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# Equality in the workplace for midwives

here is, quite rightly, an emphasis in midwifery research on equality and inclusion when providing maternity care. The most recent Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (2022) report examined inequalities in care resulting from race, deprivation and mental health concerns, among many other areas. Last year, the research published in the *British Journal of Midwifery* explored topics such as cultural competency, caring for asylum-seeking women and what refugee women want from maternity care.

However, having recently participated in an event for an equality and diversity network in my own workplace, I found myself wondering about the workplace environment for midwives. I found a wealth of position statements and guidelines for professional bodies. The Royal College of Midwives (RCM, 2023) describes itself as 'fully committed to equality and diversity in the workplace', and the Nursing and Midwifery Council (2021) states that 'there is no room for any kind of discrimination in the healthcare sector'. The RCM has published guidance on areas such as maternity rights at work (RCM, 2021), work-related stress (RCM, 2022a) and working with the menopause (2022b).

There has been general research on various elements of workplace equality, largely finding that inequalities persist in the UK. In 2022, a Trades Union Congress (2022) poll reported that one in five workplaces in Britain do not have policies to support LGBT staff. In 2020, the Carnegie UK Trust reported that Black, Asian and minority ethnic young adults were 58% more likely to be unemployed than White young adults (Bowyer and Henderson, 2020). But it is harder to find research examining midwives' experiences of equality and diversity inclusion in the workplace in the UK.

In the wake of strikes across the UK workforce and ongoing debates regarding pay, it seems more relevant than ever to ensure



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that employees are happy at their place of work. Part of this means ensuring that they experience equal opportunities regardless of race, gender, sexuality or anything else. When it comes to midwives and the maternity workforce, I am hopeful that the research to explore this important topic will soon be carried out and published. Moving forward, it is only with an understanding of the current situation that we can hope to create long-lasting, effective improvements. BJM

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