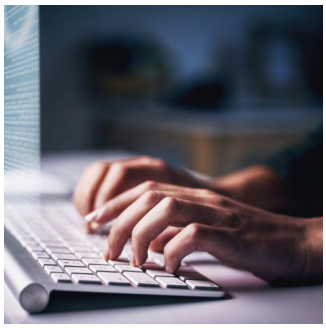
Enabling Safe, Effective Staffing:
An Independent Review of the Birthrate Plus® Methodology

Date: February 2026



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Foreword

Birte Harlev-Lam OBE
MA, PgCert, DPSM, RGN, RM

Independent Chair
Birthrate Plus® Methodology Review

As Independent Chair of this Birthrate Plus® Review, I was commissioned by the Board to independently lead and oversee a review of its workforce planning methodology. While commissioned by the Board, the review was conducted with full autonomy over its scope, methodology, evidence gathering, participants' analysis and conclusions.

I am grateful to all those who contributed their time, expertise and candour to the review. Midwives, maternity leaders, workforce specialists, policy leads and system partners from across the UK and Ireland engaged openly and thoughtfully, often drawing on the challenging lived experience of working within increasingly pressured maternity services. Their collective insight has been essential in shaping a review that reflects the realities of contemporary practice and the complexity of workforce decision-making. I would particularly like to thank the members of the Expert Advisory Panel for their oversight and leadership.

This review was undertaken in the context of heightened UK-wide and system-level scrutiny of maternity safety, workforce sustainability and staffing assurance, following the Ockenden Review (2021) and subsequent work led by NHS England through the Safer Midwifery Staffing Steering Group. It reflects a shared recognition that midwifery workforce planning approaches must be robust, transparent and evidence informed, but also sufficiently adaptable to a maternity system that has evolved significantly over the past decade.

The evidence considered during this review highlights substantial change in both the nature and intensity of midwifery work. Rising clinical acuity, increasing social and psychological complexity, expanded safeguarding and perinatal mental health responsibilities, evolving models of care, and a marked growth in administrative, governance and assurance requirements now characterise everyday midwifery practice. These developments are occurring alongside persistent workforce shortages, increasing levels of part-time working, and reduced capacity for education, supervision and professional development. This context is critical to understanding how workforce tools are used, interpreted and experienced in practice.

The review found that the approach taken by Birthrate Plus® and the underpinning methodology is sound. However, there is a need for the tool to be enhanced in order to take account of recent developments in practice and service need.

Throughout this work, independence has been central. This report does not seek to predetermine conclusions about the future role of Birthrate Plus®, nor to present it as a complete solution to midwifery workforce challenges more generally. Rather, my aim has been to provide a balanced, and evidence-informed assessment of how the methodology currently functions, where it aligns with contemporary maternity practice, and where refinement or wider system action may be required. The recommendations address developments to Birthrate Plus® but also broader issues relating to national guidance, data quality and the wider evidence base for midwifery staffing.

Where national policy or guidance lacks clarity on workforce implications, this is clearly identified. Transparency, both in methodology and in decision making, is essential if workforce tools are to command confidence at operational, Board and system level.

It is my hope that this report supports constructive dialogue about midwifery workforce planning and contributes to ongoing efforts to strengthen staffing assurance within maternity services. Ultimately, it is essential that workforce assessment methodology can address the full complexity of workforce need, using robust, critically appraised tools, alongside professional judgement and local intelligence.

Gender inclusive statement

In writing this report it is recognised that maternity services are accessed by women, gender-diverse individuals and people whose gender identity does not align with the sex they were assigned at birth. Throughout the review, there has been a full commitment to ensuring that all references to delivery of care was, at all times, appropriate, inclusive, respectful and sensitive to the needs of all individuals.

Where the terms woman and women are used within this report, it is intended to be inclusive and refers to all people who may become pregnant, give birth or access maternity services, including birthing people and gender-diverse individuals.

Executive Summary

This review examines the continued relevance, validity and robustness of the Birthrate Plus® midwifery workforce assessment methodology within the contemporary maternity services context across the United Kingdom (UK) and Republic of Ireland (ROI). The review was commissioned in response to the Ockenden Review (2021) and subsequent work led by NHS England through the Safer Midwifery Staffing Steering Group, reflecting increased national scrutiny of maternity safety, workforce sustainability and the need for transparent, evidence-informed staffing tools.

Maternity services are operating under sustained and escalating pressure. Rising clinical acuity, increasing social and psychological complexity, persistent workforce shortages, expanding specialist and continuity models of care, growing policy, governance, and administrative requirements have changed the nature and intensity of midwifery work. Despite this, the evidence base underpinning safe and optimal midwifery staffing remains limited, with many contemporary workload drivers – such as trauma-informed care, perinatal mental health (PMH) activity, safeguarding, interpreter-supported consultations and administrative burden – poorly quantified or absent from national guidance.

Against this backdrop, the purpose of this review was to assess whether Birthrate Plus® remains fit for purpose as a strategic workforce planning tool and to identify where refinement, development or additional system support is required. The review focused on the core Birthrate Plus® methodology; the acuity apps were excluded, these having been reviewed separately in 2024.

Methodology

The review was underpinned by a structured and transparent evidence-gathering process, including semi-structured interviews, setting specific consensus-building workstreams spanning the full maternity pathway and leadership roles, multiple surveys, a literature review, and external policy horizon scanning across the UK and Republic of Ireland. Independent scrutiny and challenge were provided throughout by an Expert Advisory Panel.

Analysis of the combined qualitative and quantitative evidence identified twelve common themes across roles, organisations and national contexts. These themes informed all conclusions and recommendations, ensuring a clear line of sight between evidence, findings and proposed actions.

Key findings

The review concludes that the overall approach and core principles underpinning Birthrate Plus® remain fundamentally sound. The methodology continues to be valued for its credibility, independence and strategic role in supporting midwifery workforce planning, business cases and regulatory assurance when used alongside professional judgement and local intelligence.

However, the review also finds that Birthrate Plus® requires updating to better reflect contemporary midwifery practice. The nature and intensity of midwifery work have changed significantly and rapidly in recent years, with rising clinical acuity, increasing social and psychological complexity, expanded safeguarding and PMH responsibilities, more complex intrapartum and newborn care pathways, and substantially increased administrative and governance workloads. These pressures are not yet fully or consistently captured within the current assessment of demand, creating a potential risk of underestimating workforce requirements.

The review further identifies that emerging workforce configurations, including increased part-time working, evolving skill mix, the contribution of specialist and leadership roles, and the developing proficiency phase of newly qualified midwives, are not always transparently reflected within the methodology. Improving alignment with contemporary practice and strengthening transparency are therefore essential to maintaining confidence in Birthrate Plus® as a tool to support safe and sustainable staffing decisions.

Conclusion

The review concludes that Birthrate Plus® remains an appropriate and credible foundation for midwifery workforce planning. However, to continue to be fit for purpose, it must evolve to better reflect contemporary complexity, workload intensity and policy expectations, and to improve transparency and confidence in its outputs. Implementing the recommendations set out in this review will strengthen Birthrate Plus® as a trusted, evidence-informed tool capable of supporting safe, high-quality and sustainable maternity care across diverse national and service contexts.

Finally, the review highlights the importance of continued independent oversight. Ongoing engagement with the Expert Advisory Panel is recommended to ensure that Birthrate Plus® remains responsive to emerging evidence, policy change and evolving maternity service delivery.

The recommendations are made for Birthrate Plus® and the wider system.

Recommendations

Short term actions

Administrative workload: Update the Birthrate Plus® methodology to explicitly reflect increasing administrative, digital, governance, reporting and education demands, including student supervision, to ensure workforce calculations reflect contemporary practice and support safe staffing.

Workforce report redesign: Review and redesign standard Birthrate Plus® workforce report outputs to improve clarity, accessibility and usability for different audiences, while retaining technical detail. Develop a Board-level staffing report template to support safe staffing business cases and assurance.

Language and terminology: Review and update report language to align with contemporary UK- and ROI-wide policy, NICE guidance and health service safety terminology, while retaining clinical credibility and consistency.

Technical guidance: Develop clear technical guidance on the methodology, data collection expectations, use of local intelligence and professional judgement, to improve consistency, transparency, reproducibility and confidence in outputs.

Medium and long term developments

Intrapartum categories: Review intrapartum care categories and multipliers to better reflect rising acuity, complexity and contemporary safety standards.

Antenatal activity: Review antenatal outpatient, inpatient, triage and day assessment activity to ensure workforce modelling reflects modern, complex care pathways and realistic staffing assumptions.

Social complexity: Strengthen recognition of social complexity through a clearer, pathway-based approach aligned with national maternity equity and personalised care agendas.

Newborn care complexity: Explicitly represent newborn intermediate and enhanced care pathways to reflect modern maternity and neonatal service models and support safe staffing decisions.

Skill mix: Clarify and strengthen the approach to non-midwifery roles and emerging workforce models, supporting safe delegation, appropriate supervision and realistic workforce planning.

Newly qualified midwives: Recognise newly qualified midwives as a distinct group, reflecting reduced productivity during preceptorship and supporting workforce sustainability and retention.

Management and leadership: More explicitly articulate the contribution of midwifery management and leadership roles, recognising leadership, governance, education, supervision and quality improvement as safety-critical functions.

Specialist midwives: Define specialist midwifery roles more clearly, including transparent distinction between clinical and non-clinical activity, to support consistent workforce modelling and sustainable service delivery.

Digital platform: Transition Birthrate Plus® to a secure, user-friendly digital platform to support standardised data input, version control, clearer reporting and integration with digital systems and workforce planning processes.

Recommendations for the wider system

Partnership workforce planning: Establish system-wide partnership arrangements to enable coordinated midwifery workforce planning, shared intelligence and collaborative responses to recruitment, retention and service redesign.

Consistent workforce uplift: Adopt an agreed and consistently applied workforce uplift in England, reflecting leave, sickness and non-clinical time for education, supervision, leadership and quality improvement.

National maternity standards: Develop and consistently apply national guidance and standards to support safe staffing, skill mix and continuity of care models, and reduce unwarranted variation.

NICE alignment: Keep NICE guidance up to date and explicitly link it to workforce, skill and competency requirements needed to deliver evidence-based care safely and sustainably.

Standardised care hours: Include nationally agreed standardised clinical care hours reflecting complexity across antenatal, intrapartum and postnatal pathways, rather than activity alone.

Specialist midwife guidance: Develop clear national guidance for specialist midwife roles, including scope of practice, core responsibilities, competencies and indicative numbers of posts.

Further research: Commission further research and evaluation to strengthen the evidence base for midwifery workforce planning, including safe staffing levels, skill mix, continuity models and the value of specialist roles.

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Contents

Recent and ongoing policy developments, including changes to midwifery models of care, expectations around continuity, safety and personalised care, and wider NHS workforce transformation programmes, have implications for staffing requirements.

1. Background

There remains a significant and well-recognised gap in the evidence base of the factors underpinning safe and optimal midwifery staffing. One illustration of this is the increasing number of women accessing maternity services who do not speak English as their first language, and the consequent impact on midwifery workload, staff time and the use of interpreting services. A review of the published literature identified only one study, published over a decade ago, which recognised this issue but did not provide empirical evidence of its impact on staffing or service delivery (Haith-Cooper, 2014). This exemplifies a wider challenge within the maternity workforce literature, where emerging and evolving pressures are insufficiently reflected in robust, contemporary research.

While it is beyond the scope of this review to resolve the overall lack of research evidence in relation to safe and optimal midwifery staffing, it is both necessary and appropriate to examine how such gaps, and the methodological limitations identified within existing literature, are addressed within the Birthrate Plus® workforce assessment tool. Ensuring that the methodology reflects current practice, workforce realities and service complexity is essential to maintaining its credibility and usefulness.

In addition, several workforce considerations require alignment with evolving national policy and strategic direction. Recent and ongoing policy developments, including changes to midwifery models of care, expectations around continuity, safety and personalised care, and wider NHS workforce transformation programmes, have implications for staffing requirements, skill mix and workload distribution within maternity services. Variation in how national policies are interpreted and implemented locally may result in differences in workforce configuration that are not consistently captured within existing staffing methodologies. Consideration of these policy-driven changes within the Birthrate Plus® methodology is therefore essential to ensure that it remains responsive to contemporary models of care and accurately reflects the realities of midwifery workforce planning.

This review aims to critically evaluate the continued relevance of Birthrate Plus® as a midwifery workforce assessment tool within the context of the contemporary maternity system.

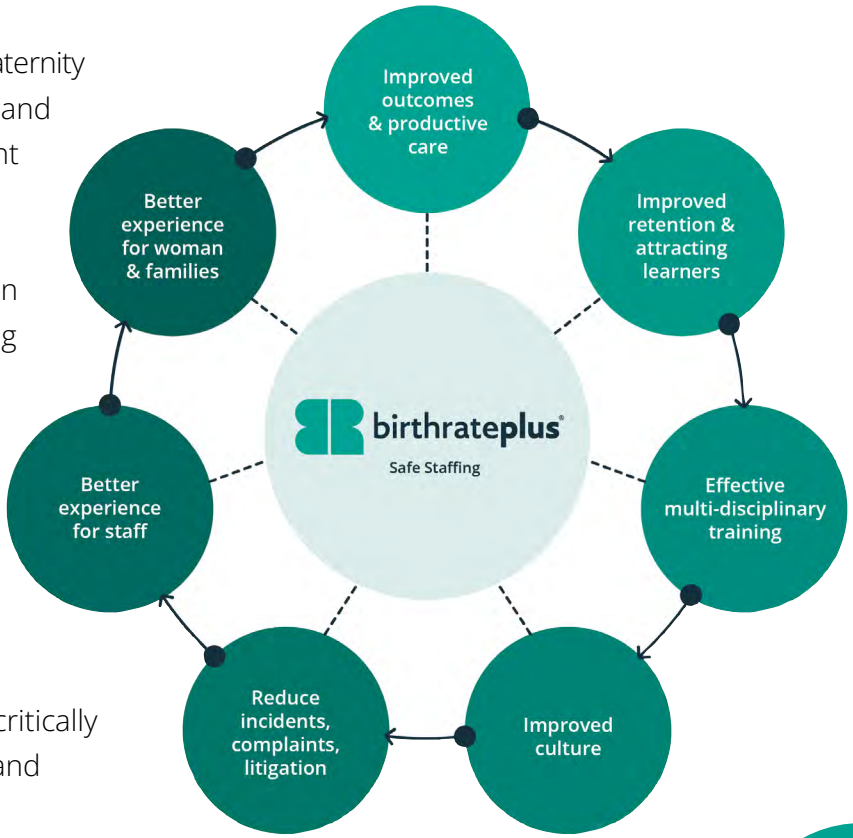
2. Purpose of the review

This review of the Birthrate Plus® workforce assessment tool methodology was undertaken in response to recommendations arising from the Ockenden Review (2021) and subsequent work led by NHS England through the Safer Midwifery Staffing Steering Group (SMSSG). It was commissioned by the Birthrate Plus® Board, which sought an independent assessment involving a broad range of stakeholders. Alongside increasing UK wide scrutiny of maternity safety and staffing, these developments have reinforced the need for workforce planning tools that are robust, transparent and fit for use within a contemporary maternity system.

The context in which midwives and other maternity staff deliver care has changed significantly and continues to evolve. Rising acuity, persistent workforce shortages, expanding and more complex models of care, and increasing health and social complexity among women and families place new demands on staffing methodologies. Since its inception in the 1980s as an NHS research project, Birthrate Plus® has sought to respond to changes in practice and policy, undertaking periodic systematic reviews in partnership with maternity services to ensure continued relevance.

The purpose of this review is therefore to critically evaluate the continued relevance, validity and robustness of Birthrate Plus® as a midwifery workforce assessment tool within the current maternity landscape. The review focuses specifically on the core Birthrate Plus® methodology; the Birthrate Plus® acuity apps were excluded, having been updated with services in 2024.

Given the scale of change across maternity services, alongside ongoing workforce pressures and heightened policy expectations, this review provides a timely opportunity to assess whether Birthrate Plus® remains fit for purpose and capable of supporting safe, high-quality and sustainable midwifery care.



2.1 Assessing current validity, reliability and applicability

A key objective of this review was to examine the current validity, reliability and practical applicability of the Birthrate Plus® methodology. This includes assessing whether the assumptions underpinning the tool continue to reflect present-day maternity activity, midwifery workforce roles and patterns of care, as well as whether it consistently produces accurate and meaningful staffing estimates across diverse service settings. Consideration is also given to how effectively Birthrate Plus® can be applied within increasingly complex maternity systems.

2.2 Responsiveness to emerging workforce, service, and policy demands

The review has explored the extent to which Birthrate Plus® adequately addresses emerging workforce challenges and service delivery pressures, such as midwifery workforce shortages, changing skill mix, increased maternal complexity and evolving models of care. Additionally, it considered alignment with current and emerging national policy drivers, including safety, quality, continuity, equity and person-centred care, and whether the tool sufficiently supports services to respond to these requirements.

2.3 Informing refinements, research priorities and future implementation

An important objective of the review was to provide evidence-informed recommendations on potential refinements and enhancements to the Birthrate Plus® methodology. This includes identifying potential gaps in the existing evidence base, defining priorities for future research, and highlighting opportunities to improve usability, flexibility and responsiveness. The review also considered implementation issues, such as data requirements, local service support capability and the practical challenges faced by services when using a Birthrate Plus® assessment to inform workforce planning decisions.

By clarifying the strengths, limitations and future potential of Birthrate Plus®, the review aims to facilitate informed decision making, and contribute to sustainable workforce planning that meets the needs of women, babies, families and maternity staff.

3. Context of maternity services

Across the UK, maternity services are operating under intense and escalating pressure that affects every stage of antenatal, intrapartum and postnatal care (NHS England 2023d, Care Quality Commission (CQC) 2022, Knight et al 2022 & 2023). Midwifery workforce assessment tools must therefore operate within a complex policy, clinical and workforce environment that has evolved significantly over the past decade. Understanding this context is essential to interpreting workforce requirements accurately and safely.

3.1 Policy environment

UK maternity policy places increasing emphasis on safety, personalised and equitable care, continuity of carer, trauma-informed practice and workforce wellbeing. These priorities are reflected in national strategies, regulatory requirements and quality improvement programmes across all four nations. However, policy ambition has not been matched by systematic evaluation of the time required to deliver modern, policy-compliant maternity care. Planned antenatal and postnatal appointments typically remain limited to 15-20 minutes, despite significant growth in required assessments, documentation, multidisciplinary liaison and public-health responsibilities.

Midwives are expected to meet rising expectations around informed consent, safeguarding, incident reporting, duty of candour, patient safety response systems and perinatal mortality review processes. These requirements generate considerable administrative and emotional labour, which is currently invisible within many workforce modelling tools.

3.2 Changing social and medical acuity

The women and families using maternity services increasingly present with complex medical, psychological and social needs. Higher maternal age, comorbidities, PMH conditions, social vulnerability, safeguarding concerns, language barriers and migration-related issues are now routine rather than exceptional. MBRRACE-UK repeatedly highlights the rising acuity and social complexity of the pregnant population.

Midwives are required to screen for PMH needs, deliver trauma-informed care, respond to safeguarding risks, coordinate care across agencies and create personalised care plans. Despite this, there is no UK-wide agreement on the time required for essential activities such as PMH assessments, trauma-informed consultations, use of tools such as MatDAT (Royal College of Midwives (RCM) (2023) or consultations requiring interpreters. Debriefing services after birth are promoted within trauma-informed frameworks but remain inconsistently available, further increasing downstream workload.

Clinical complexity is also increasing intrapartum and postnatally. Induction of labour rates now exceed one-third of all births in every nation and recent NICE guidance expands the circumstances under which induction is recommended. This drives increased assessment time, induction coordination workload and earlier commencement of one-to-one intrapartum care. Postnatal readmissions are rising in England and Wales, with similar trends in Scotland and Northern Ireland, placing additional strain on hospital and community services.

3.3 Midwifery workforce trends

The midwifery workforce is under sustained pressure from staffing shortages, retention challenges and increasing reliance on part-time working. While headcount may appear stable, whole-time equivalent (WTE) capacity is often significantly reduced as more staff work flexibly, and turnover remains high. A growing evidence base (RCM 2022 & 2023, NHS England 2023d, 2023e) identifies multiple and interacting factors influencing midwives' decisions to stay in or leave the profession, including workload intensity, moral distress, lack of continuity, insufficient supervision and limited opportunities for rest, education, and professional development.

Education, preceptorship, and ongoing training are essential to safe care and workforce sustainability, yet protected time for these activities is frequently eroded by service pressures. Any workforce tool must therefore account not only for clinical care delivery but also for the time necessary to sustain a safe and resilient workforce.

3.4 Societal expectations and quality of care

Service users expect high-quality, responsive and personalised maternity care that is safe, compassionate, and equitable. Evidence consistently links short staffing to higher risk of harmful incidents, reduced quality of care and poorer staff wellbeing. National initiatives, such as the UNICEF UK Baby Friendly Initiative (BFI) (n.d.) standards and NICE guidance, require intensive one-to-one support, protected skin-to-skin time and specialist infant-feeding input, particularly in complex cases. Despite universal adoption across the UK, no workforce guidance currently defines the time required to deliver these standards safely and consistently.

The widespread practice of providing a second midwife during the second stage of labour or at birth, though not mandated nationally, further increases staffing requirements that are not always captured in workforce modelling.

The midwifery workforce is under sustained pressure from staffing shortages, retention challenges and increasing reliance on part-time working.

3.5 UK-wide and country-specific contexts

While these pressures are shared across the UK, important national differences shape midwifery workload. England faces the highest volume of policy-driven change, particularly following the Ockenden Review (2021), the Saving Babies' Lives Care Bundle (v3.2), Perinatal Mortality Review Tool (PMRT) and Patient Safety Incident Reporting Framework implementation, and expanding public-health and genetics agendas. This creates the heaviest regulatory, reporting and documentation burden, alongside wide variation in service models.

The Welsh Government's new quality statement on maternity and neonatal care describes what good-quality maternity and neonatal services should look like, setting clear expectations for safety, equity and person-centred care. It highlights distinct policy drivers within Wales, particularly the prioritisation of PMH, and the adoption of trauma-informed approaches across maternity and neonatal pathways. The Strategic Perinatal Workforce Plan (2025–2028) further reinforces these priorities by mandating emotional wellbeing visits and additional specialist PMH contacts, although it does not specify the time allocation required to deliver this support effectively. This lack of defined capacity is particularly significant, placing additional pressure on the maternity workforce

Northern Ireland remains in a period of maternity modernisation, with significant staffing shortages and fewer specialist roles. It lacks an active maternity strategy; however, following the Renfrew report (2024), the government is committed to using this review to form the basis of a new strategy. In the interim, a new model of continuity of midwifery carer is being rolled out across all Health and Social Care (HSC) Trusts to provide a more consistent and woman-centred experience.

Scotland is strongly influenced by the Best Start Maternity Review, emphasising continuity of carer, community-based hubs and multi-agency working. Its relationship-based care model often requires longer appointments but fewer professionals per woman, creating a different configuration of workload pressure. The Scottish Government has a pathway which illustrates the core care that women and their babies should receive – *the Maternity pathway and schedule of care: clinical guidance and schedule*, supporting midwifery workforce planning (2025).

England faces the highest volume of policy-driven change.

3.6 ROI-specific context

While midwifery in the ROI is subject to the same challenges set out above, the policy drivers are separate from the NHS in the UK. Maternity services in the ROI are guided by a national policy and standards framework designed to ensure safe, high-quality and woman-centred care. The National Maternity Strategy sets the overall direction for service delivery, while the Health Information and Quality Authority's *National Standards for Safer Better Maternity Services (2017)* define clear expectations for safety, governance, workforce competence and quality across the entire maternity pathway. Together, these frameworks emphasise person-centred care, appropriate risk-based models of service delivery, strong clinical governance and continuous quality improvement. While the policy and standards provide a robust foundation for maternity care, challenges remain in achieving consistent implementation across services, due to workforce, infrastructure and regional pressures.

3.7 Implications for workforce assessment

Taken together, this context highlights significant data, policy and national guidance gaps that directly limit the precision of any workforce assessment tools. No nation has quantified the time required for informed consent, interpreter-supported consultations, PMH and trauma-informed interventions, safeguarding activity, out-of-guidance birth choices, virtual maternity wards or expanding documentation demands. Addressing these gaps is essential if midwifery workforce assessment tools are to accurately reflect contemporary midwifery practice and support safe staffing decisions.

While the policy and standards provide a robust foundation for maternity care, challenges remain in achieving consistent implementation across services due to workforce, infrastructure, and regional pressures.

4. Methodology

This review adopted a structured, evidence-informed and consultative methodology designed to provide assurance on the robustness of midwifery workforce assessment approaches within contemporary maternity services. It drew on multiple sources of qualitative and quantitative evidence, extensive stakeholder engagement across the UK and ROI, and independent expert oversight to ensure that findings and recommendations are transparent and credible

4.1 Scoping and data gathering

The process began with an initial scoping phase designed to gather insight from those who use and rely on the Birthrate Plus® tool, as well as other stakeholders at system level across the UK and ROI. Almost 30 one-to-one semi-structured interviews were carried out and framed around three core questions used to explore if Birthrate Plus® remains suitable and relevant as a midwifery workforce assessment tool:

1. **Strengths –** what aspects of the tool currently work well?
2. **Limitations –** what aspects could be improved?
3. **Gaps –** what elements are missing?

Additionally, three further scoping meetings took place with groups of workforce leads and Directors of Midwifery.

This early engagement provided a valuable understanding of the strengths and limitations of the current tool, as well as themes for deeper exploration.

To ensure robust oversight, a formal governance structure was established, comprising an external Expert Advisory Panel. This panel, made up of independent system leaders and maternity and workforce experts, provides scrutiny, oversight and challenge for the review.

Building on the themes identified during the scoping phase, seven consensus-building workstreams were established. Each workstream focused on a specific area of maternity service provision: antenatal, intrapartum, postnatal, community care, skill mix, specialist midwives and Directors of Midwifery. The same three questions from the scoping interviews were used to structure discussions within each workstream, ensuring consistency and comparability of feedback across all domains. Throughout this process, evidence from discussions was actively listened to and systematically analysed, with themes developed iteratively from the information gathered. Following the first round of workstream meetings, a follow-up survey was distributed to capture additional perspectives, test emerging themes, and check back with participants to confirm accuracy and resonance. Findings and analysis were then refined during the second round of workshops to ensure they accurately reflected the evidence provided. A separate research group reviewed evidence and best practice in relation to midwifery workforce tools; the work of this group is ongoing.

This early engagement provided a valuable understanding of the strengths and limitations of the current tool, as well as themes for deeper exploration.

The findings from this analysis formed the evidence base for all recommendations, demonstrating a clear and transparent line of sight from evidence gathering through to prioritised actions.

4.2 Analysis and findings

This review was underpinned by a structured and transparent evidence-gathering and analysis process. Evidence was collected using multiple complementary methods, incorporating feedback from seven consensus-building workstreams, five surveys, 28 semi-structured interviews, group consultations and discussions, and a review of the literature. All data and feedback gathered from interviews, workstreams and surveys were analysed through a structured mind-mapping process, moving from detailed qualitative and quantitative inputs to the identification of key themes, areas of strength and opportunities for improvement. This approach provided a rich understanding of current practice, operational pressures and future needs.

The thematic analysis showed that, although the core principles of the Birthrate Plus® methodology remain widely trusted, maternity practice has evolved in ways that are not always fully reflected in current workforce models. Participants consistently reported rising administrative and non-clinical workload, increasing intrapartum acuity, and growing complexity across antenatal, newborn and personalised care pathways. Social complexity, inequality and continuity of care were described as significantly increasing workload, alongside expanded intermediate newborn care and evolving service models that are not always clearly visible within workforce assessments. Contributors also emphasised the importance of skill mix, supervision and support for newly qualified midwives, noting that reduced productivity during preceptorship and the supervisory contribution of experienced staff are not consistently recognised. Leadership, governance, education and quality improvement functions were viewed as safety-critical but variably reflected in workforce calculations. In addition, participants highlighted variation in technical application, a lack of clear guidance, reliance on professional judgement, and challenges in communicating outputs to senior leaders and Boards. Together, these issues reinforced the need for targeted methodological development and improved transparency to sustain confidence in workforce assessments.

From this structured analytical process, twelve common themes emerged across organisations, roles and professional perspectives (see Appendix 1). These themes highlighted areas where the Birthrate Plus® methodology remains highly valued for its consistency, credibility and contribution to safe staffing decisions, while also identifying challenges arising from changes in maternity practice, workforce composition and wider system expectations. They also pointed to a lack of national guidance in some of these areas, alongside reliance on other guidance that is now out of date, further complicating workforce planning and decision-making. The findings formed the evidence base for all recommendations, demonstrating a clear and transparent line of sight from evidence gathering through to prioritised actions. Collectively, they reinforced the need to preserve the core strengths of the Birthrate Plus® methodology while enabling targeted changes to ensure continued relevance, transparency and confidence at both operational and Board levels.

4.3 Policy horizon scanning

Alongside this engagement work, a comprehensive horizon-scanning exercise was commissioned externally to ensure the review is grounded in the wider policy and professional context. This includes an examination of UK-wide maternity and neonatal safety policies, safety guidance and strategic frameworks (see appendix 2). The horizon scanning also considers relevant policy in the ROI. In addition, comparisons have been made with other nursing and midwifery workforce assessment tools, including the Safer Nursing Care Tool (SNCT) and the Scottish Maternity Tool, to identify areas of alignment and relevant best practice.

The recommendations emerging from the review have been agreed by the Expert Advisory Panel, ensuring that any proposed developments to the Birthrate Plus® tool are evidence based and endorsed by key stakeholders.

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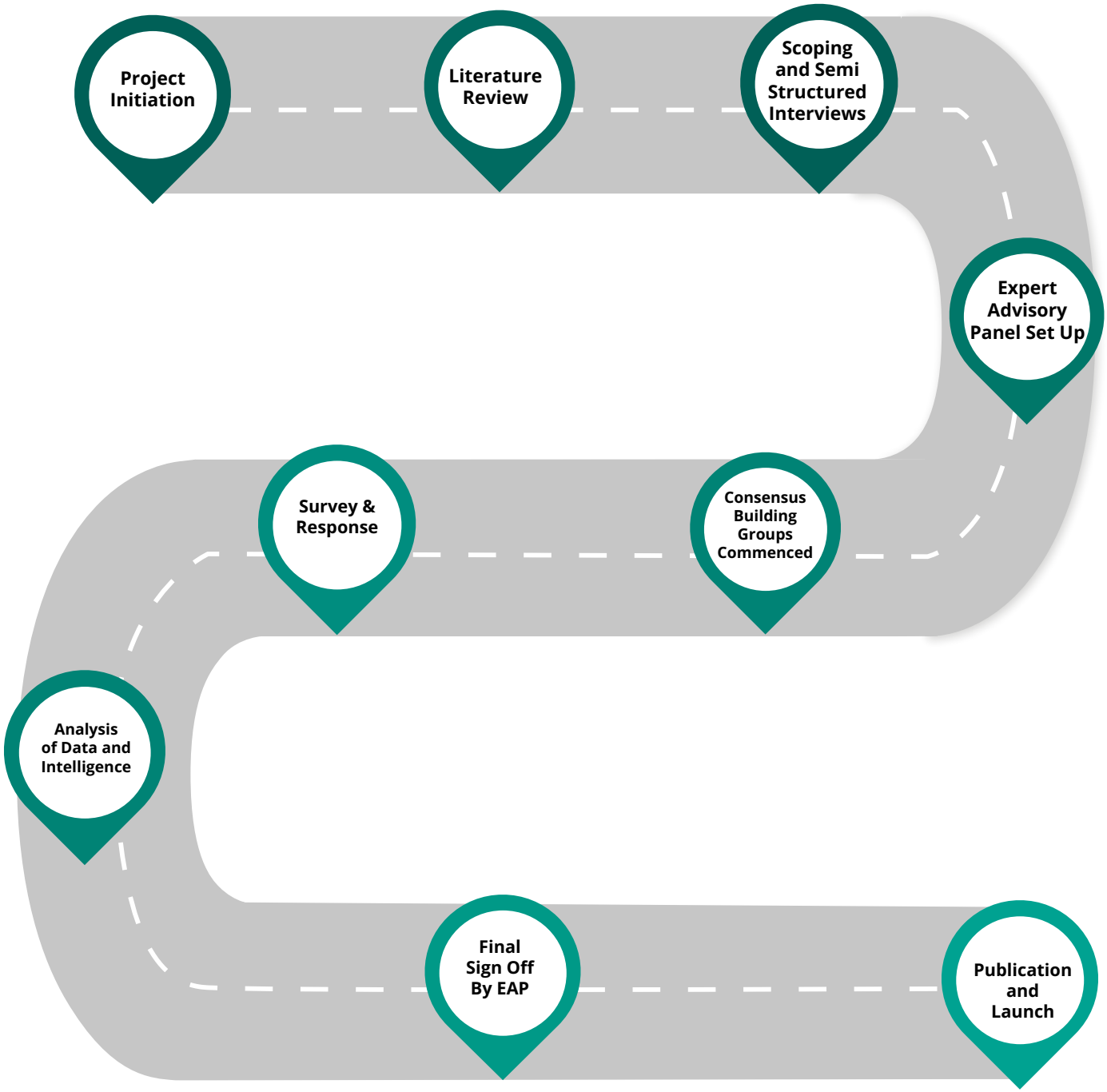
Journey


Project Initiation
Literature Review
Scoping and Semi Structured Interviews
Expert Advisory Panel Set Up
Consensus Building Groups Commenced
Survey & Response
Analysis of Data and Intelligence
Final Sign Off By EAP
Publication and Launch

5. Research and literature review

This section describes the literature review undertaken to assess the current state of published research relevant to maternity workforce planning and safe staffing tools. It outlines the search process, key findings and limitations of the existing evidence base, and explains how academic expertise was used to scrutinise and strengthen the review methodology.

5.1 Literature review

As part of the review, a literature search was undertaken in July 2025 using King's College London library databases. The search aimed to identify peer-reviewed studies published in England that investigated:

1. factors influencing workforce planning in maternity services, and
2. the use and effectiveness of safe staffing workforce planning tools.

The latter search was included to ensure that the review, and any subsequent work arising from it, addressed both internal and external validity considerations.

The search identified a paucity of published research examining factors that impact maternity workforce planning. This limited evidence base reflects findings reported elsewhere in the literature. For example, in their 2020 review of the nursing safe staffing tool, Griffiths and colleagues concluded that a lack of workforce research meant there was **"no basis on which to determine that any system gives the 'correct' staffing level"** *(Griffiths P, Saville C, Ball J, et al., 2020).*

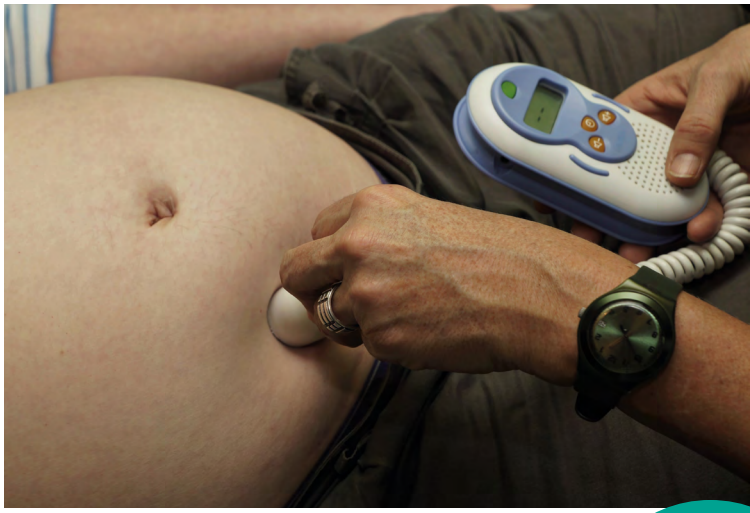
Similarly, in their 2023 review of the literature relating to Birthrate Plus®, Griffiths and colleagues highlighted the absence of independent evaluations of the tool's efficacy. However, they emphasised that this lack of evidence should not be interpreted as indicating that the methodology itself is invalid. Importantly, they reported that:

"There is some evidence that staff can accurately and reliably record Birthrate Plus®categories... There is... evidence that the incremental categories in Birthrate Plus® reflect the increase in the average time needed by women with complexity, which leads some support to the validity of the tool". *(Griffiths et al., 2023).*

While studies assessing the effectiveness of healthcare safe staffing tools have not definitively identified the design and content characteristics required to achieve optimal outcomes, they do highlight a consistent set of issues that must be addressed to support tool validity. These include:

- skill mix
- the accuracy of categorisation
- variability of demand within categories and across services (for example, staff sickness, ward layout and vacancies)
- the quality of data collection (including training and duration)
- the relationship between the tool and professional judgement
- the interpretation and use of tool outputs

These issues were explicitly considered within the discussions and conclusions of this review.



5.2 Research group

Colleagues from higher education with expertise in maternity workforce research were recruited and involved throughout all stages of the review. In addition, a standalone research group met once during the review process to reflect on the overall approach, consider emerging findings and identify any gaps or issues that may not have been fully addressed.

The research group concluded that the review approach had been comprehensive and inclusive, and that no additional research input was required at that stage. However, it was also agreed that the research group, alongside the Expert Advisory Group, should continue beyond the review to support any changes to the methodology arising from its findings. This was considered important to ensure rigour, given the lack of available evidence and external guidance.

6. Comparison of midwifery and nursing workforce planning tools

Effective workforce planning is a fundamental component of delivering safe, high-quality care, and is consistently emphasised within national policy and regulatory frameworks. In England, the Maternity Incentive Scheme sets out a requirement for services to utilise a formal workforce assessment tool to identify midwifery staffing needs (NHS Resolution). NICE guidance highlights the importance of using evidence-based tools, triangulated with professional judgement and local context, to determine safe staffing levels. The SNCT, Birthrate Plus® and the Scottish Midwifery Workforce and Workload Planning Tool (SMWWPT) are nationally recognised approaches used to meet these requirements across different clinical settings.

6.1 Safer Nursing Care Tool (SNCT)

The SNCT is the principal workforce planning methodology used for adult acute inpatient wards, particularly within medical and surgical settings. Developed by the Shelford Group (2023), the tool uses a validated acuity and dependency classification system to assess patient need and translate this into recommended nursing staffing levels and skill mix.

NICE's safe staffing guidance for adult inpatient wards supports the use of recognised acuity-based tools such as SNCT as part of a wider safe staffing framework. SNCT enables organisations to assess staffing establishments based on a minimum of 20 days of patient data collection and supports ongoing monitoring and review. Importantly, NICE emphasises that such tools should not be used in isolation but should be triangulated with professional judgement, patient outcomes, ward layout and local service factors.

The strength of SNCT lies in its ability to support both real-time operational decisions (something that Birthrate Plus® apps separately support) and longer-term establishment setting. However, the tool is explicitly designed for acute adult inpatient settings and is not appropriate for maternity.

6.2 Birthrate Plus®

Birthrate Plus® is a recognised midwifery workforce planning methodology underpinned by midwifery workload and service delivery evidence. It was initially developed in the 1980s as a research project with services and a Strategic Health Authority. Birthrate Plus® assesses workforce requirements using an acuity- and workload-driven approach that spans the entire maternity pathway, including antenatal, intrapartum and postnatal care. Additionally, specialist midwifery and management requirements are calculated and included in the overall workforce assessment.

Birthrate Plus® is a recognised midwifery workforce planning methodology underpinned by midwifery workload and service delivery evidence.

NICE guideline NG4, *Safe midwifery staffing for maternity settings* (NICE 2015), endorses Birthrate Plus® as an evidence-based methodology for establishing midwifery staffing levels. Birthrate Plus® supports services to calculate the number of midwives required by accounting for case complexity, models of care (including continuity of carer), non-clinical workload and local demographics. NICE guidance reinforces that Birthrate Plus® outputs should be used alongside professional judgement and local intelligence, particularly where population needs or service configuration are changing.

Birthrate Plus® is a strategic workforce planning tool, supporting business cases, service redesign, commissioning discussions and regulatory assurance. It is not intended for daily staffing decisions, which are separately supported by Birthrate Plus® apps.

6.3 Scottish Midwifery Workforce and Workload Planning Tool (SMWWPT)

The SMWWPT is the nationally mandated tool used across NHS Scotland, aligned with Scottish Government workforce planning policy, and the wider suite of health and social care workload planning tools. While influenced by workload-based principles similar to Birthrate Plus®, the Scottish tool is specifically adapted to Scotland's service models, including remote and rural geography.

The SMWWPT supports Boards to plan safe and sustainable midwifery establishments using birth rate, complexity, case mix, leadership roles and non-clinical activities. In line with national policy, the tool requires triangulation with professional judgement, service outcomes and local context. It is used not only for local workforce assurance but also for national oversight and consistency across Scotland's maternity services.

As with Birthrate Plus®, the Scottish tool supports strategic planning rather than real-time rostering decisions, and is embedded within Scotland's quality and workforce governance arrangements.

6.4 Comparative perspective

Although SNCT, Birthrate Plus® and the SMWWPT all seek to contribute to safe staffing, they serve distinct and complementary purposes. SNCT provides an acuity-based model suitable for day-to-day and establishment staffing decisions in adult inpatient wards, as supported by NICE safe staffing guidance. In contrast, Birthrate Plus® and the SMWWPT offer workload-based, pathway-wide approaches to determining midwifery establishments, consistent with NICE NG4 and national maternity policy (see appendix 3).

NICE and national policy consistently state that no workforce tool should be used in isolation. All three methodologies explicitly require triangulation with professional judgement, quality indicators, patient experience and local service factors. When used appropriately within their intended settings, these tools collectively support regulatory compliance, workforce sustainability and the delivery of safe, high-quality care.

7. Recommendations

The recommendations that follow directly address the gaps identified through this review, while preserving the core strengths of the Birthrate Plus® methodology. They focus on targeted updates to reflect contemporary midwifery practice, improve transparency and usability, and ensure Birthrate Plus® remains a credible and consistent tool for strategic workforce planning.

7.1 Short-term actions

Administrative workload

It is recommended that the Birthrate Plus® methodology explicitly recognises and incorporates the increasing administrative demands of maternity care. This includes time required for digital systems, data entry, reporting, and compliance with safety, governance, policy requirements, and supervising and assessing students. This will support more accurate workforce calculations that reflect contemporary practice and promote safe, sustainable clinical practice.

Workforce report summary and redesign

It is recommended that the standard Birthrate Plus® workforce report outputs are reviewed and redesigned to improve clarity, accessibility and usability for different audiences, while preserving technical detail for operational use. Additionally, a Board report template should be developed to support safe staffing business cases.

Language and terminology

It is recommended that the language and terminology used within the Birthrate Plus® report are reviewed and updated to ensure consistency with contemporary UK and ROI-wide policy, NICE guidance, and Health Board and Trust safety language, improving alignment with other health services while retaining clinical credibility.

Technical guidance

It is recommended that clear technical guidance is developed to ensure consistent interpretation and application across organisations, including expectations for data collection and use of local intelligence. This should provide an overview of the methodology and guidance on the use of professional judgement, supporting transparency, reproducibility, and overall confidence.

7.2 Medium- and long-term developments

Review of intrapartum categories

It is recommended that intrapartum care categories and multipliers are reviewed to better reflect increasing complexity and acuity of labour care and to ensure intrapartum workload is accurately represented and aligned with contemporary clinical practice and safety standards.

Antenatal outpatient and inpatient activity

It is recommended that antenatal outpatient and inpatient activity, including day assessment and triage, are reviewed within the Birthrate Plus® methodology to ensure workforce assessments reflect contemporary, complex care pathways and support realistic, safe staffing assumptions.

Social complexity and pathway approach

It is recommended that the workforce impact of social complexity factors is strengthened and further developed within the Birthrate Plus® methodology through a clearer pathway-based approach that aligns with national maternity equity and personalised care agendas.

It is recommended that the contribution of specialist midwifery roles is more clearly defined within the Birthrate Plus® methodology, including a transparent distinction between clinical and non-clinical activity.

Newborn care complexity and intermediate pathway

It is recommended that newborn care complexity, including intermediate and enhanced care pathways, is more explicitly represented within the Birthrate Plus® methodology to reflect contemporary maternity and neonatal service models and to support safe staffing decisions. This is in addition to the pathways for women.

Skill mix (non-midwives)

It is recommended that Birthrate Plus® further clarifies and strengthens its approach to skill mix utilisation to reflect emerging new roles across organisations, supporting realistic workforce planning, safe delegation, appropriate supervision and the evolving use of different staff groups, including maternity support workers and registered nurses.

Newly qualified midwives and transitional workforce capacity

It is recommended that Birthrate Plus® more clearly recognises newly qualified midwives as a distinct workforce group, reflecting reduced productivity during preceptorship and supporting workforce sustainability and retention.

Management and leadership

It is recommended that the Birthrate Plus® methodology determining the contribution of midwifery management and leadership roles is more explicitly articulated. This should ensure that leadership, governance, education, supervision and quality improvement functions are recognised as safety-critical activities, and appropriately reflected in workforce calculations, supporting realistic establishment setting and Board-level assurance.

Specialist midwives

It is recommended that the contribution of specialist midwifery roles is more clearly defined within the Birthrate Plus® methodology, including a transparent distinction between clinical and non-clinical activity. This should ensure that specialist functions are consistently and appropriately incorporated into workforce modelling, supporting sustainable service delivery and reducing reliance on ad hoc local adjustments.

Digital platform

It is recommended that Birthrate Plus® transitions to a secure, user-friendly digital platform to support standardised data input, version control and clearer reporting outputs. A digital platform would improve consistency, transparency, auditability and ease of use, while supporting integration with evolving digital systems, safety reporting requirements and workforce planning processes.



7.3 Recommendations for the wider system

Partnership working for workforce planning

It is recommended that system-wide partnership arrangements are established to enable coordinated midwifery workforce planning, shared intelligence, and collaborative responses to recruitment, retention and service redesign.

Consistent workforce uplift

It is recommended that an agreed and consistently applied workforce uplift is adopted in England reflecting leave, sickness and the non-clinical time required for education, supervision, leadership and quality improvement.

National guidance and standards for maternity practice

It is recommended that nationally agreed guidance and standards for maternity practice are developed and consistently applied to support safe staffing, skill mix, and continuity of care models, and to reduce unwarranted variation in workforce planning and service delivery.

Alignment of NICE guidance with workforce requirements

It is recommended that NICE guidance is kept up to date and, where relevant, explicitly linked to workforce requirements, with clear articulation of the skill and competency implications needed to deliver evidence-based care safely and sustainably.

Standardised clinical care hours

It is recommended that guidance include standardised clinical care hours, agreed nationally, to reflect the time required to deliver high-quality and safe antenatal, intrapartum, postnatal and continuity of care, taking account of clinical complexity rather than activity alone.

National guidance for specialist midwife roles

It is recommended that clear national guidance is developed for specialist midwife roles, including defined scope of practice, core responsibilities, required competencies and indicative numbers of posts, based on patient need and service complexity.

Further research and evidence development

It is recommended that further research and evaluation are commissioned to strengthen the evidence base for midwifery workforce planning, including safe staffing levels, skill mix, continuity models and the impact and value of specialist midwife roles.

Improving transparency in this way will enable greater scrutiny, strengthen confidence in the process, and support consistent application across services and nations.

8 Conclusion

This review concludes that the approach underpinning Birthrate Plus® remains fundamentally sound and is consistently supported by stakeholders as a credible tool for midwifery workforce planning. Stakeholders value its established methodology and shared language, which supports robustness and consistency across services. However, the current assessment of demand within Birthrate Plus® does not sufficiently reflect the complexity, intensity or evolving realities of contemporary midwifery services. As a result, confidence is limited in how well the tool captures all current workforce pressures or supports robust future planning decisions.

To remain fit for purpose, Birthrate Plus® must incorporate a range of emerging and intensifying workload drivers, including rising appointment content, increasing administrative demands, the growing influence of specialist pathways, and the expanding requirements associated with trauma-informed and PMH-focused care. The tool must also be flexible enough to accommodate variation in national policy, regulatory requirements and service delivery models across the UK. This includes accounting for safety bundle workload, regulatory and co-production requirements in England; additional emotional wellbeing contacts and a nationally mandated trauma-informed approach in Wales; continuity-based models and uneven service modernisation alongside the anticipated expansion of advanced practice roles in Northern Ireland. Any effective midwifery workforce planning tool must therefore reflect both the shared pressures experienced across the countries and the distinct policy landscapes shaping practice within each nation.

Stakeholders have also raised consistent concerns regarding transparency. In particular, the Birthrate Plus® methodology has not been sufficiently visible or clearly articulated, making it difficult to understand how assumptions are applied or how conclusions are reached. This lack of transparency has, on occasions, reduced confidence in the outputs of Birthrate Plus®, despite broad agreement that the underlying approach is appropriate.

To address these issues, the review recommends the development of detailed technical guidance as part of the overall recommendations. This guidance should clearly set out the Birthrate Plus® methodology, including data sources, assumptions and workforce projections. Improving transparency in this way will enable greater scrutiny, strengthen confidence in the process, and support consistent application across services and nations.

Finally, the review highlights the importance of strong and ongoing oversight. The Expert Advisory Panel has played a critical role in providing independent challenge and assurance throughout the review. Maintaining this panel on an ongoing basis, with regular (at least annual) meetings, will help ensure continued methodological robustness and provide a mechanism for responsive review as service models, workforce data, and population needs continue to evolve within an increasingly complex maternity care environment.

Acknowledgements

Expert Advisory Panel

Angela Cartwright
Deputy Chair, Midwifery Forum Committee, Royal College of Nursing

Annmarie Sliney
Director of Midwifery & Nursing, The National Maternity Hospital

Bridget Dack
Maternity Incentive Scheme Clinical Lead, NHS Resolution

Carla Avery
Associate Professor of Midwifery and Head of Midwifery, Buckinghamshire New University

Caroline Keown
Chief Midwifery Officer, Northern Ireland

David Connor
Director of Midwifery, University Hospitals Plymouth NHS Trust

Gill Walton CBE
Chief Executive, General Secretary and Chief Midwife, Royal College of Midwives

Hannah Leonard
Chief Policy Officer and Deputy Chief Midwife, Royal College of Midwives

Jenny Barber
Vice-President Royal College of Obstetricians and Gynaecologists

Justine Craig
Chief Midwifery Officer, Scotland

Karen Jewell
Chief Midwifery Officer, Wales

Kathy Murphy MBE
Director of Nursing and Midwifery, Specialist Hospitals Clinical Group

Lesley Turner
Senior Teaching Fellow, Midwifery, University of Southampton

Melissa Davies
Director of Midwifery & Interim Deputy Chief Nurse, North West Anglia NHS Foundation Trust

Pippa Nightingale MBE
Chief Executive Officer, North West London Healthcare NHS Trust

Rachel Drain
Quality and Standards Advisor, Royal College of Midwives

Scoping and semi structured interviews

Alison Talbot
Deputy Chief Midwifery Officer, NHS England

Amanda Pearson
National Maternity Improvement Advisor, NHS England

Annmarie Sliney
Director of Midwifery & Nursing, The National Maternity Hospital

Carmel Bagness
Professional Lead Midwifery & Women's Health, Nursing Practice Academy, Royal College of Nursing

Caroline Cowman
Head of Midwifery, University Hospitals of Morecambe Bay NHS Foundation Trust

Chris Morley
Chair of Shelford Group & Chief Nurse, Sheffield Teaching Hospitals NHS Foundation Trust

David Connor
Director of Midwifery, University Hospitals Plymouth NHS Trust

Elaine Gilbert
Divisional Chief Midwife, Milton Keynes University Hospital NHS Foundation Trust

Emily Flynn
Matron, CMM3 Postnatal Services, National Maternity Hospital

Emma Chambers
Director of Midwifery, University Hospital Sussex NHS Foundation Trust

Gillian Shevlin
NHS Healthcare Improvement Scotland

Dr Heather Bower
Head of Education, Royal College of Midwives

Justine Craig
Chief Midwifery Officer, Scotland

Karen Jewell
Chief Midwifery Officer, Wales

Kate Brintworth
Chief Midwifery Officer, NHS England

Kerry Taylor
Head of Midwifery and Neonatal Services, University Hospitals Dorset NHS Trust

Lesley Macfarlane
NHS Healthcare Improvement Scotland

Lucille Sheehy
Clinical Practice Development Co-ordinator/ ADOMN, National Maternity Hospital

Marion Louki
Director of Midwifery, Kingston and Richmond NHS Foundation Trust

Martin McKelvie
NHS Healthcare Improvement Scotland

Martina Cronen
Matron, CMM3 Labour & Birthing unit and Antenatal ward, National Maternity Hospital

Pippa Nightingale MBE
Chief Executive Officer, North West London Healthcare NHS Trust

Sandra Blades
NHS Healthcare Improvement Scotland

Dr Sara Webb
Head of Midwifery Information and Resource Services, Royal College of Midwives

Sarah Windfield
Director of Nursing and Midwifery, University Hospitals Bristol and Weston NHS Foundation Trust

Tracey MacCormack
Assistant Director for Midwifery, Nursing and Midwifery Council

Setting specific consensus building workstreams

Abigail Holmes
Director of Midwifery, Cardiff and Vale University Health Board

Abigail Hunt
Community Midwifery Manager, Countess of Chester NHS Foundation Trust

Abigail Rees
Maternity Support Worker, University Hospitals of North Midlands

Amy Hunt
Coordinator, East and North Hertfordshire NHS Trust

Dr Benedicta Agbagwara-osuji
Director of Midwifery, Ashford and St Peters Foundation Trust

Benash Nazmeen
Assistant Professor in Midwifery, University of Bradford

Carla Jones-Charles
Director of Midwifery, University Hospitals Birmingham NHS Foundation Trust

Charlotte Gregory
Midwife, East and North Hertfordshire NHS Trust

Charlotte Parnham
Senior Teaching Fellow and Maternity Pathway Leader, Birmingham City University

Christine Walsh
Infant Feeding specialist, Chelsea & Westminster Hospital NHS Foundation Trust

Claire Hodgson
Senior Midwife, Maternity Triage Manager, East and North Hertfordshire NHS Trust

Claire Parkin
Clinical Supervisor for Midwives, Swansea Bay University Health Board

Acknowledgements

Claire Stanley
Deputy Head of Midwifery, Manchester University NHS Foundation Trust

Collette McGilchrist
Lead Midwife Inpatient services, Guys & St Thomas NHS Foundation Trust

Dayna Wright
Midwifery Led Services Matron, Birmingham Women's and Children's NHS Foundation Trust

Emma Hardwick
Director of Midwifery, Bedfordshire Hospitals NHS Foundation Trust

Gemma Gordon
Senior Clinical Matron, North Tees and Hartlepool NHS Foundation Trust

Gemma Hughes
Community Midwifery & Birth Centre Manager, Northern Care Alliance NHS Foundation Trust

Gemma Jones
Specialist Substance Misuse & Safeguarding Maternity Assistant Practitioner, University Hospitals of North Midlands NHS Trust

Gemma Morgan
Preterm Birth Midwife, Liverpool Women's NHS Foundation Trust

Hannah Barnes
Quality and Safety Midwife, Leeds Teaching Hospitals NHS Trust

Heledd Jones
Head of Midwifery, NHS University Hospitals of Liverpool Group

Helen Timson
Birth centre manager, Bradford Teaching Hospitals NHS Foundation Trust

Jennifer woods
Matron, Royal Free London NHS Foundation Trust

Jenny Roddy
Consultant Midwife Health Equity, Leeds Teaching Hospitals NHS Trust

Judith Cutter
Consultant Midwife, Cardiff and Vale University Health Board

Karen Ramdass
Inpatient Maternity Matron, St Georges University Hospitals NHS Foundation Trust

Kate Evans
Head of Midwifery, Powys Teaching Health Board

Kathryn Williams
Matron Intrapartum services, Birmingham Women's and Children's NHS Foundation Trust

Katrina Pickering
Matron Inpatient and outpatient services, Gloucestershire Hospitals NHS Foundation Trust

Keelie Barrett
MSW Educator, East Lancashire Hospitals NHS Trust

Laura Little
Senior Midwife for Fetal surveillance, Cwm Taf University Health Board

Louise Preston
Head of Midwifery and Gynaecology, Bedfordshire Hospitals NHS Foundation Trust

Lyndsey Wheeler
Organiser London Region, The Royal College of Midwives

Meg Harris
Midwife, Northern Care Alliance NHS Foundation Trust

Melissa Griffin
Perinatal mental health Midwife, University Hospitals Birmingham NHS Foundation Trust

Michelle Mayer
Digital MW, North Bristol NHS Trust

Nicola Townsend
Community Manager, Mid Cheshire Hospitals NHS Foundation Trust

Rachel Drain
Quality and Standards Advisor, Royal College of Midwives

Rebekah Arthur
Quality Improvement midwife, Cwm Taf Morgannwg University Health Board

Robert Moore
Practice Development Midwife, Birmingham Women's and Children's NHS Foundation Trust

Samantha James
Lead Midwife, Aneurin Bevan University Health Board

Dr Sara Webb
Head of Midwifery Information and Resource Services, Royal College of Midwives

Sarah Hall
Named Midwife for Safeguarding, Bedfordshire Hospitals NHS Foundation Trust

Sascha Wells-Munro OBE
Director of Midwifery and Strategic Clinical lead for Family Health, York and Scarborough Teaching Hospitals NHS Foundation Trust

Shelly Higgins
Consultant Midwife, Powys Teaching Health Board

Sonia Pidduck
Deputy ward leader, Sherwood Forest Hospitals NHS Foundation Trust

Stephanie Carroll
Workforce and Retention Lead Midwife, York and Scarborough Teaching Hospitals NHS Foundation Trust

Sue Chatterley
Associate Director of Midwifery & Neonatal services, Lewisham and Greenwich NHS Trust

Victoria Owens
Consultant Midwife, Swansea Bay University Healthcare Board

Yvonne Taylor
Assistant Director for Maternity Services, Northern Care Alliance NHS Foundation Trust

Birthrate Plus Team

Annette Barton
Deputy Executive Officer

Cathy Britton
Project Manager

Marie Washbrook
Director

Natasha McAvoy-Jones
Midwife Consultant

Prof Richard Griffin MBE
Director and Chair of the Board

Sally Ashton-May MBE
Executive Officer

Horizon Scanning (Commissioned by Birthrate Plus)

Emma Rose
Head of women's health governance & assurance, The Princess Alexandra NHS Trust

Proofreader

Kim Renfrew
Assistant Editor, MIDIRS Midwifery Digest, Royal College of Midwives

Report Designer

Jo Hadfield
Designer

Other

Chief Midwifery Officer's Specialist Advisory Group, NHS England

Royal College of Midwives, Directors of Midwifery Network

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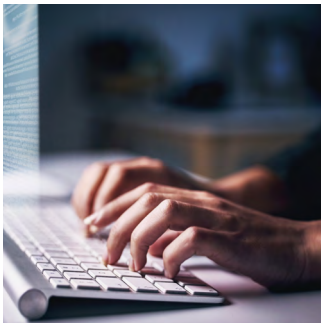
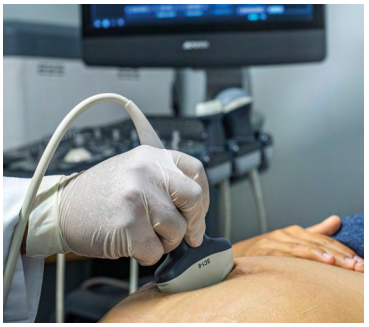

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