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Whatever happened to safety in numbers?

England is a safe place to have a baby. So says secretary of state for health Jeremy Hunt, in the foreword to the new report from the Department of Health's (DH, 2016) Maternity Safety Programme Team. But it could, of course, be safer, hence the report's catchy title: *Safer Maternity Care*. With the ambition of halving the rate of perinatal deaths by 2030 and reducing maternal morbidity and mortality, the plan is split into five key areas of focus: leadership, learning and best practice, teams, data, and innovation. Actions include the production of new resources for maternity teams, learning and development plans implemented for the entire multidisciplinary team, and tracking maternity services' outcomes using national indicators. These all sound like excellent ideas. Anything that improves efficiency and quality of care in maternity services, focusing on safety and leading to better outcomes for women and babies, is surely a good thing. But the report fails to address one of the most crucial issues currently facing midwifery in the UK: there are not enough midwives to meet demand.

I have lost count of the number of times I have heard eminent figures in the maternity services lament the shortage of midwives. We have an increasing birth rate, the profession is facing a 'retirement time bomb' (Bonar, 2015: 2), student bursaries have been scrapped, and it is not yet clear whether the many NHS midwives from countries in the EU will be able to remain working here once the Brexit deal has been negotiated. All of these factors point to a reduction in the number of midwives alongside an increase in demand—and we already have a shortage of 3500 midwives in England alone. Clearly, these numbers don't add up.

The new report doesn't totally ignore this issue. 'We also recognise the importance of appropriate staffing levels,' it says. Thank goodness for that. But there's more: 'Health Education England's forecasts of future supply indicate that we are training more people to enter the workforce as qualified midwives and obstetric and gynaecology CCT-holders than we forecast will leave the system' (DH, 2016: 19). This doesn't tally with figures from the Royal College of Midwives (RCM)—unless, of course, the shortage of midwives is being offset by obstetricians and gynaecologists in these forecasts. If this is the case, what might that mean for the future of maternity services? What about all the evidence that midwife-led care is the safest option for most women (National Institute for Health and Care Excellence, 2014)?

The RCM's (2016) *Why midwives leave* report highlighted that workforce issues are foremost in the minds of those intending to leave midwifery: 62% said they were not happy about staffing levels in their workplace, 52% said they were not satisfied with the quality of care they were able to provide, and 46% said the excessive workload was a key motivation for leaving the profession. It's difficult to see how any of these problems will be solved unless a commitment is made to boost the number of people entering the midwifery workforce.

New resources and targeted training are great steps towards improving maternity care, both in England and across the UK. But unless we address the core issue of workforce numbers, it all feels a bit half-hearted. After all, for a job to be done well—and safely—there has to be someone actually doing that job. **BJM**

Bonar S (2015) *State of Maternity Services Report 2015*. RCM, London

Department of Health (2016) *Safer Maternity Care: Next steps towards the national maternity ambition*. http://tinyurl.com/SafMatCare16 (accessed 26 October 2016)

National Institute for Health and Care Excellence (2014) Intrapartum care for healthy women and babies. www.nice.org.uk/guidance/cg190 (accessed 26 October 2016)

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