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Pressure Points: the case for better postnatal care

More often than not if you see media coverage of maternity care, it will focus on birth. It's understandable. It's a moment of joy and relief, the moment a new life enters the world. I am not complaining. The media coverage that maternity care receives because of this life-changing event strengthens the Royal College of Midwives' (RCM) case for more midwives and for more resources for maternity services.

The downside, however, is that often other aspects of maternity care, postnatal care for example, get overlooked and become a 'Cinderella' service. This is the reason the RCM is publishing a series of reports on aspects of postnatal care under the banner, *Pressure Points*. These reports aim to illustrate the impact on postnatal care of the chronic underfunding and understaffing of maternity services, particularly in England.

The third report released in May, *Infant Feeding - Supporting Parent Choice*, looked into the experiences of midwives, maternity support workers (MSWs), student midwives and others around the issues of infant feeding in the postnatal period. While the second report shone a light on some of the vitally important things that can be missed when midwives and maternity support workers have to make do as best they can in a service that is stretched. It was called *24 Hour Signs and Symptoms* and focused on how well mothers are told, within 24 hours of the birth, of the signs and symptoms they need to look for in their own health and in the health of their new baby, that should alert them to the need to seek medical attention.

We surveyed mothers, midwives and MSWs and the results we collected are a concern. Only around a quarter of mothers (24%), surveyed by Netmums, recalled being told about the signs and symptoms to look for, while almost a half (47%) said they were definitely not told. Women don't get this information – not because midwives are wilfully uncaring – but because midwives are overstretched and don't have the time to give women the care they need and deserve. Sadly, women have very little time with midwives in the first 24 hours after giving birth.

In our own survey of midwives, we asked what factor most strongly determined how many postnatal visits a woman received, and only around a quarter (24%) said it was down to a woman's needs; almost two-thirds (65%) said the number was determined by the pressures on their maternity unit. Over a third (36%) of midwives and MSWs told us they want to spend more time with women at this crucial time – it is clear that there is a great deal of frustration among maternity care staff because they want to do more but can't because of the lack of numbers.

It is clear that mothers, babies and families are being short-changed when it comes to postnatal care. Midwives want to give better care but can't because there aren't enough of them, especially in England, and resources are too thinly spread.

The NHS in England is short of thousands of midwives. A cynic might expect someone from the RCM to say that, but when the National Audit Office and the Public Accounts Committee, both charged with the job of drilling down into public spending and rooting out waste, say thousands more midwives are needed, it might be time to sit up and pay attention. In England, the RCM is campaigning for 4,800 more midwives.



> **Maternal mental health**
Improving emotional wellbeing in postnatal care



> **Infant feeding**
Supporting parent choice



> **24 hour signs & symptoms**
Advancing on the potentially life threatening signs in postnatal care

The first three reports in the *Pressure Points* series.

In the last year for which we have figures, 2012, more babies were born in England than in any year since 1971. Almost certainly, not one midwife working in the NHS today will have experienced this kind of workload.

Added to that, we are seeing more births to older women and to women who have long-term medical conditions. Those women are perfectly entitled to the care they need but to give them that care does require more time and that means more midwives.

Many providing maternity services have revealed they are not getting enough money to meet their costs. They are dipping into the budgets of their other services, robbing Peter to pay Paul. It is crystal clear that more money needs to be provided to enable midwives to cope.

Another big problem is the lack of an overall plan. There is a maternity strategy, called Maternity Matters, but after the radical changes to the structures of the health service, few know who is responsible for what, even right at the top. As the chair of the Public Accounts Committee, the Rt Hon Margaret Hodge MP, said, "The

Department of Health and NHS England struggled to tell my committee who is accountable for ensuring something as fundamental as whether the NHS has enough midwives." I sat in on this committee hearing and watched the MPs repeatedly challenge the officials to be clear about lines of responsibility. It felt embarrassing, frankly, to watch them flounder in the face of this scrutiny.

MPs also pointed to inequalities in the delivery of maternity services. They found, for example, that black and minority ethnic mothers were less positive about their care. This is not the first time a parliamentary committee has shone a spotlight onto this issue; the Health Committee published a report on this back in 2003. The RCM would endorse absolutely the need for the

NHS, as a matter of urgency, to set out what it intends to do to drive down inequalities and ultimately drive them out of the system entirely. We cannot go on trying to run such a vital service on a shoestring budget.

Birth will always be special, but postnatal care is just as important to get right. Good maternal health and high quality maternity care throughout pregnancy and after birth can have a marked effect on the health and life chances of newborn babies, on the healthy development of children and on their resilience to health problems encountered later in life. Postnatal care is crucial in ensuring parents feel adequately supported and equipped with the skills and knowledge to give their baby the best possible start in life.

The Pressure Points report *24 Hour Signs and Symptoms* can be seen in full at www.rcm.org.uk/content/signs-and-symptoms. The last two reports of the campaign will explore individualised care plans and the postnatal care tariff. They will be launched in July and September, respectively.

The RCM Pressure Points campaign can be followed on Facebook www.facebook.com/MidwivesRCM and Twitter <https://twitter.com/MidwivesRCM>

infant

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