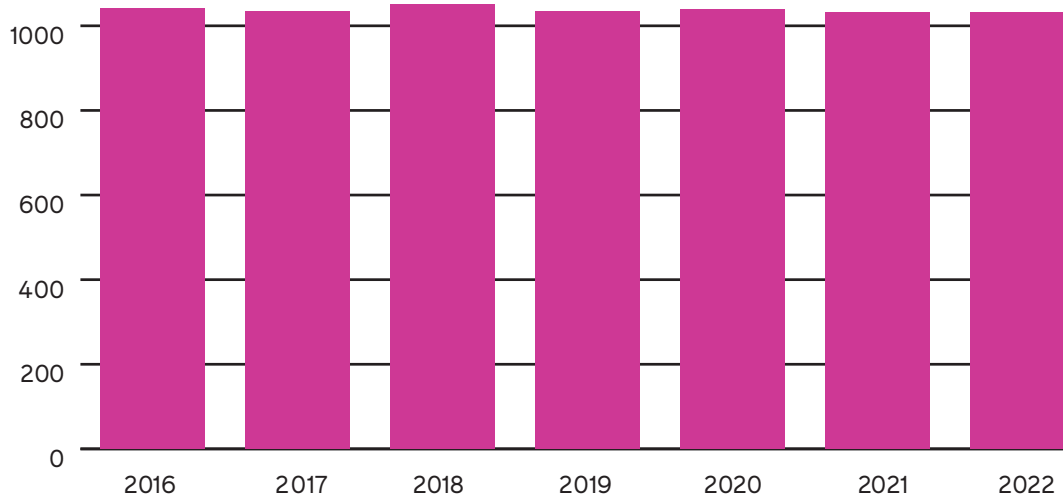
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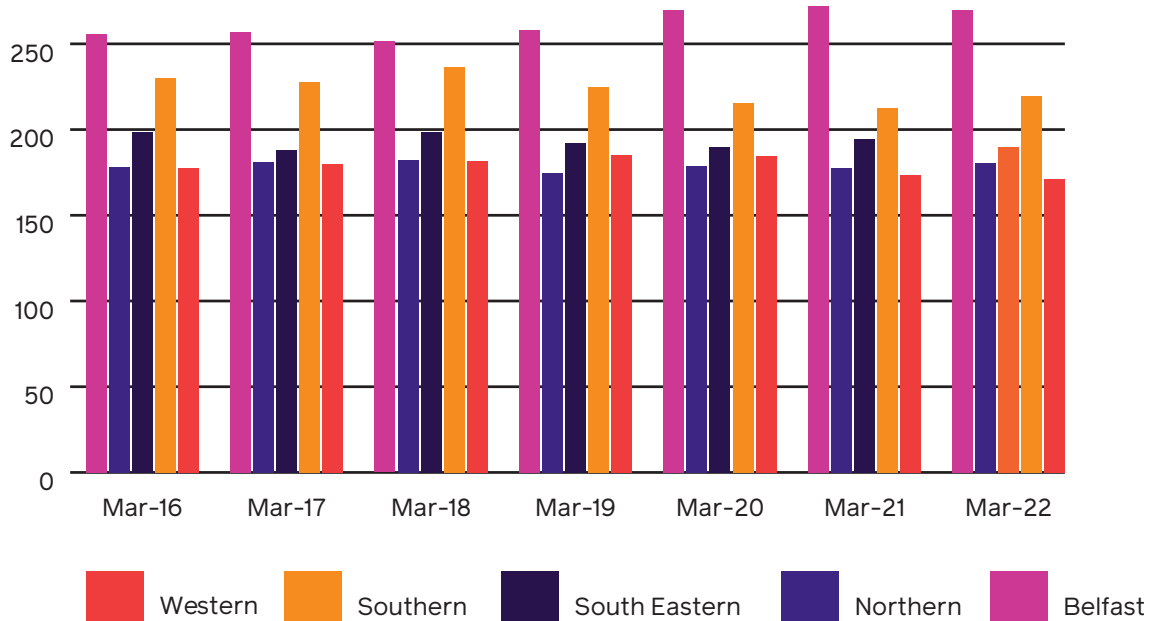
Registered midwives (FTE): annual change

(source: Northern Ireland Assembly Written Question AQW 4554/22-27)



Registered midwives (FTE) by HSC area

(source: Northern Ireland Assembly Written Question AQW 4554/22-27)

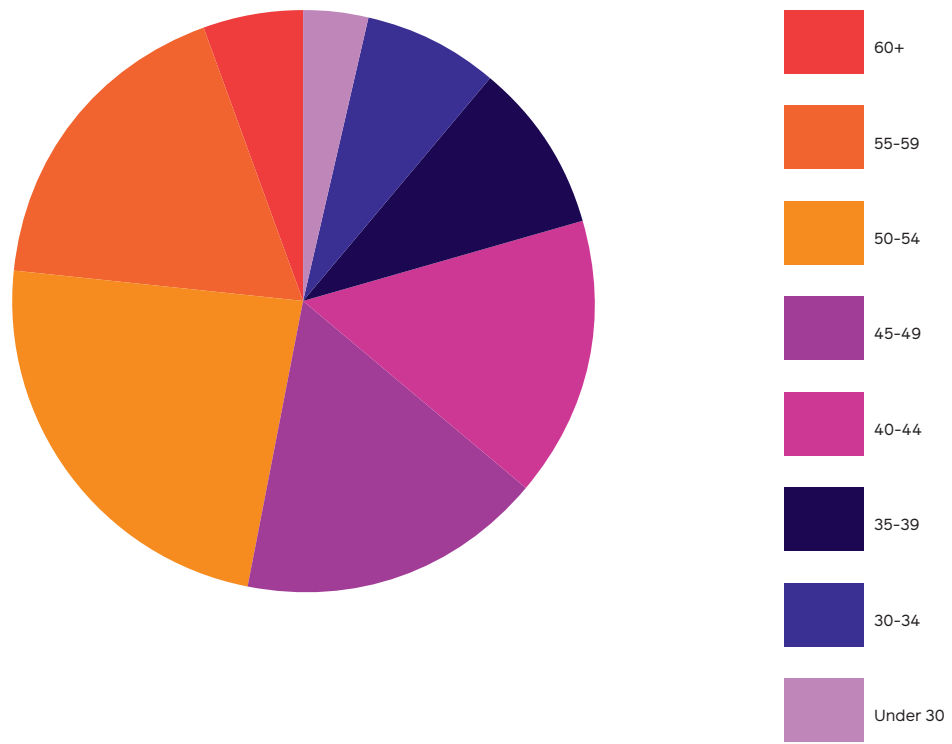


Age profile of midwives

(source: Northern Ireland Assembly Written Question AQW 4555/22-27)

2016

All of Northern Ireland age profile of midwives



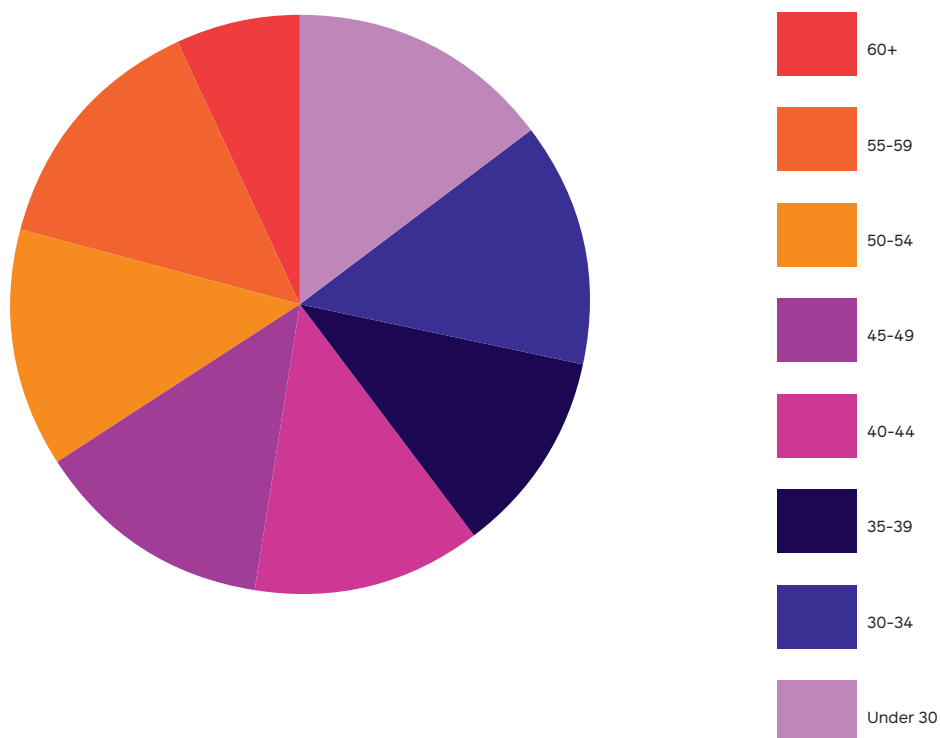
Regional breakdown

Age	Belfast	Northern	South Eastern	Southern	Western
Under 30	12	15	26	26	17
30-34	24	25	27	36	25
35-39	30	41	30	34	32
40-44	50	32	35	37	32
45-49	54	36	35	35	21
50-54	75	42	41	50	51
55-59	57	34	36	55	28
60+	17	5	12	22	9



2022

All of Northern Ireland age profile of midwives



Regional breakdown

Age	Belfast	Northern	South Eastern	Southern	Western
Under 30	46	31	30	27	42
30-34	43	25	42	38	20
35-39	35	33	32	45	31
40-44	40	43	30	31	35
45-49	42	31	27	34	31
50-54	41	31	25	35	x
55-59	44	26	33	37	27
60+	21	14	15	55	13





The age profile numbers reinforce the point about more new, younger midwives, with the number of midwives under the age of 30 increasing substantially between 2016 and 2022. An increase in the number in their early thirties is also observable, with the number in their late thirties also edging up.

Slight falls in the number of midwives in their forties is dwarfed by a large drop in midwives in their early fifties (from over 250 to over 150). And for midwives in their late fifties the drop has been from over 200 to much closer to 150. Meanwhile the number in their sixties has jumped from just over 50 to just over 100.

This shows the value of examining age profile information. The headline numbers suggest a completely static workforce, with a steady 1,000 or so full-time equivalent midwives. But a deep dive into the age profile reveals substantial changes, away from a workforce in 2016 where midwives in their fifties dominated to one where there is a much more even balance across the age bands.

Looking at the trust-level information, we see marked shifts towards younger midwifery workforces in both Belfast and Western Health and Social Care Trusts, and to some extent in the Northern and South

Eastern Health and Social Care Trusts. The shift appears less apparent in the Southern Health and Social Care Trust.

This is important because it would appear to release some of the pressure from the midwifery retirement issue of a few years ago. This was evident across the UK at the time, and clearly demanded a big emphasis on educating more new, younger midwives to ensure there would continue to be enough midwives as older, experienced midwives started, inevitably, to retire.

The number of vacancies actively being recruited to, at 129 in December 2022, is concerning, representing as this does more than 10% of the total midwifery workforce. More than 30 midwifery vacancies are actively being recruited to in two areas alone. Given that the number of vacancies effectively cancels out the intake of new graduates (not all of whom will be working full time), this underscores the need to continue to focus on delivering more newly qualified midwives while retaining those we have.

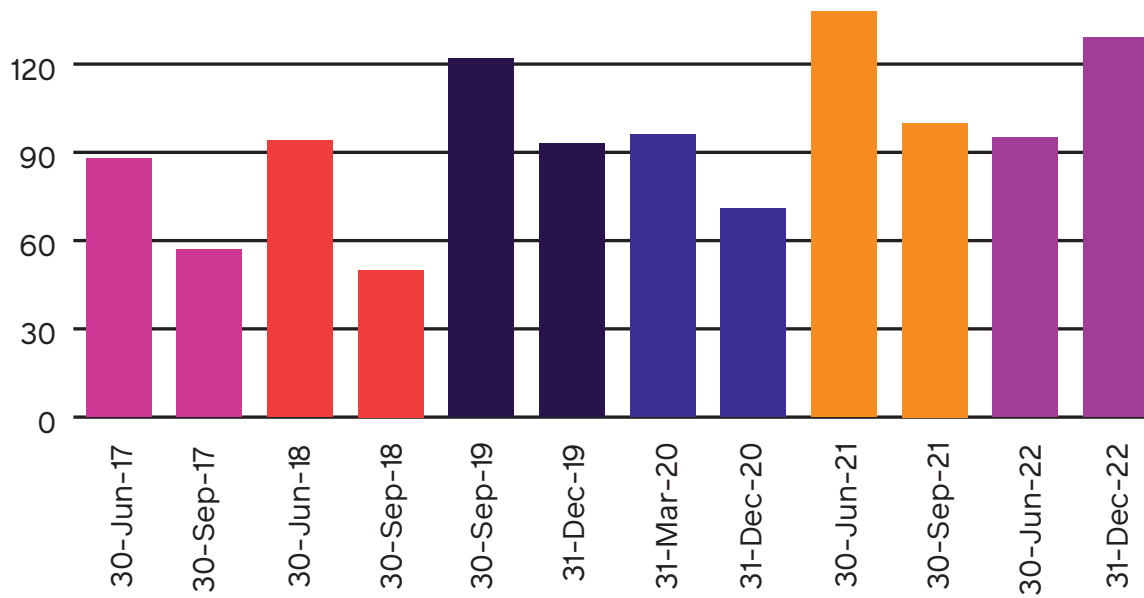
Provided that training numbers are maintained or perhaps even grown further, we should see this situation continue to improve and the future of the midwifery workforce secured.

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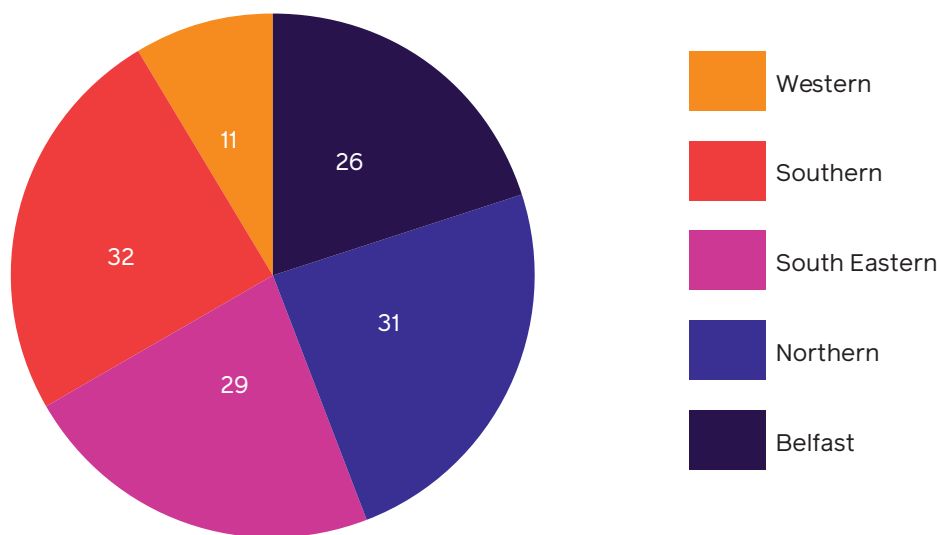
Lowest and highest monthly number of midwifery vacancies actively being recruited to Northern Ireland

(source: NI Department of Health)



Number of midwifery vacancies actively being recruited to, by HSC Trust, December 2022

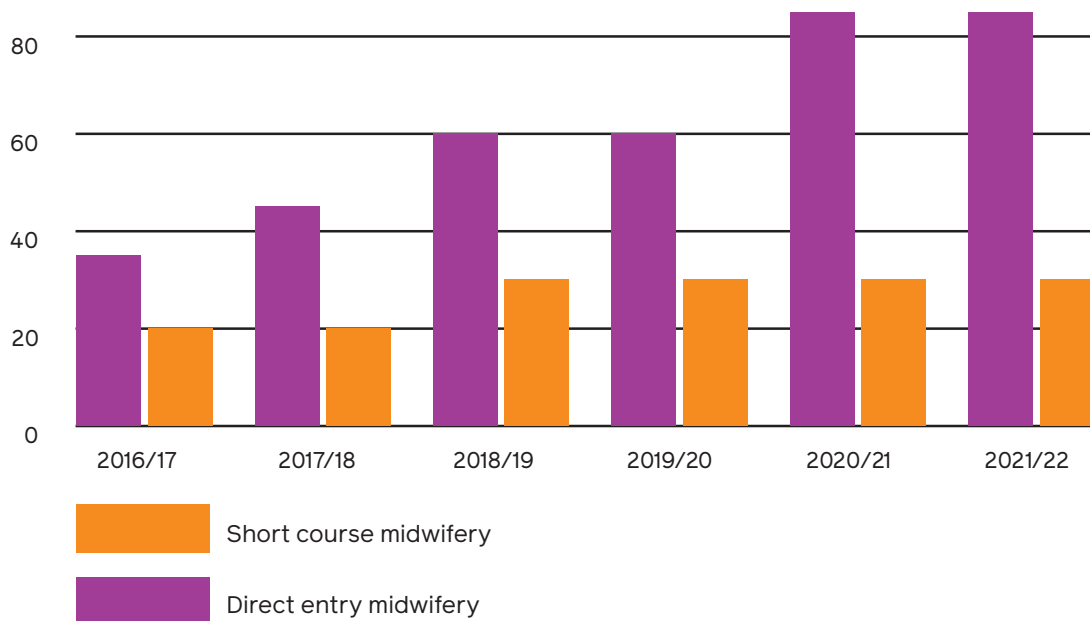
(source: NI Department of Health)





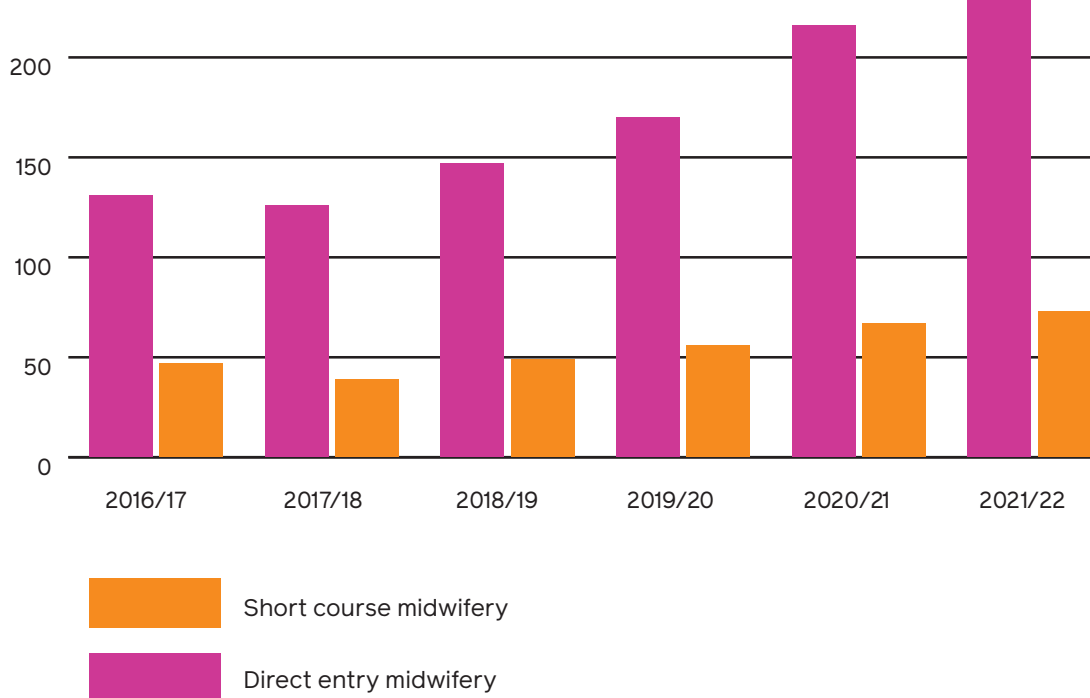
Student midwives (starting training)

(source: Northern Ireland Assembly Written Question AQW 4567/22-27)



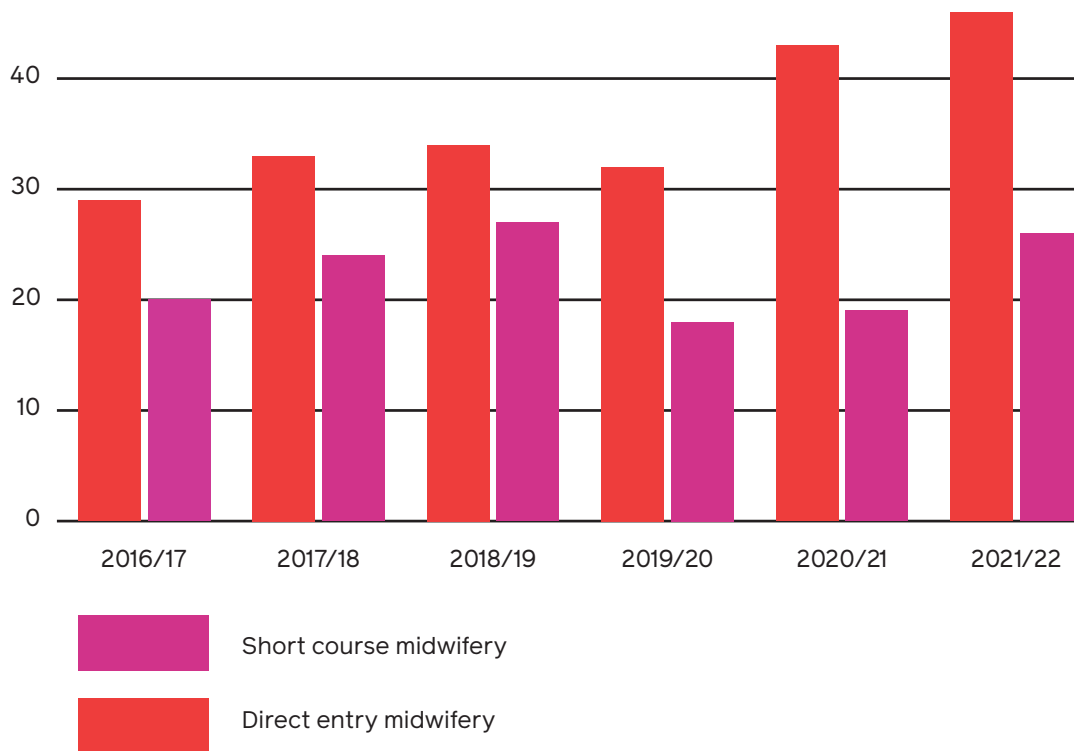
Student midwives (in training)

(source: Northern Ireland Assembly Written Question AQW 4567/22-27)



Midwifery graduates

(source: Northern Ireland Assembly Written Question AQW 4567/22-27)



There is positive news in terms of student midwife numbers in Northern Ireland.

The number of places for applicants starting the undergraduate pre-registration midwifery programme has jumped from over 30 in 2016/17 to over 80 in 2020/21 and 2021/22. This is a substantial increase.

The number of places on the shortened midwifery programme for qualified nurses to become midwives has also risen over the same period from 20 to 30 per year.

Overall, the number of opportunities that exist for people to become a midwife has more than doubled. This is excellent news, which we welcome and hope to see sustained.

These extra places for people to start their midwifery education have fed through into the

overall number of student midwives. In 2016/17 there were under 150 students undertaking the undergraduate pre-registration programme and under 50 on the shortened programme. By 2021/22 these numbers had become almost 250 and between 50 and 100, respectively.

The results are beginning to show in the numbers graduating, from under 50 per year in 2016/17 to over 70 by 2021/22. As stated earlier, it takes time to train a midwife, so there is a lag between increasing the number of places on course and seeing more newly qualified midwives emerge at the end of those courses, but we are starting to see results. We expect numbers to continue to increase, and this is very welcome. These midwives are needed in our maternity services.



Looking forward

Changes, such as the in the demographics of women needing care from our maternity services today, present big challenges that we must tackle in Northern Ireland. The RCM believes that, to do this, we must take these three steps:

- Develop, publish and fund the implementation of a new maternity and neonatal strategy for Northern Ireland;
- Sustain the number of places for new student midwives at their recent, higher level;
- Focus on retaining the midwives that we have.

We need a new maternity and neonatal strategy for Northern Ireland, one which will give all those involved a clear route map and a focus to deliver for women and families. Without a strategy, policies risk being piecemeal, contradictory and without buy-in from everyone involved. The need for a new maternity and neonatal strategy, something which the RCM has consistently called for, is now urgent.

As part of that strategy, a focus on recruitment and retention is key. The recent rise in the number of student midwives is one thing we are getting right – and one that must be sustained.

We also need a renewed focus on retaining the midwives we already have. Right now, despite the rise in student numbers, the dial is not moving, because the new midwives are simply replacing those who are leaving. We need to retain existing midwives in order for us to grow the workforce. That growing midwifery workforce is key to delivering the better maternity

services that all women and families in Northern Ireland want and deserve.

To get these things done we need our institutions to be up and running again. We need to see our politicians back in the Assembly and in the Executive, getting to work to fix the problems everyone in Northern Ireland faces.

The big rises in the number of student midwives mean we now have many more newly qualified midwives, and with it a midwifery workforce less skewed towards those nearing retirement. But there are big challenges too that need to be tackled urgently and head on.







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@midwives_rcm

RCM Northern Ireland
4 College House,
Citylink Business Park,
Belfast, BT12 4HQ

0300 303 0444

info@rcm.org.uk

www.rcm.org.uk