Description

Should We be Putting Birth in a Midwifery Unit on the ‘Red List’?



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Summary

Births in midwifery units in the UK have more than halved since 2016,[1] with most of that decline happening since 2021. These striking findings are from a research study carried out using unique data from the UK Midwifery Study System, a national platform supporting research in midwifery units, and funded by the NIHR (National Institute for Health and Care Research) through the Policy Research Unit in Maternal and Neonatal Health and Care. This article outlines the findings and some of the implications.

Introduction

Choice of planned place of birth for women at ‘low risk’ of complications is a longstanding policy commitment in England and the rest of the UK, supported by national guidance.[2] Planned birth in a midwifery unit (MU) is safe for babies and associated with better outcomes for women.[3] From 2010-2015 the number of MUs, and the proportion of births in MUs, increased,[4] but we don’t know what has happened since.

What has changed?

Births in midwifery units in the UK have more than halved since 2016,[1] with most of that decline happening since 2021. In 2023 to 2024, around 5% of births took place in midwifery units, compared with around 12% in 2016. Our analyses show that this decline is not explained by changes in the overall number of midwifery units (which has reduced since 2016), closures (which have increased since 2021) or transfer rates (which have changed little over time). The main reason that fewer women are giving birth in midwifery units is that fewer women are being admitted to midwifery units for labour care.

Does this vary across the UK?

We did see some notable variation across the UK. In terms of the nations of the UK, Wales has not followed the same pattern of decline. While they saw a post-pandemic dip in 2021, their rates are now close to pre-pandemic levels. Within England, the North and Midlands/Eastern regions saw bigger reductions, while in London and the South reductions were smaller; London has consistently higher rates of midwifery unit births compared with other English regions (around 16% in 2016 and around 9% in 2023-4).

Why has this happened?

In discussing these research findings, I have been told that births in midwifery units are reducing because the birthing population is ‘more complex’, or because women are just making different choices.

Increasing complexity?

In terms of complexity, increasing maternal age and rising rates of obesity and associated conditions, including diabetes, are often cited. Maternal age has increased gradually,[5] with a particular increase in the proportion of women aged 35 or over.[6] Maternal obesity has been on a steady upward trend since the 1990s, with gradually fewer women entering pregnancy with a ‘normal’ BMI, but there has been no dramatic change over the period covered by our analyses; in 2023 just over 1 in 4 women were obese at booking, compared with just under 1 in 4 in 2019.[7] These gradual changes are likely to have combined to produce an increase in complex pregnancies, but this seems unlikely to fully explain the scale and pace of the changes we have seen in births in midwifery units since 2021. In particular, it seems unlikely that women giving birth in Wales are much less ‘complex’ than those giving birth in England.

Maternal choice?

And in terms of maternal choice, it may be that fewer women are planning birth in a midwifery unit, but can you blame them? While maternal choice about planned place of birth is a national policy, we need to ask whether genuine choice is possible when midwifery units are frequently and unpredictably closed and when birth in an obstetric setting is seen as the default.

The rising tide of caesarean birth

One facet of the background to changing numbers of births in midwifery units is a looming public health crisis in UK maternity (and particularly in England), with caesarean birth rates that are higher (and increasing more rapidly) than in pretty much any other comparable nation.[8] Outcomes for babies have improved (England is pretty much in the middle compared with other European countries), but women are being exposed to ever increasing levels of intervention. Planned birth in a midwifery unit, for women who are eligible, is pretty much the safest option available to us for reducing (unnecessary) intervention, without increasing the risk for babies.[3] In studies carried out using the UK Midwifery Study System since 2016, caesarean birth rates for women admitted to midwifery units are consistently around 5%. And for carefully selected women with complexity (e.g. BMI>35, previous PPH, diet-controlled diabetes) admitted to midwifery units we also see really good outcomes.

So where does the Red List come in?

The International Union for Conservation of Nature has a ‘Red List’ of threatened animal and plant species which aims to inform and prompt action for conservation and policy change. The criteria for considering a species as ‘endangered’ are: (i) a population reduction of at least 50%, (ii) over the past 10 years, and (iii) where the causes or reduction many not have ceased or may not be understood. Midwifery units have a valuable part to play in the landscape of maternity care, particularly in the current context of rising intervention rates. If birth in a midwifery unit was an animal or a plant, we would be considering how to make conditions more favourable for its continued existence. What are we doing to ensure that women still have this option in years to come?

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1. 2026
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Date Created
16th June 2026