

Description

Addressing the Crisis in Maternity Care: The Impact on Future Midwives and the Midwifery Profession

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Introduction

Midwifery students in the UK are required to gain hands-on experience supporting vaginal birth to qualify, that is, to facilitate 40 vaginal births. In addition, the Nursing and Midwifery Council confirm that midwives 'optimise normal physiological processes, and support safe physical, psychological, social, cultural and spiritual situations, working to promote positive outcomes and to anticipate and prevent complications'.

However, rising rates of inductions of labour, Caesarean births, and reduced access to midwifery-led settings have made it increasingly difficult for students to meet the requirements to qualify. This limits students' exposure to essential midwifery practices, potentially affecting their competence, confidence, and future effectiveness, and contributing to stress and attrition among newly qualified midwives.

With this in mind, Feeley et al conducted a study analysing the 40 births facilitated by 77 midwifery students at an inner-city English university. They found students had strong exposure to obstetric-led care but limited experience with midwifery-led practices, raising concerns about their preparedness to support physiological birth during preceptorship and into practice. Opportunities to support births using non-pharmacological pain relief methods and a range of birth positions were also notably lacking. This is echoed in a recent article by two student midwives who describe their contrasting experiences of supporting physiological birth.

What the student midwives say

Anna Jones shares her experience of rarely seeing a birth without intervention, making it hard to connect theory with practice. In contrast, Lydia Barwood's placement in a freestanding midwifery unit offered rich exposure to physiological birth and the value of continuity of care. Their stories highlight how student learning is shaped by placement settings—and the urgent need to ensure future midwives have meaningful opportunities to observe and support physiological birth. Without this, we risk losing the core skills of midwifery for generations to come.

The impact of this dilemma extends to those using maternity services. When fewer midwives are exposed to and confident in facilitating physiological birth, services that support it—such as home births, water births, and midwifery-led units—become harder to sustain. This can reduce availability and ultimately restrict the options families have for how and where they give birth.

I recently reached out to three fellow student midwives who had shared their concerns about this issue online, and invited them to document their experiences here, with me.

Emily

'As a student I have had the privilege of attending and supporting lots of births, both physiological and surgical. I have spent time with women who were desperate for a 'natural' birth with no intervention, and I have supported women who made the choice early in their pregnancy to have an elective caesarean section. I have also been present when a caesarean section or instrumental birth has been recommended in an emergency. All the women have had their own reasons for the choices they have made, and in most cases, they were able to experience, at least in part, the birth they envisioned, even if it did not go completely to plan.

One birth I attended was a beautiful home birth. The woman birthed her baby silently and serenely in a pool, in her dimly lit living room, with her husband supporting her. The midwives blended into the furniture, carrying out the necessary checks without interfering or disturbing her. It was very calm and needed no equipment, other than a pair of gloves and a Sonicaid. Her older two children met their new sibling at fifteen minutes old and the whole experience was magical. This was an example of how birth can be for those who choose it.

My delivery suite placement experience as a student has included spending a lot of time in theatre, whether for a caesarean section or an instrumental birth. I am now very familiar with how these processes work, what the role of the midwife is, and the type of care the woman will need following these types of births. What I am not familiar with is physiological birth. My experience of this has been extremely minimal. In the two years I have been studying, I have experienced two births that did not use a CTG monitor, one of these being the home birth. Over half of the births I have witnessed have been instrumental or caesarean sections. On delivery suite students are considered lucky if they manage to facilitate a physiological birth. With the need to facilitate forty vaginal births before qualifying, and these being few and far between, the pressure is on to reach that target. Any student you speak to will ask you about your birth numbers, as everyone is aware of the importance of 'the big 40'. However, this constant comparison with others also exacerbates the problem. Competition is fierce and this is not the way we should be working. The pressure to hit this target can lead to students being shoved into birth rooms when the baby is visible, with no prior knowledge of the woman or family, so they can count the birth in their numbers. This is not the point of maternity care. Labour care is important, and students are going to miss out on this aspect of care if we are only present for the actual birth. Supporting women and getting to know them and their family is vital. Not only are students missing out on learning these skills, but women are also missing out on good quality care, building rapport and trusting the people supporting them.

Whilst recognising that there will always be scenarios where intervention is necessary, we need to go back to encouraging and supporting physiological birth. Students should be able to meet their qualification requirements without compromising the care they provide to women and families'.

Sarah

'I'm almost at the end of my 2nd year and have just finished a 4-week Labour Ward placement. I facilitated two spontaneous vaginal births (both with continuous CTG) in 13 shifts. My numbers aren't great going into my 3rd year but many of my cohort are in the same position or worse!

I love the course and have really enjoyed all placement areas, except Labour Ward. I desperately want to be a midwife but after spending most of my shifts in theatre (many of them after spending many hours with a labouring woman) I have finished this placement feeling deflated, hopeless and unfulfilled. At least two of the women I was with in theatre spent

the whole time in tears because a c/section was not in their plan and they were disappointed in themselves and in their body. I know I'm not a medical expert by any means, but I really do feel that with a bit longer many women would have had their baby without any intervention.

My heart sinks as soon as the medical staff enter the room because they've not been entirely happy with the CTG, the women's contractions have slowed down, or they are 'not progressing'. I leave feeling sad for the woman and personally feel I've let them down. As students we do not really have a voice allowing us to advocate for women. There's also an element of scaremongering and women feel they have to follow advice because they are worried about their baby's safety.

Of course we are worried about getting the expected numbers. I don't want to have to spend my annual leave doing extra time to achieve this after the three years already spent studying and working hard in placement. Most of my placement means living away from home and missing precious family time, birthdays, weddings, holidays etc. But I also want to make sure that women get the birth they want, without intervention as far as possible. I realise that there are some situations whereby medical intervention can't be avoided, and they have to choose the safest option. In my personal experience medical intervention is far too routine. In one night shift on the ward the theatre staff did five C/sections and a forceps! No uncomplicated vaginal births the whole shift.

This year has had me contemplating dropping out of the course at various stages because this is not how I envisioned a career as a midwife. As it is I have decided to see it through, but my passion is diminishing with every Labour Ward placement, because being part of a physiological birth is so rare and leaves me feeling emotionally drained and disappointed after every shift.

I have one year left to achieve 28 births! It seems like an impossible feat in my health board and will absolutely not happen without me giving up many more hours of my own free time away from home. It would also be lovely to have some more recognition for labour care and accompanying and supporting women who end up with emergency c/sections. If we are spending so much time with women in the intrapartum period, building a rapport with them and accompanying them to theatre maybe some of our assisted birth numbers should include c/sections and not just forceps/ventouse?

I don't imagine there will be much change by the time I finish, but some changes for future generation of students would go a long way to making a difference to their mental wellbeing whilst navigating a degree that is already mentally and physically challenging'.

Stephanie

'From early in my degree, I realised that there was a gap in what I was being taught at university and what I was experiencing in placement in regards to the physiology in birth. In placement birth had so much intervention and while university teaching went so far there was still a massive void where I felt the holistic side of midwifery was missing. I spent time seeking out groups where I could connect with experienced midwives and birth keepers who I could learn from. I attended events, courses and even trained as a doula to gain insight into physiological birth. I have been lucky in my training that I have seen a fair few spontaneous births and been able to see how physiology works, each of these births has been unique and it shows how different birth can be. Despite this exposure to physiology, I have cared for more people undertaking an induction of labour than experiencing spontaneous labour. Unfortunately, I have seen so many of these inductions end in either assisted delivery or emergency caesarian section and I have witnessed how intervention leads to more intervention.

As a 3rd year nearing the end of my training the requirement to facilitate 40 births has become a constant worry. During 1st and 2nd year I managed to avoid most of the chat around numbers, choosing to dodge the conversation as I felt uncomfortable comparing experiences of those I had cared for to simply numbers in a book. Each of those numbers represented the start of a new life and a journey to becoming a parent, it was never just a number. I have held onto those thoughts throughout but now at the end of 3rd year I can no longer ignore "the numbers".

I am so close to the end of my degree now BUT I still require 20 births. 20 feels so unobtainable and having spent many hours in an intrapartum setting in the last month my numbers have barely risen.

The uncertainty about when I will achieve the required births places me in a limbo with no end in sight. I had imagined the end of this degree many times and whenever I did, I had thoughts of elation, satisfaction, accomplishment and joy, but sadly I feel none of those things. Instead, I feel stressed, anxious, trapped and mentally broken at the situation I

currently find myself in. I have sacrificed a huge amount for this degree, but it is not just my sacrifice but that of my family that weighs heavy on my heart.

I know I am not alone at reaching this point with many others in my cohort and cohorts at other universities experiencing the same issues. The inability to achieve 40 births is becoming a reality for too many and a position no student should find themselves in'.

From a university perspective

The voices of Emily, Sarah, and Stephanie poignantly illustrate the growing disconnect between the philosophy of midwifery and the realities of practice and education in today's maternity services. Their reflections echo a broader crisis that cannot be ignored: when midwifery students are routinely denied the opportunity to witness and support physiological, vaginal birth, we are not only failing the next generation of midwives—we are failing the women and families they serve.

The erosion of opportunities to learn and practise core midwifery skills is more than a logistical challenge; it is a systemic issue rooted in the medicalisation of childbirth and understaffed services. These conditions diminish the confidence, wellbeing, and retention of student midwives, placing additional strain on an already fragile workforce. Furthermore, the knock-on effect is a diminishing availability of midwifery-led services such as home births, midwifery units (birth centres), and water births—choices that many women want and that maximise the potential for them to experience physiological birth.

While proposed solutions, such as reducing the number of required births for qualification, may offer temporary relief, they do not address the underlying problem: the scarcity of opportunities to support physiological, undisturbed birth in practice. Reducing the number of births required will not be a solution: indeed, it will be, potentially, part of the ongoing problem if it is formally introduced.

Focusing solely on achieving 40 births as a target risks obscuring the deeper, systemic issues that need to be addressed. Simply reducing the number of required births without tackling these underlying problems is like throwing the baby out with the bathwater. The rising cesarean and other intervention rates impact our achievements, but they don't fully explain the broader issue. Local audit work reveals that student midwives facilitate only a small proportion of 'available' vaginal births. This highlights a critical need to understand national and local systemic and institutional barriers. Failing to address these will severely undermine learning experiences and the ability to support safe, confident, and evidence-based physiological births.

This offers an important opportunity for reflection on how we, as educators, design and support placement learning. It may be valuable for others to undertake reviews within their own settings, with these insights helping to collectively strengthen opportunities for students to develop the skills and confidence needed to support physiological birth. It is therefore incumbent upon us, as educators and leaders within the profession, to ensure that students have meaningful exposure to the full spectrum of birth experiences. through partnership working with practice learning partners. As leaders in education, it is also incumbent on us to review curricula and placement strategies to work with practice learning partners to maximise placement opportunities.

Numbers alone should never define the learning or worth of a midwifery student—but neither should they become an unattainable barrier that distorts the opportunity for positive childbirth outcomes.

Listen and act

If we are to preserve the essence of our profession and ensure that midwifery remains rooted in physiological understanding, urgent action is needed. This includes prioritising placements in midwifery-led settings, re-evaluating what constitutes meaningful intrapartum learning, and recognising the emotional and educational labour students undertake—especially when care does not follow the path of normality.

We must listen. The voices of these students are not mere complaints; they are urgent calls to action. They remind us that without genuine opportunities to support safe, evidence-based intrapartum care, we risk eroding the very foundations of midwifery practice. It is imperative that the entire profession responds, protects the integrity of midwifery education, and ensures that future generations of women, babies, and families continue to receive care that is both evidence-based and rooted in safe, confident midwifery practice.

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