



Royal College
of Midwives

Wales

state of maternity services 2023

Introduction

Despite big rises in the number of student midwives in recent years, which have delivered many more newly qualified midwives into the NHS, maternity care in Wales still requires significant attention and investment. There are big challenges that need to be tackled urgently and head on.

The demographic makeup of women using maternity services in Wales is changing rapidly. The majority of women giving birth in Wales are now over 30, for example. This is a significant shift over the past decade, where the proportion of births to women aged 30 or older has jumped from 42% (2011) to 53% (2021).

Nearly six in 10 pregnant women in Wales in 2021 were overweight or obese. Higher body mass index (BMI) during pregnancy is a significant risk factor, for both women and their babies, and can lead to conditions such as gestational diabetes. Such conditions require more focus and care from maternity staff, which, in turn, places additional burdens on workforce planning.

All women expect and deserve the very best from maternity services, but the changing demographics mean that the delivery of that care has become more complex, which has an impact on the number of staff needed.

We need action to address these challenges. The Welsh Government needs to publish, fund and implement the Maternity and Neonatal Safety Support Programme for Wales. This would provide the strategic overview and plan needed to get things right across the country.

Specifically, within that programme, we need a renewed focus on workforce and staffing. This is more than simply a numbers game. We must ensure we have the right staff with the right skill mix, well-trained and well-resourced.

Finally, we must care for the staff we have. One of the best ways to tackle workforce challenges is to retain staff. We know that there are high levels of exhaustion and burnout, in part because of the pressure to keep maternity services open throughout the pandemic. Again, this is not simply about numbers. Retaining experienced staff supports those joining the workforce and ensures that the new staff we train are actively adding to the workforce and not simply replacing those who leave.

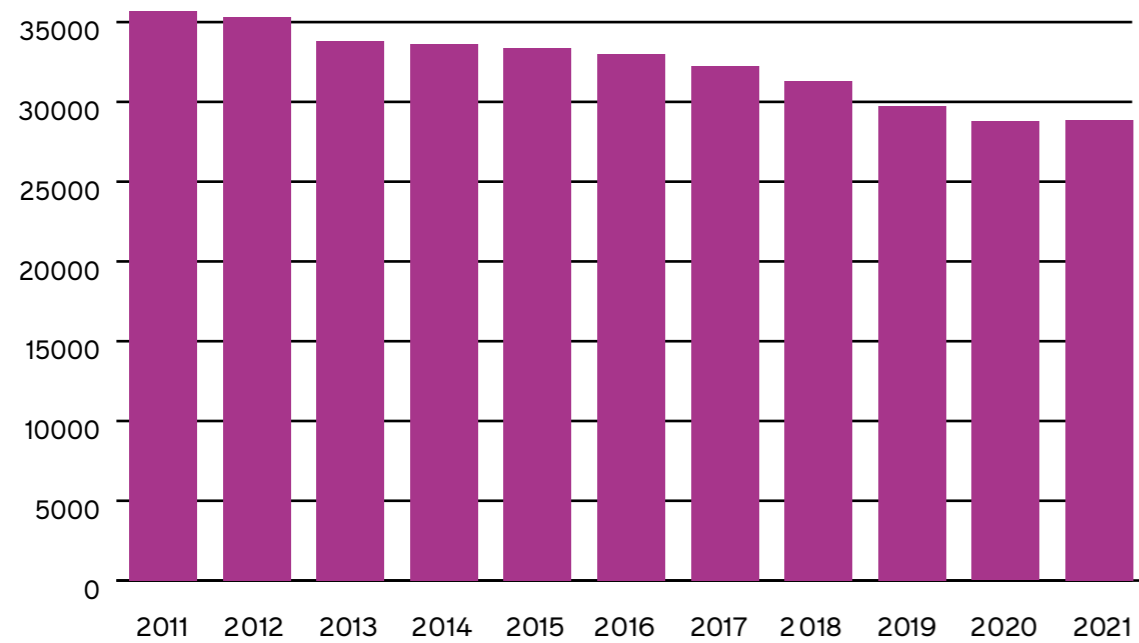
Nearly six in 10 pregnant women in Wales in 2021 were overweight or obese. Higher body mass index (BMI) during pregnancy is a significant risk factor



Births in Wales

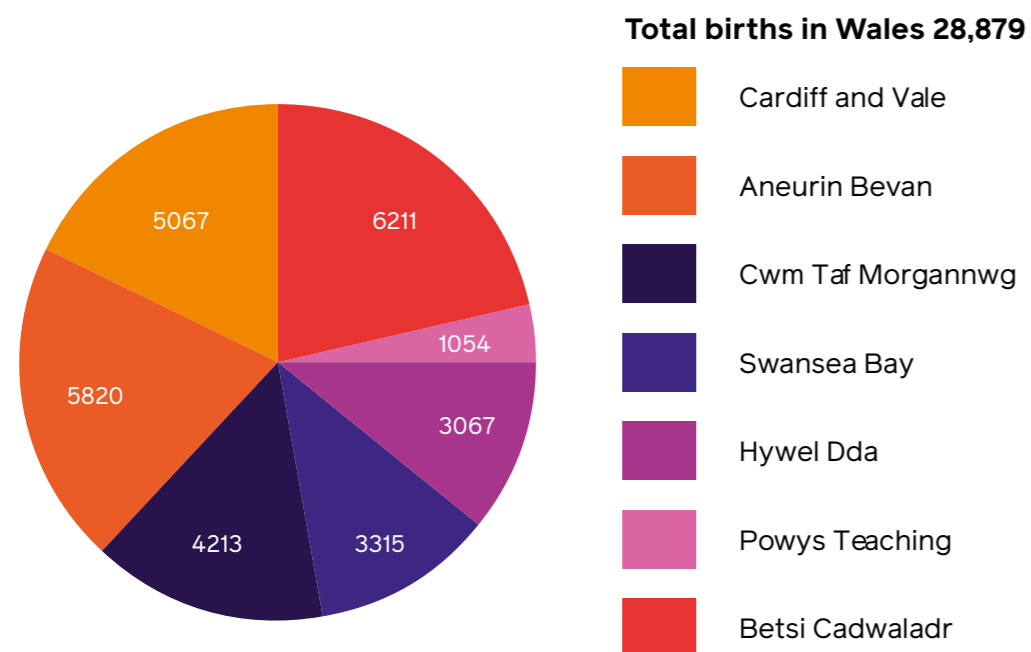
Live births

(source: Welsh Government)



Live births by Health Board, 2021

(source: Welsh Government)



More babies were born in Wales in 2021 (the most recent year for which we have figures) than in 2020. This rise in births reversed a trend stretching back over the 2010s.

The pace of the previous decade's fall varied from year to year. Sometimes it fell by under 1% (in 2012, 2014 and 2015) but at other times it fell more quickly, for example by over 5% in 2019.

The reversal in 2021 of what seemed to be a clear trend is a helpful reminder that birth numbers vary annually, and they do so without notice and faster than midwives and other maternity staff can be trained. It is important therefore that services are not resourced and staffed on a basis that assumes either a stagnation or continued fall in birth numbers.

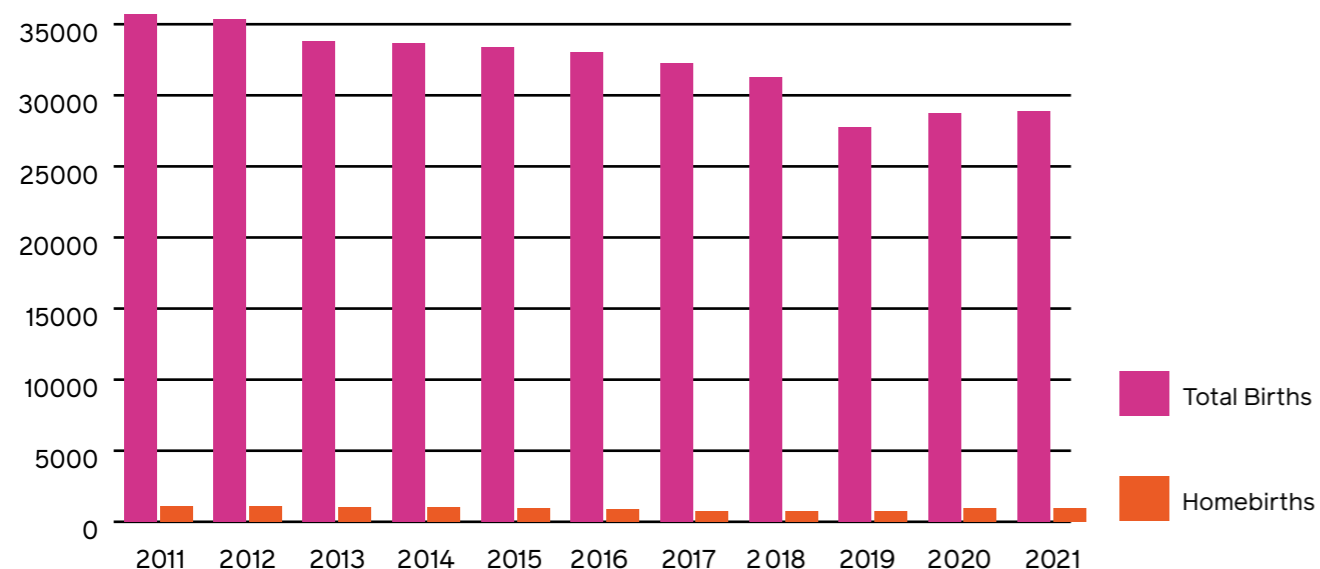
Across Wales, Health Boards operate maternity services of different sizes, from just over 1,000 births per year within the Powys Teaching Health Board area to around 6,000 in both the Betsi Cadwaladr and Aneurin Bevan University Health Board areas.

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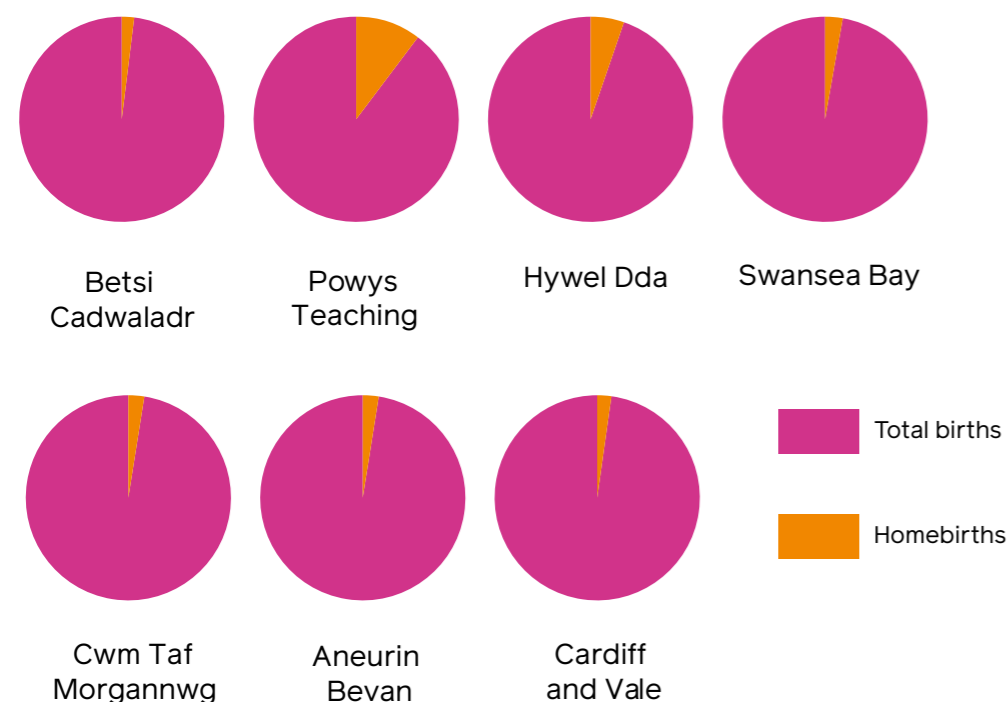
Homebirths, Wales, 2011-2021

(source: StatsWales)



Homebirths by Health Board, 2021

(source: StatsWales)



Over the past decade, the number of homebirths each year has typically run into the high hundreds. The last year in which we saw over 1,000 homebirths was 2014, but after a low of 712 homebirths in 2018 we have seen the number rising again since then, reaching 935 in 2021.

The proportion of all births that are homebirths is also on the rise. Since the recent low point of 2.3% in 2018, it reached 3.3% in 2020 and 3.2% in 2021.

Rates vary greatly across Wales, and some have been affected by suspension of homebirth services at times. In 2021, five of the seven Health Boards had rates of between 2.1% (at Betsi Cadwaladr University Health Board) and 3.1% (at Swansea Bay University Health Board). A slightly higher rate of homebirths (5.8%) was posted by Hywel Dda University Health Board. But it is Powys Teaching Health Board that stands out, with 11.6% of births in 2021 taking place at home.

Despite having the smallest maternity service in Wales by number of births (1,054 in 2021), Powys facilitated only seven fewer homebirths than Betsi Cadwaladr University Health Board, which saw 6,211 births overall.

Typically, each area is facilitating around two or three homebirths per week.

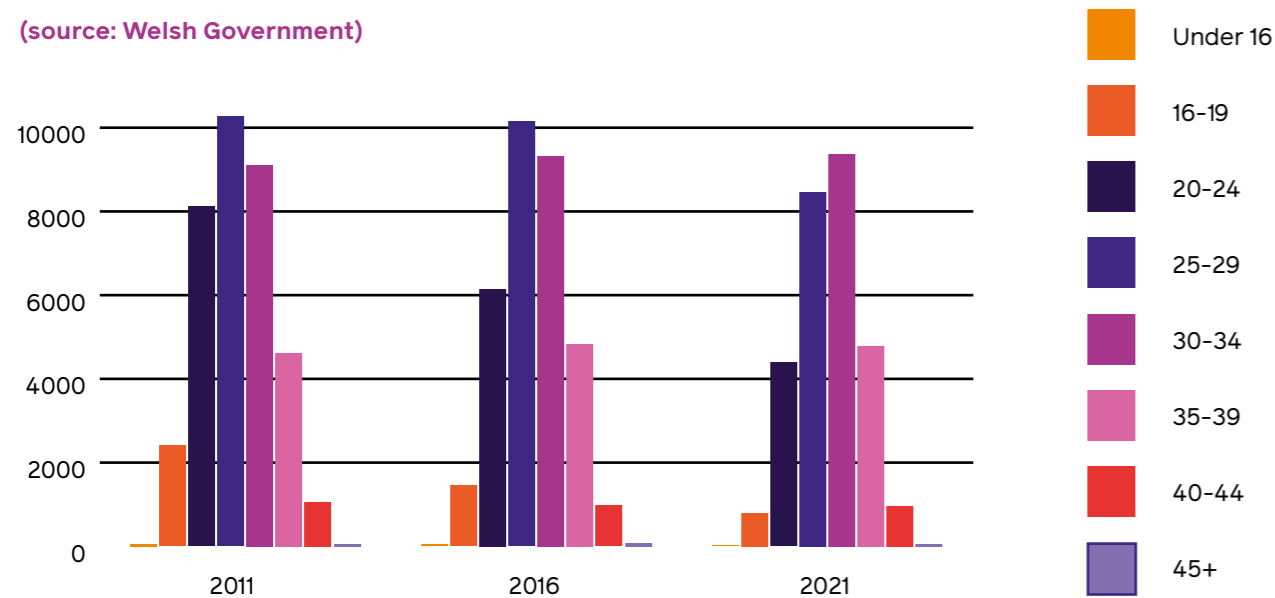
Homebirths are a sign of a maternity service that is supporting and enabling women to have choice over their care. Not every woman will want a homebirth, not every woman will be suitable for a homebirth, and there are many other ways in which choice over care is expressed. However, it is a useful indicator of how well this particular choice for women is being met.

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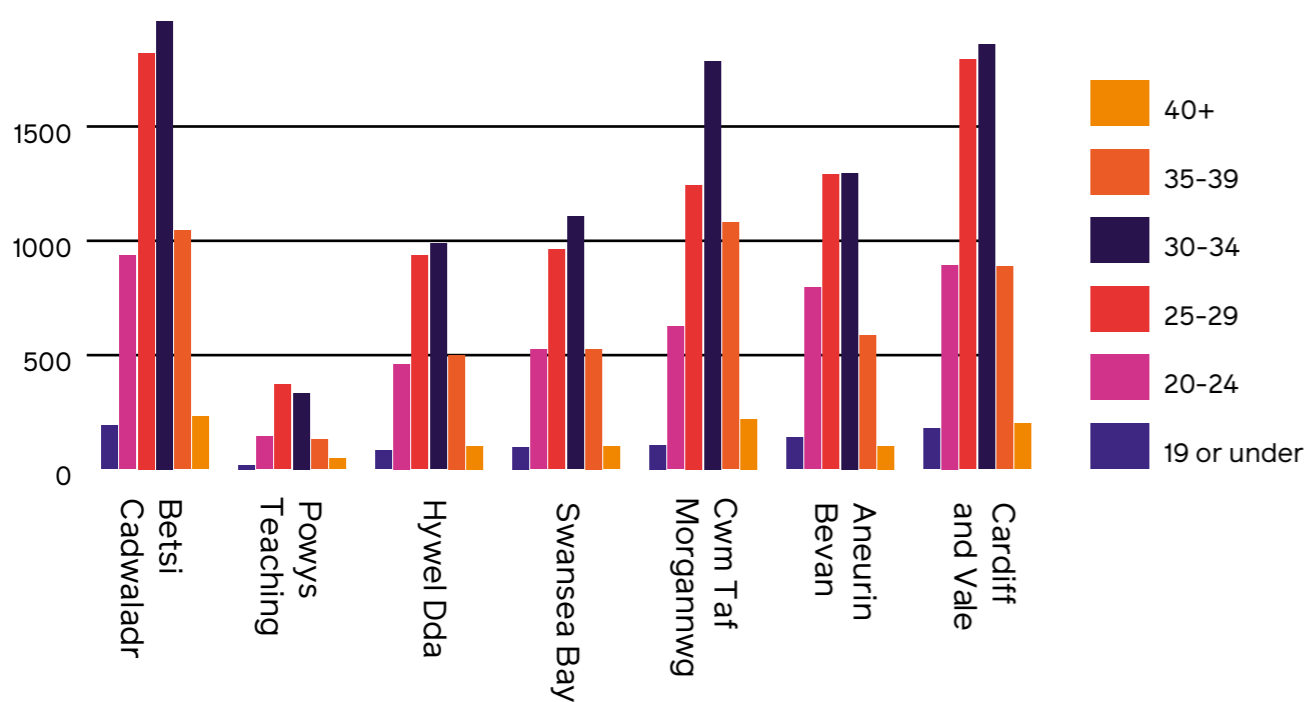
Age profile of mothers

(source: Welsh Government)



Age profile of mothers by Health Board, 2021

(source: StatsWales)



In Wales, in 2021, a woman giving birth was most likely to be aged 30 or above. There were just over 15,000 babies born to women in this age group, with just over 13,500 births to younger women and girls.

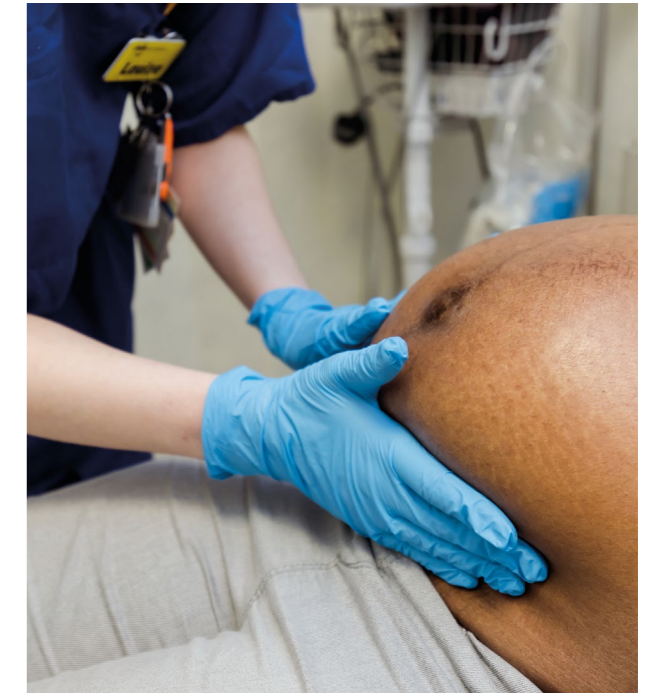
This was a reversal of the situation in 2011, when almost 21,000 births were to women and girls below the age of 30 with almost 15,000 to older women.

Indeed, while the number of births to women and girls in Wales below the age of 30 actually fell in the 10 years to 2021, from 20,849 to 13,664, the number of births to women in their 30s actually rose, from 14,829 to 15,158.

In 2011, there were around 6,000 more babies born to women aged under 30 than to women aged 30 or older. By 2021, there were around 1,500 more births to women in the older age categories. The proportion of babies born to women aged 30 or older jumped from 42% to 53%.

This is important because, on average, births to women in older age groups will typically need more support from healthcare staff. A rise in the number of births to these women will have implications for workforce needs within maternity, including midwives.

In 2021, in all but one area (Powys Teaching Health Board), women in their early thirties were the largest group using maternity services, measured by number of births. This was most markedly the case in Cardiff and Vale University Health Board.

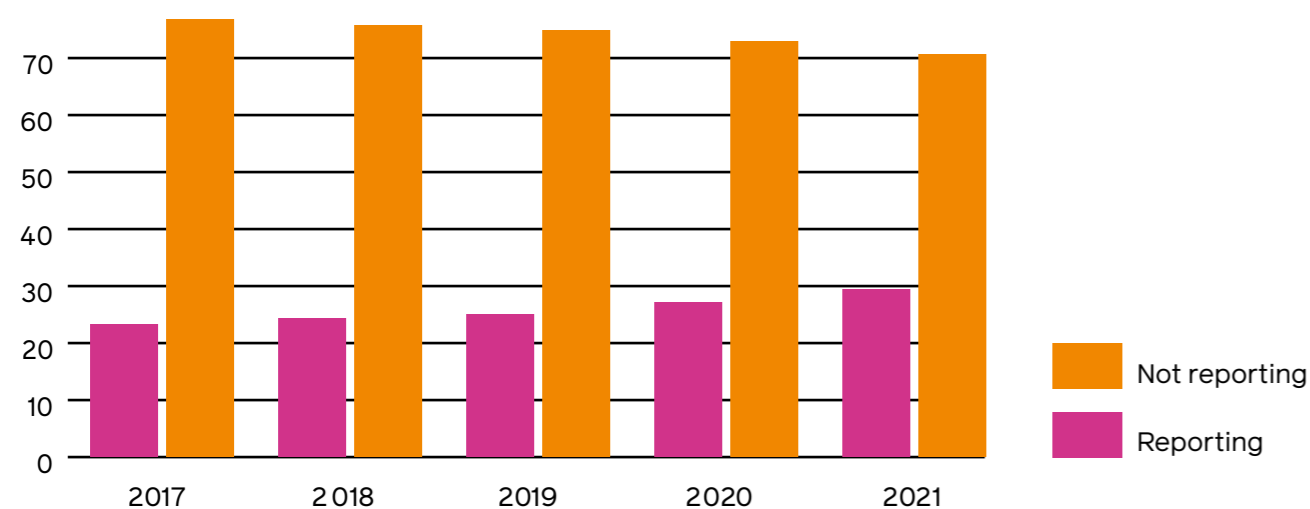


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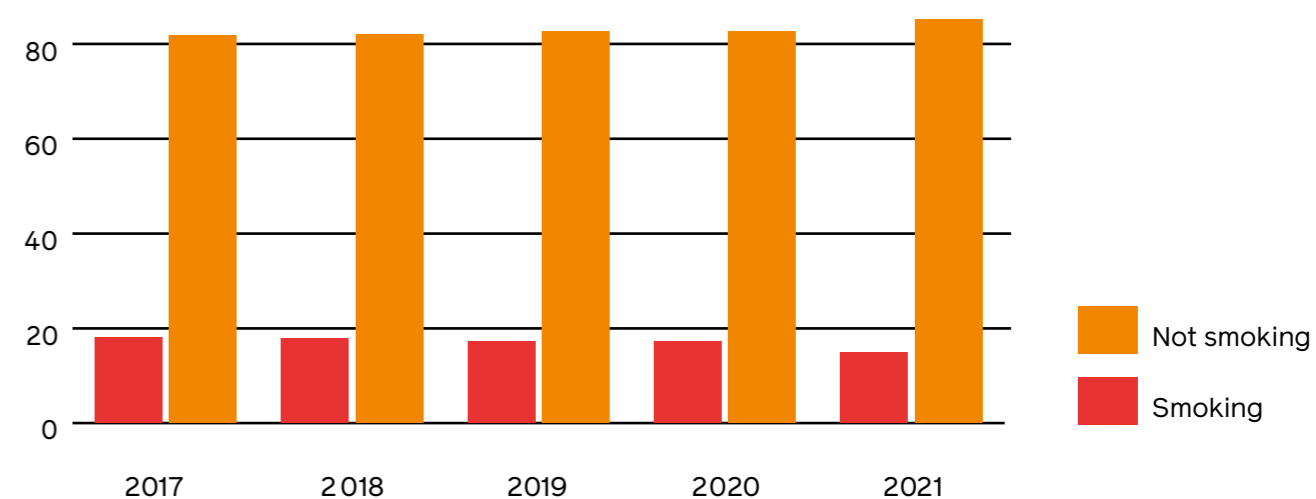
Women reporting a mental health condition at initial assessment

(source: Welsh Government)



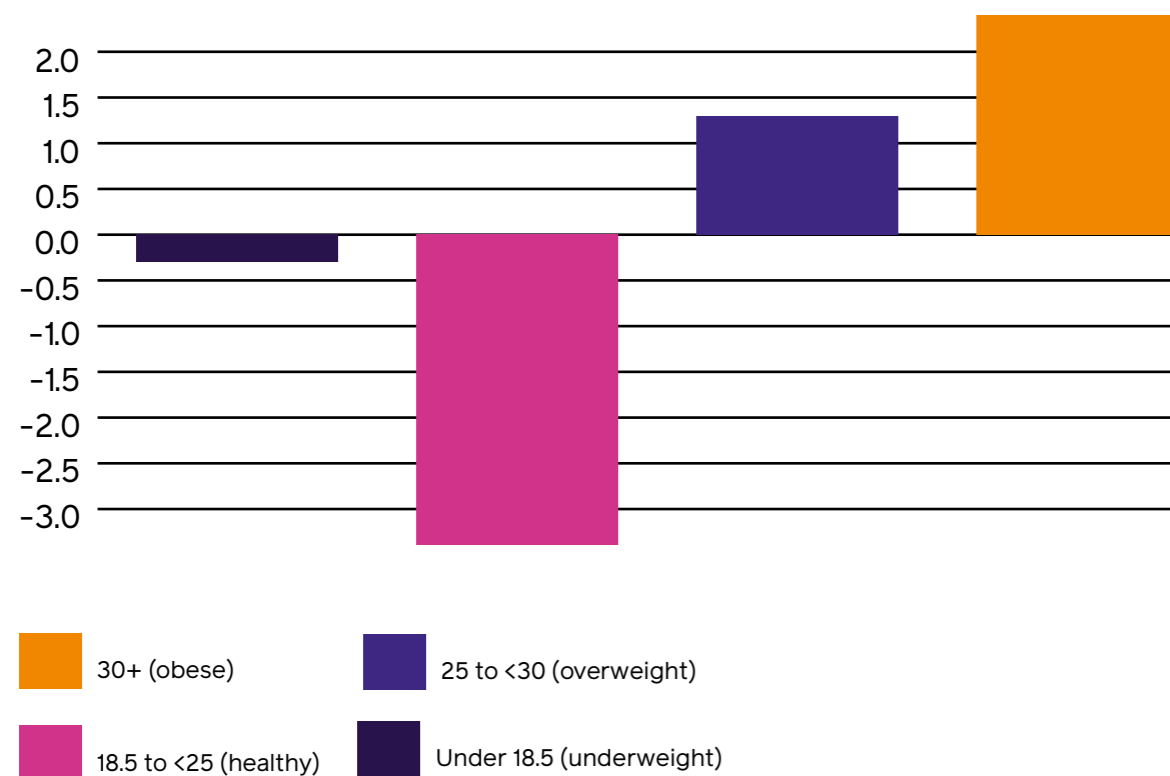
Smoking status at initial assessment

(source: Welsh Government)



BMI of women at initial assessment, change from 2017 to 2021

(source: Welsh Government)



Workforce demands are not purely a matter of the number of births. It is also vital that we look at the complexity of the workload that maternity services face.

Over recent years the proportion of women reporting a mental health condition at their initial assessment has risen, from 23.2% in 2017 to 29.4% in 2021. Body mass index (BMI) rates have also seen rises in women recorded at their initial assessment as having been overweight (up from 28.3% to 29.6% between 2017 and 2021) and obese (up from 27.3% to 29.7% over the same period).

There is positive news on smoking, with the proportion of women recorded as smokers at the time of their initial assessment falling from 18.1% in 2017 to 14.8% in 2021.

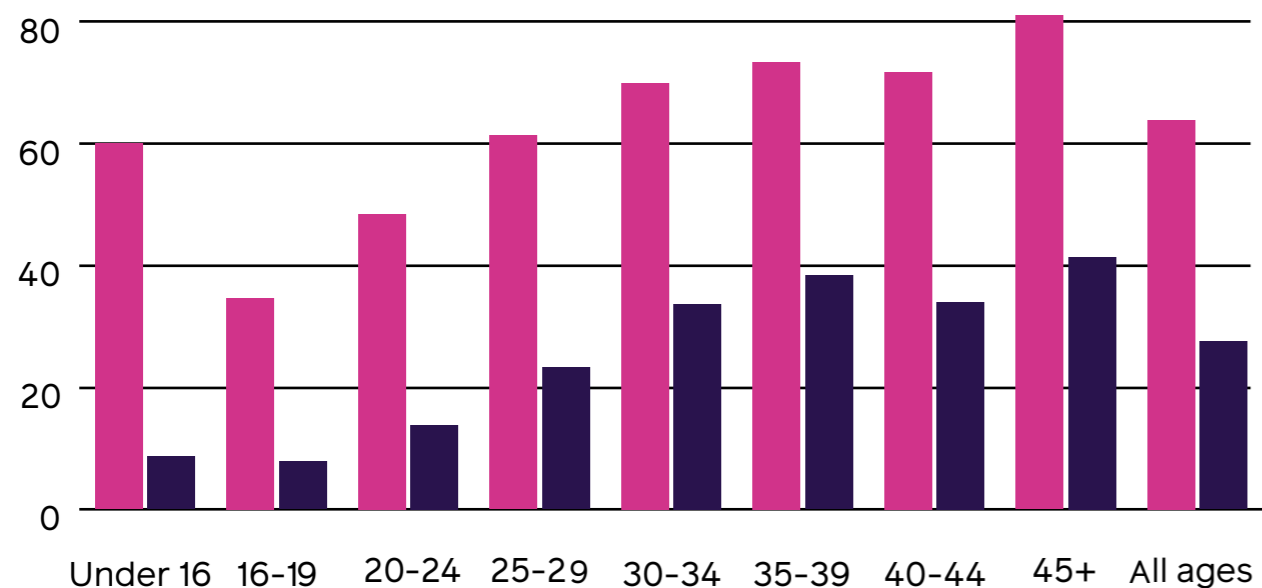
Midwives are well-placed to help women improve their health during pregnancy, but with increasing proportions of women reporting mental health conditions as well as rising proportions of overweight and obese women there are additional challenges and demands being placed on midwives and other care providers.

This includes increased need for specialist midwifery roles that focus on improving care for women with, for example, diabetes or those who smoke. These are important roles, but providing them inevitably adds to the need for additional midwives across the service.



Breastfeeding rates by age of mother, 2021

(source: StatsWales)



At six months
 At birth

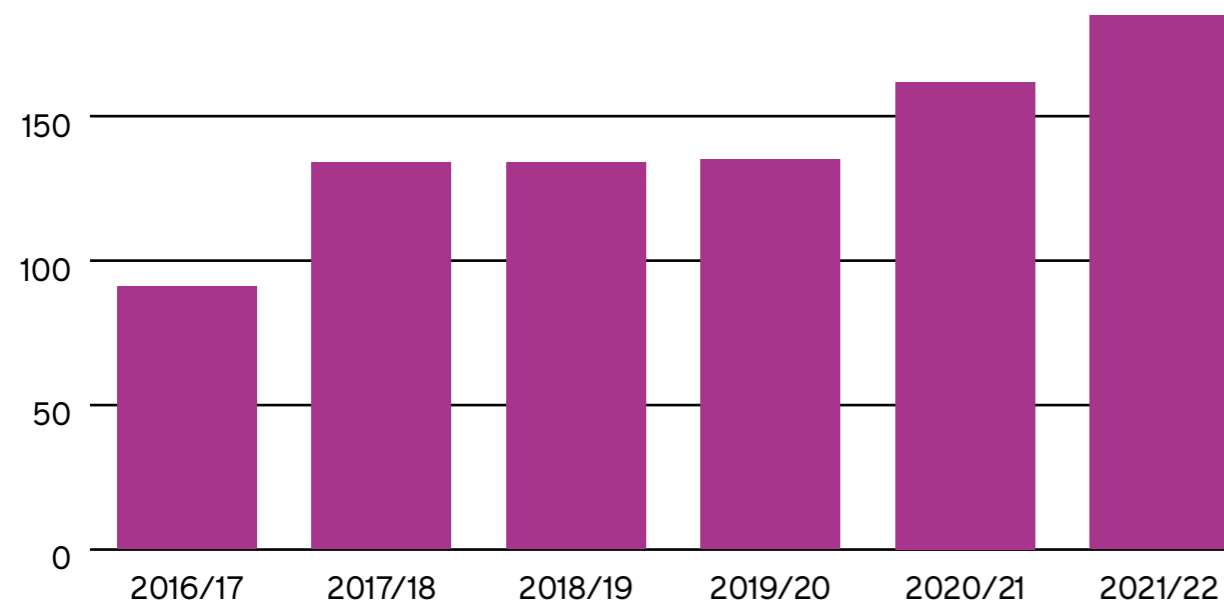
Midwives and maternity support workers (MSWs) have a clear role in helping women get infant feeding right, most obviously right after birth, including supporting breastfeeding.

Overall, around three in five women are breastfeeding immediately after birth. This rate more or less halves after six months for women aged 30 or older, but for younger age groups the drop is steeper and (apart from to those aged under 16) drops from a lower base. The different rates to begin with and different rates of reduction after six months suggest that some women who may want to start or continue breastfeeding give up.



Student midwives (starting course)

(source: Senedd Written Questions)

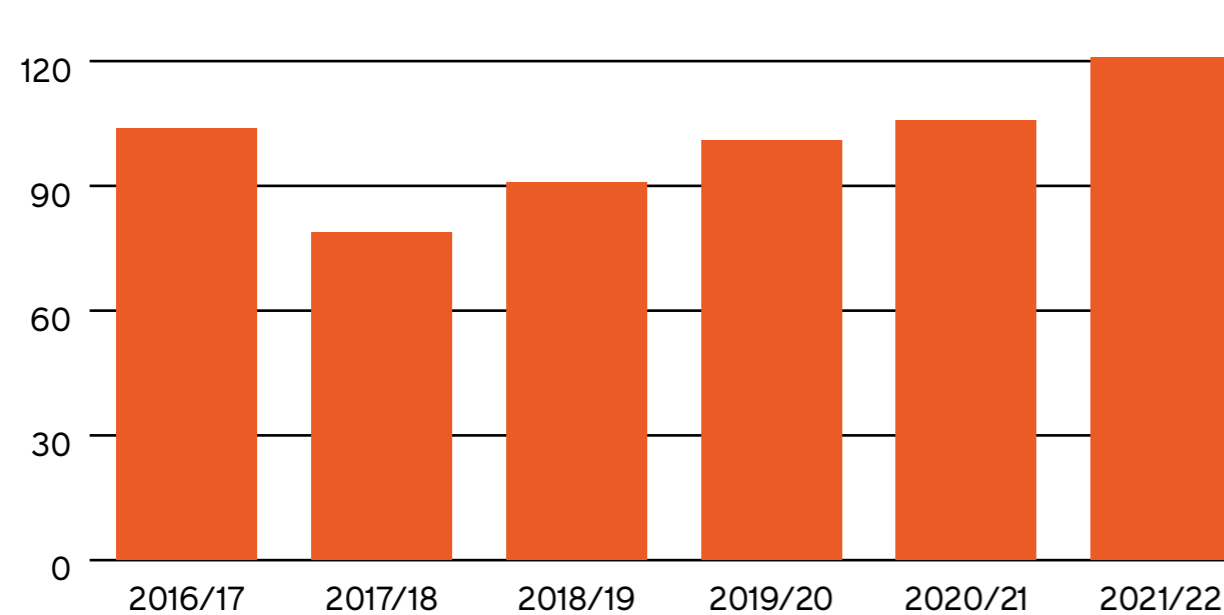


The increase in training places for midwives, from just under 100 in the 2016/17 academic year to approaching 200 in 2021/22, is starting to bear fruit, with the number graduating jumping from 79 in 2017/18 to 121 in 2021/22.

It does take time to train a midwife, but these figures demonstrate that commitment to expand training numbers and the investment to make it happen delivers lots more new midwives.

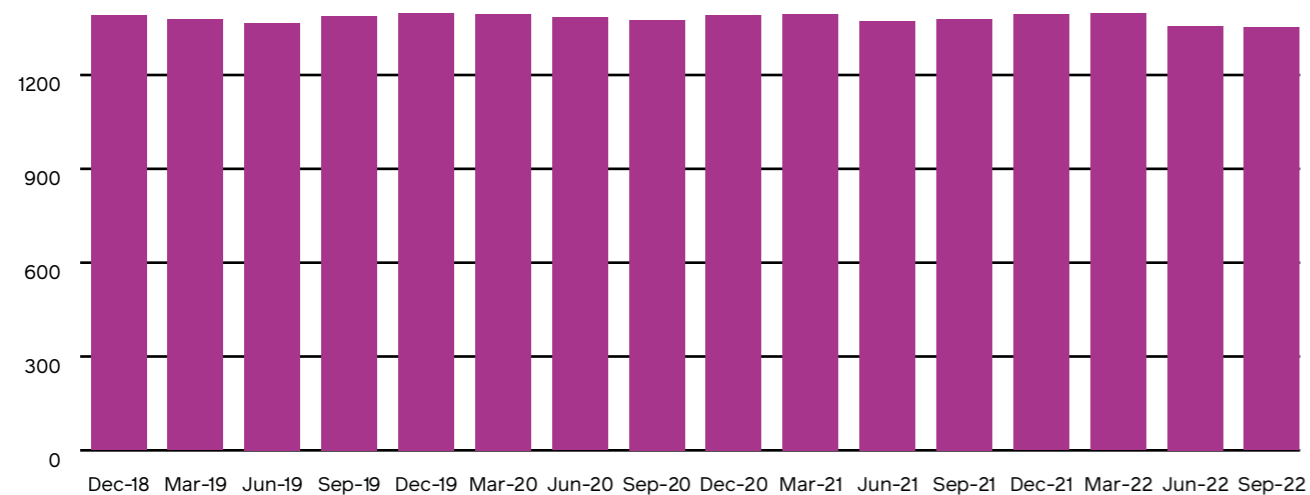
Midwifery graduates

(source: Senedd Written Questions)



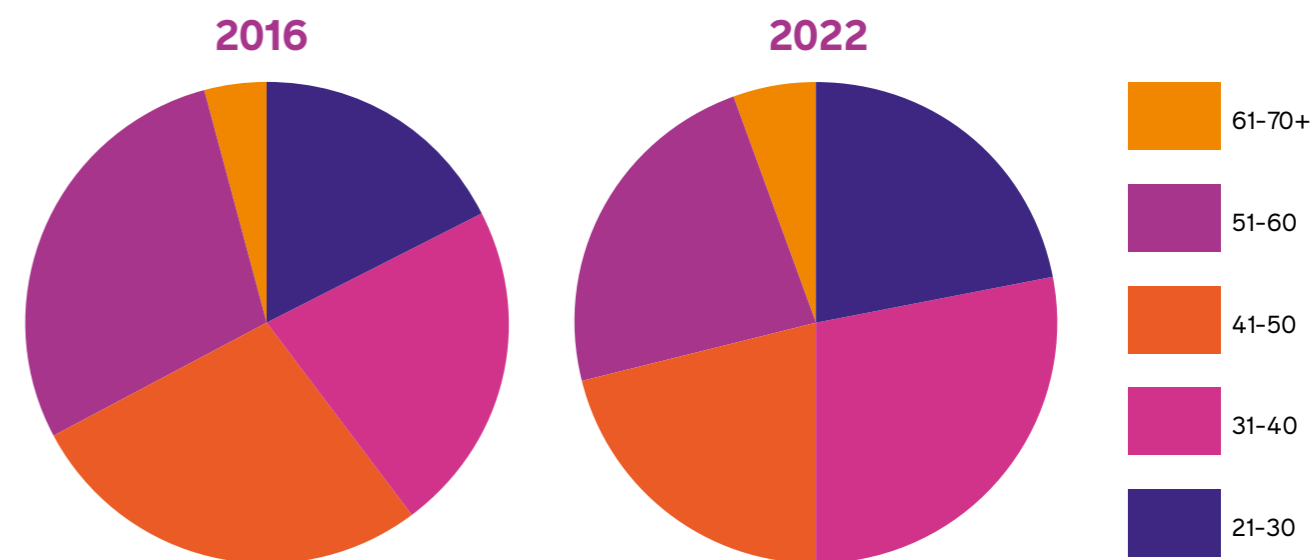
Midwives (full time equivalent)

(source: StatsWales)



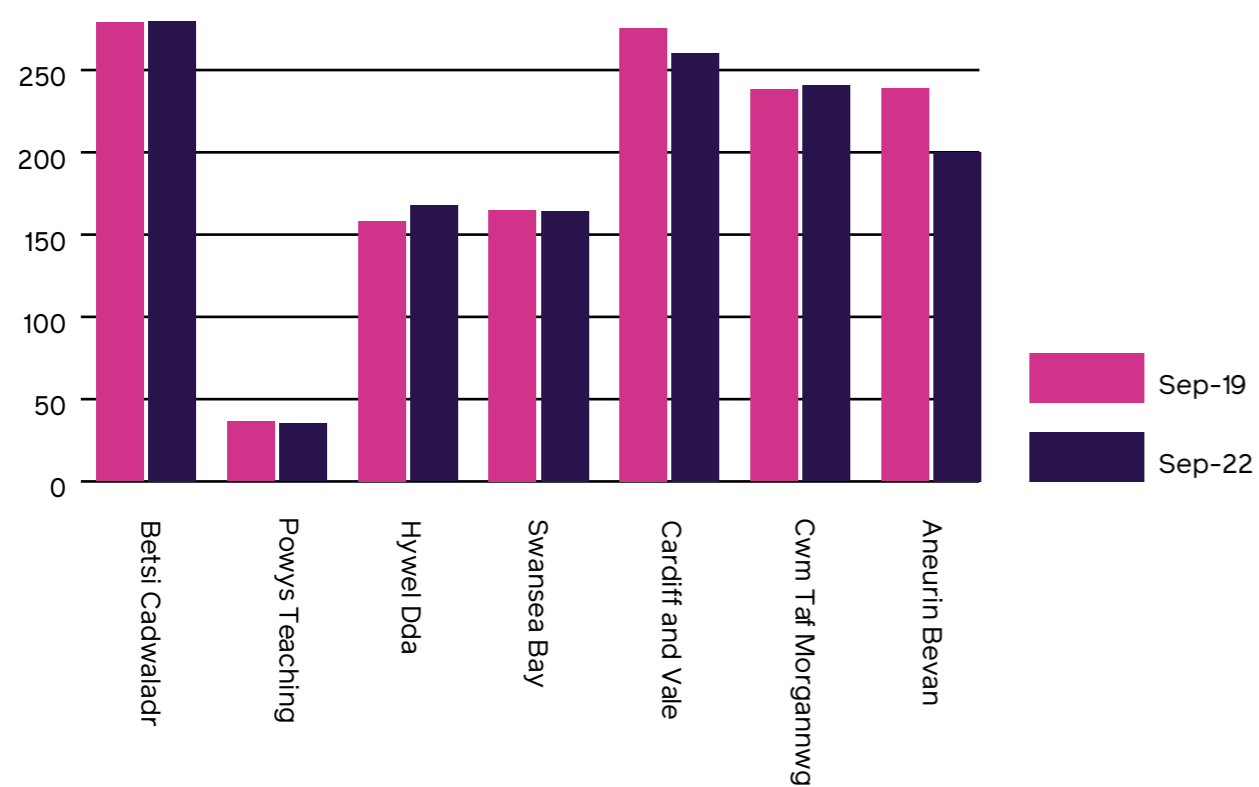
Age profile of midwives

(source: Senedd Written Questions)



Midwives (full time equivalent) by Health Board

(source: StatsWales)



Age	Nov-16 no.	Nov-16 questions	Nov-22 no.	Nov-22 questions	Change no.	Change questions
21-25	117	7.0	149	8.9	32	1.9
26-30	176	10.5	221	13.2	45	2.7
31-35	185	11.1	260	15.5	75	4.5
36-40	190	11.4	212	12.6	22	1.3
41-45	199	11.9	192	11.5	-7	-0.4
46-50	261	15.6	158	9.4	-103	-6.2
51-55	315	18.8	214	12.8	-101	-6.1
56-60	163	9.7	179	10.7	16	0.9
61-65	58	3.5	81	4.8	23	1.4
65-70	8	0.5	7	0.4	-1	-0.1
71+	1	0.1	3	0.2	2	0.1



The number of midwives in the NHS in Wales has been stable in recent years. Expressed as a full time equivalent (FTE) figure (so, taking into account not just that someone is employed as a midwife but how many hours per week they work), the number edges up and down within a narrow band, never quite as low as 1,350, never quite as high as 1,400.

Between November 2016 and November 2022, the number of NHS midwives in Wales, expressed as a headcount, was also virtually unchanged, rising from 1,673 to 1,676. This echoes the remarkable stability in the number of FTE midwives in Wales.

These headline figures miss something important, however. That is the changes that are taking place in the age profile of the profession. This is less stable.

Between 2016 and 2022, for example, the number of midwives in their late forties or early fifties dropped by 204. At the same time, the number of midwives aged up to 45 rose by 167 and the number aged 56 or older edged up by 40. These two positive movements just about cancel out the drop in the number of middle-aged midwives.

This is important because it underlines the fact that we need to keep training the increased number of new midwives we have seen in recent years in order to replace those leaving. It would also be a helpful exercise to understand why there are fewer midwives in those age groups. The fact that we see 200 fewer midwives aged between 46 and 55 without a matching rise in the older age categories suggests it is not simply existing midwives getting older, but rather midwives leaving the workforce. Why are they doing that? What can be done to encourage them to stay working in the NHS in Wales as midwives?



Looking forward

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

1. Publish, fund and implement the Maternity and Neonatal Safety Support Programme for Wales;
2. Focus on workforce and staffing – ensuring we put the resources in and get the skill mix right;
3. Support and care for staff, focussing on their wellbeing to help retain experienced midwives.

Publishing, funding and implementing the Maternity and Neonatal Safety Support Programme for Wales will drive through improvements on a broad range of fronts, addressing many of the issues highlighted in this report. It would provide the framework needed to ensure care is delivered better and more safely.

Choice is vital too. For example, how can we successfully and safely make homebirth a real option for more women across Wales? In 2021, more than one birth in 10 in Powys Teaching Health Board area was at home, but in other areas it was closer to one in 30 or even one in 50. We need to look at expanding the option of birth in a midwife-led unit too. This is something the framework could achieve.

Within that, we need a renewed focus on the workforce, for example new apprenticeship routes into midwifery to boost staffing and the appropriate resources for specialist roles for every increasing complexity

Finally, we need to retain more of the midwives we already have. Right now, despite the rise in student numbers, we are not seeing a big rise in staffing overall, because many new midwives are simply replacing those who are leaving.

We need to retain existing midwives in order for us to grow the workforce. We can do that by ensuring

staff are cared for and their wellbeing supported. Do that and we will keep them in service – meaning more skilled, experienced staff providing frontline care to women and families.

As ever, maternity services in Wales face some very real challenges, but we have found positives too as we compiled this report. We look forward to working with the Welsh Government and across the political spectrum in the Senedd, and with many other stakeholders across Wales as we all seek to improve maternity services. We hope this report helps inform that work so that together we can improve services for the women and families of Wales.

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