News and Views



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Introduction

Recent national maternity reviews have once again highlighted concerns regarding staffing, safety, variation in care and workforce sustainability across maternity services. The Care Quality Commission's national review of maternity services identified widespread concerns regarding safety and quality, while the recent Nottingham review led by Donna Ockenden reinforced the impact that workforce pressures can have on women, babies and families.[1?2]

As maternity professionals, none of these findings should surprise us.

For many years, staffing has been recognised as one of the most important determinants of safe maternity care. Yet while significant attention has rightly focused on labour ward staffing and the delivery of one-to-one care in established labour,[3] one area of maternity care continues to receive comparatively little attention: The postnatal ward.

An overlooked safety issue

Postnatal wards are often wrongly perceived as lower-acuity environments.

In reality, midwives working on postnatal wards are responsible for the care of women recovering from vaginal birth and caesarean section while simultaneously caring for newborn babies.

This includes:

- monitoring for haemorrhage, sepsis and hypertension
- supporting infant feeding
- medicines management
- safeguarding
- newborn assessment
- discharge planning
- escalation of concerns
- supporting parental transition and mental wellbeing

Yet despite the complexity of this work, there remains no clear nationally enforceable staffing standard for postnatal care. In the absence of clear, enforceable staffing standards for postnatal wards, maternity services experience significant variation in workforce capacity. Evidence from inspections and national reviews has highlighted occasions where midwives are responsible for the care of large numbers of women, birthing people and babies simultaneously. These workloads are unsustainable and risk compromising safe, compassionate and effective care.[2]

Recent national findings confirm that these issues are not isolated but systemic, with the Care Quality Commission reporting that almost half of maternity services in England are rated as requiring improvement or inadequate, with safety concerns widespread across the system.[1]

Babies are not an addition to workload

One of the central principles behind my proposal is straightforward:

Babies are not an addition to workload. They are patients.

Current workforce planning methodologies such as Birthrate Plus recognise that women and babies have distinct care needs and should be considered separately when assessing workload and workforce requirements.[4]

However, in practice, many staffing discussions continue to focus primarily on maternal numbers without fully acknowledging the reality that every baby also requires care, assessment and support.

If we genuinely believe that babies are patients, then they must be counted accordingly.

A proposal for a national postnatal staffing standard

In response to these concerns, I have developed a proposal calling for:

A minimum ratio of:

One midwife to six women and babies on postnatal wards with babies counted as separate patients.

The purpose of the proposal is not to replace professional judgement or workforce planning tools. Nor is it intended to act as a staffing ceiling. Rather, it would establish a clear safety floor below which staffing should not fall. Where acuity or complexity requires additional staffing, services should continue to respond appropriately.

Internationally, solutions already exist. Queensland, Australia, has introduced legislated minimum staffing ratios for postnatal wards, including a 1:6 midwife-to-patient ratio with babies counted as separate patients. This approach recognises the dual responsibility of caring for women and newborn babies and provides a clear statutory safety floor for staffing.

Why now?

Recent reviews demonstrate that the current approach is not delivering consistent outcomes. The most recent independent investigation into maternity services at Nottingham University Hospitals NHS Trust further reinforces this position, identifying insufficient staffing as a key contributory factor in hundreds of cases of potentially avoidable harm to women and babies.[2]

The Care Quality Commission continues to identify significant variation across maternity services, while recent investigations have highlighted workforce pressures and insufficient staffing as contributory factors in avoidable harm.[1?2] At the same time, the profession continues to experience recruitment and retention challenges, with the Royal College of Midwives continuing to highlight workforce shortages and the impact of workload on retention.[5] Meanwhile, the International Confederation of Midwives is calling for ‘one million more midwives’ globally to strengthen maternity care.[6] There is also a growing and deeply concerning disconnect within the UK midwifery workforce. Campaigns such as Fund Future Midwives UK highlight that student midwives complete approximately 2,300 hours of unpaid clinical practice while paying tuition fees, yet many qualify without secure employment opportunities. This is occurring at the same time as maternity services report significant staffing shortages and unsafe workloads.

These issues are interconnected.

Safe staffing is not simply a workforce issue.

It is:

- a patient safety issue
- a quality issue
- a workforce sustainability issue
- a system leadership issue

Taking the conversation beyond local services

As maternity professionals, we each have a responsibility not only to improve care within our own services but also to contribute to wider discussions regarding the future of maternity care.

For that reason, I have shared the proposal with a range of national stakeholders, including:

- The Secretary of State for Health and Social Care
- The Chief Midwifery Officer for England
- The Chief Nursing Officer for England
- The Royal College of Midwives
- The Royal College of Obstetricians and Gynaecologists
- Regional maternity leaders
- Members of Parliament
- Donna Ockenden

My aim is not to criticise individual organisations or teams.

Rather, it is to stimulate constructive discussion regarding whether postnatal care deserves the same level of staffing protection that labour care increasingly receives.

How you can engage

Meaningful change rarely comes from a single voice. If you believe postnatal staffing deserves greater national attention, I would encourage you to engage with the discussion.

Consider:

- speaking to local leaders
- discussing postnatal workforce planning within your service
- engaging with your Professional Midwifery Advocate network
- contacting your professional body
- writing to your Member of Parliament

Professional advocacy has always played a key role in improving maternity care. This is no different.

The question we should ask

We often say that women and babies are at the centre of maternity care. If that is true, then we must also be prepared to ask ourselves a simple question:

What level of staffing do women, babies and families deserve after birth?

Until we can answer that question consistently across the country, variation will remain. And where variation persists, risk persists.

Conclusion

Safe staffing is not optional.

Postnatal care is not an afterthought.

Babies are not an addition to workload.

They are patients.

Count the babies. Protect postnatal care.

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Date Created
15th July 2026