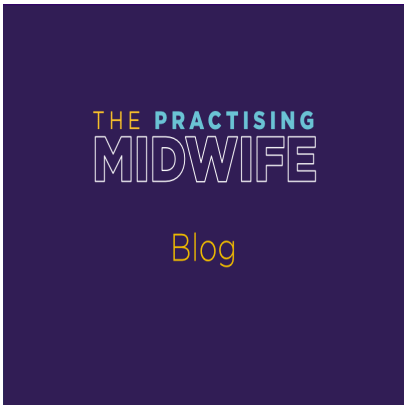


Description

Midwifery, Standards and the Reality of Care: Why Implementation Matters as Much as Aspiration



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The publication of the RCOG Maternity Service Standards Framework is a welcome and important moment for maternity services. At the Midwifery Unit Network (MUNet), we see strong alignment between the framework's ambitions and the values that underpin midwifery-led care: safety, equity, partnership and evidence-informed choice. But standards alone do not change care. Drawing on years of experience supporting midwifery units across the UK and Europe, this blog reflects on what it takes to translate standards into practice — and how midwifery-led services, when properly supported, can be a powerful part of the solution to today's maternity challenges.

A welcome step forward

When national standards land, reactions across maternity services are often mixed: relief that something coherentexists, anxiety about implementation, and concern about how already-stretched teams will make it work.

The RCOG Maternity Service Standards Framework feels different. It acknowledges the reality many of us are working in — rising complexity, workforce shortages, persistent inequity — while still holding on to a clear ambition for safe, personalised and compassionate care.

From a MUNet perspective, that matters. Because standards that fail to recognise the context they are being implemented in rarely achieve what they set out to do.



Strong alignment with midwifery values

Much of the framework resonates strongly with midwifery philosophy and practice.

The emphasis on:

- women and families as partners in care
- respectful communication and informed decision-making
- psychological safety for staff
- learning cultures rather than blame

reflects principles that midwives have long advocated for – and, in many cases, quietly sustained even when systems have struggled around them.

Importantly, the framework recognises all **four places of birth**, including alongside and freestanding midwifery units. This matters, not as a symbolic nod, but because it signals an understanding that maternity services are not only delivered in acute obstetric spaces.

For many women, particularly those with uncomplicated pregnancies, midwifery-led settings offer safe, evidence-based care that aligns with their values, preferences and lives.

Where standards meet reality

That said, those of us working closely with services know that agreeing with standards is rarely the hard part.T
he challenge is implementation.

Across the UK and Europe, midwifery units often sit at the intersection of multiple pressures:

- variable strategic visibility
- fragile staffing models

- inconsistent governance support
- shifting organisational priorities

The risk is not that standards are wrong — but that they remain aspirational, rather than operational.

In my own research and national work on continuity of carer, I saw this repeatedly. The evidence was clear, the intent was genuine, yet sustainability faltered when teams lacked:

- stable leadership
- protected time
- autonomy and trust
- structures that supported “work as done”, not “work as imagined”

The same applies here.

Midwifery-led care as part of the system, not an add-on.

One of the opportunities we see in the RCOG framework is to strengthen how midwifery-led care is understood within the wider maternity system.

Too often, midwifery units are treated as optional, peripheral, or dependent on individual champions. In reality, they function best when they are:

- fully integrated
- well governed
- visible at board level
- supported by clear escalation pathways and leadership accountability

When this happens, midwifery-led care contributes not only to women’s experiences, but to system resilience — offering care closer to home, reducing unnecessary intervention and supporting continuity and relationship-based models.

These are not ideological positions; they are evidence-informed system choices.

From standards to support-what helps in practice

This is where MUNet sees its role.

Over the past decade, our work — through the European Midwifery Unit Standards, MUSA (Midwifery Unit Self-Assessment), and now EMUA — has focused on helping teams answer a very practical question:

How do we make good care sustainable, not just desirable?

What services consistently tell us is that they value:

- clear expectations
- proportionate assurance
- opportunities to reflect and learn
- external validation that understands midwifery-led contexts

Not as another layer of inspection, but as a way of strengthening confidence, visibility and consistency. In that sense, the RCOG framework provides an important “why”. What many teams now need is support with the “how”.

Partnership, not parallel working

This is not about professional territory.

The future of maternity care depends on obstetricians, midwives, neonatologists, managers and service users working together — particularly in a climate where no single profession can carry the system alone.

MUNet welcomes the RCOG framework in that spirit and sees real opportunity for collaboration:

- aligning standards with midwifery-specific quality tools
- supporting implementation in community and midwifery-led settings
- sharing learning across regions and countries
- keeping women's rights, safety and choice at the centre of change

Challenging the status quo does not always mean being loud. Sometimes it means being persistent, evidence-led and willing to do the slow work of building systems that actually hold.

Looking ahead

The publication of the RCOG Maternity Service Standards Framework is an important moment – but it is not the end of the story.

Whether it becomes a meaningful lever for improvement will depend on how well we support services to implement it in real, imperfect, pressured environments.

Midwifery-led care, when properly supported, governed and valued, has a crucial role to play in that future.

At MUNet, we are committed to working in partnership to make that future achievable — not just on paper, but in practice, for women, families and the workforce who care for them.

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1. 2026
2. midwife-led
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