Association of Radical Midwives

Dear Baroness Amos and members of the Maternity and Neonatal Taskforce

The Association of Radical Midwives (ARM) welcomes the report of the Independent Investigation into Maternity and Neonatal Services in England, and we would like to express our appreciation of the work done by the investigation team and all those who have contributed, especially the harmed and bereaved families who found the courage to share their testimonies, often reliving profound pain, in the hope of bringing about the changes that are so desperately needed. We honour their bravery, and we owe it to them to act.

The findings of the report have been disturbing and challenging for everyone, although not unexpected. We would very much like to focus on positive ideas to move forward and rapidly implement meaningful change.

We especially value the recommendation to treat racism, discrimination and inequality as a critical maternity safety issue, and believe that a primary focus on improving services for Black and brown families and those from all marginalised groups will make the service safer and more responsive for all.

We urge the utmost transparency in the appointment process for the Maternity Commissioner, and that consideration be given to ensuring that the person chosen inspires the trust and confidence of maternity staff. We would like the role to not only report to, but be held accountable by representatives of women, birthing people and families, staff and third

sector groups and that there is clarity on the powers invested in the role and how it will be evaluated.

We are very disappointed, and surprised, that although the importance of Midwifery Continuity of Carer (MCoC) is strongly articulated and referred to as a clinical safety mechanism, there was no recommendation for its routine implementation as defined in Better Births: care from the same midwife, backed by a small team, throughout pregnancy, birth and postnatally.

Whilst antenatal and postnatal MCoC are to be welcomed, we emphasise that most of the problems raised in the report are likely to be strongly mitigated by MCoC models which include intrapartum care, especially the problems with triage. With MCoC triage is carried out by the named midwife or team – by phone, at home, in the community or in hospital – and ongoing care on the chosen pathway is co-ordinated or delivered by the same person or team. Small teams working autonomously create more human-scaled working units, able to be responsive to the needs of women and families. We believe that the main barrier to implementation of MCoC, a tried and tested, well-evidenced model of care, is a lack of vision, courage and commitment – this is what we are asking for at this moment of crisis in maternity care.

As a grass-roots organisation which has worked to promote woman-centred, trauma-informed and rights-based care for 50 years, ARM would be delighted to contribute to the work of the Taskforce in any way we can. We will be sending a more detailed response in due course.

We look forward to your response and working together to achieve the changes that women, families and midwives all deserve.

Association of Radical Midwives (ARM)

Steering Group