Investment in maternity and neonatal services in England

Sands & Tommy's Policy Unit

Working together to save babies' lives

Sands and Tommy's Joint Policy Unit Policy Briefing

Key messages

- While long-term progress has been made in reducing rates of stillbirth and neonatal death, more recently this progress has stalled and we are not on track to meet government ambitions. There also remains stark and persistent inequalities in pregnancy and baby loss by ethnicity and deprivation.
- Much more comprehensive investment is needed to support government ambitions to reduce rates of stillbirth and neonatal death, tackle inequalities and support improvements in the safety and quality of services.
- There have been recent commitments to increase funding for maternity and neonatal services in England. In this briefing we highlight how these remain significantly below the level needed to support the transformative improvements needed in these services.

Background: The case for investment

On average 13 babies a day are stillborn or die during the first 28 days of life across the UK. The 2022 stillbirth rate for England was 3.9 per 1,000 births[1]. This is down from 4.1 per 1,000 births in 2021, but remains higher than 2019 and 2020. Achieving the government's ambition would equate to 2.6 stillbirths per 1,000 births. Rates of neonatal death in babies born at 24 weeks or over increased in England in 2022 to 1.5 per 1,000 live births, from a rate of 1.4 in 2021, and 1.3 in 2020[2]. This is against a government ambition of 1.0 deaths per 1,000 live births.

We are also not on track to meet government ambitions to reduce the preterm birth rate in England to below 6% by 2025 – the rate has remained between 7 and 8% since 2010[3].

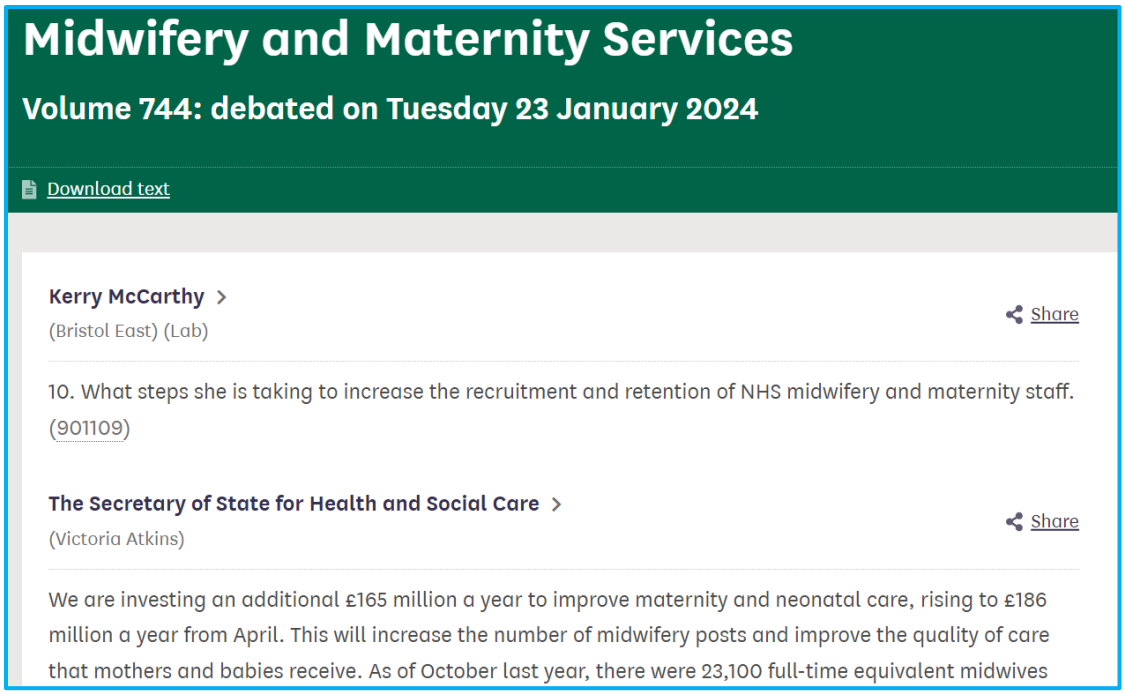
There is a significant gap between the UK and those countries with the best pregnancy outcomes, suggesting a further reduction in mortality rates is possible. Multiple recent reports have highlighted the need to improve the quality and safety of maternity and neonatal services. Standardised reviews following the death of a baby indicate that at least 1 in 5 stillbirths and neonatal deaths could have been prevented with better care[4].

As well as the moral case for investing in services, there is a financial one. Data from NHS Resolution shows that of the £2.6 billion spent on clinical negligence payments in 2022/23, 41% of this related to maternity, equating to around £1.1 billion[5].

In May 2024 we published our second saving babies' lives progress report. This set out a range of areas where action is required to improve outcomes, including the need for adequate investment in maternity and neonatal services.

Assessing commitments to invest in maternity and neonatal care in England

The Department of Health and Social Care and NHS England have consistently highlighted that since 2021 they have invested an additional £165 million a year to improve maternity and neonatal care:



Midwifery and Maternity Services

Volume 744: debated on Tuesday 23 January 2024

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Kerry McCarthy ›
(Bristol East) (Lab)

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10. What steps she is taking to increase the recruitment and retention of NHS midwifery and maternity staff. (901109)

The Secretary of State for Health and Social Care ›
(Victoria Atkins)

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We are investing an additional £165 million a year to improve maternity and neonatal care, rising to £186 million a year from April. This will increase the number of midwifery posts and improve the quality of care that mothers and babies receive. As of October last year, there were 23,100 full-time equivalent midwives

[Midwifery and maternity services parliamentary questions](#) - January 2024

12. Since 2021, NHS England has invested an additional £165m/year to improve maternity and neonatal care. This will rise to an additional £186m/year from 2024/25 with part year effect in 2023/24. This national investment provides for an increase in midwifery establishment by 1,200 FTE and obstetric consultant establishment by 100 FTE; additional neonatology consultant capacity will be achieved through the funding made available in August 2023 . Our latest data show that NHS trusts have invested over and above this, with

NHS England [update from the maternity and neonatal programme](#) – October 2023

How are you improving patient safety in maternity and neonatal care?

- The NHS is one of the safest places to give birth worldwide, but we are determined to ensure that maternity care maintains the same high standard for everyone.
- We have increased the annual maternity budget by £165 million since 2021 to support the maternity workforce and enhance neonatal care.

[Department of Health and Social Care](#) – July 2023

This investment will rise to an additional £186 million a year from 2024/25 with part year effect in 2023/24, and is made up of the following components:

- £108 million to support increases in the frontline maternity and neonatal workforce.
- £21 million allocated to systems to support further workforce commitments including: bereavement care, midwifery retention leads, preceptorship support, Maternity Support Workers, and time for obstetric leadership.
- £36 million further increase in the national budget for maternity and neonatal care providing additional resources to systems and supporting a range of projects including independent senior advocates, a culture and leadership programme, and supporting staff retention.

The government also announced in the 2024 Spring Budget that they are investing £35 million over three years to improve maternity safety across England. This package will include:

- £9 million to roll out the Avoiding Brain Injuries in Childbirth programme across maternity units in England over three years.
- Training for an additional 6,000 midwives in neonatal resuscitation and for clinical staff to receive specialist training in obstetric medicine in England.
- Funding for 160 new midwife posts over three years.
- Funding to support the rollout of Maternity and Neonatal Voice Partnerships.

There is currently not a good understanding of the wider context to these headline funding commitments, particularly how they relate to current spending on maternity and neonatal services. Our analysis suggests that these commitments are not sufficient to keep track with inflation, and far below the scale required to achieve the transformative improvements that are required in maternity and neonatal services.

Following a Freedom of Information request, NHS England provided the below data on spending on maternity and neonatal services. This suggests that in 2021/22 nearly £5 billion was spent on these services (table 1).

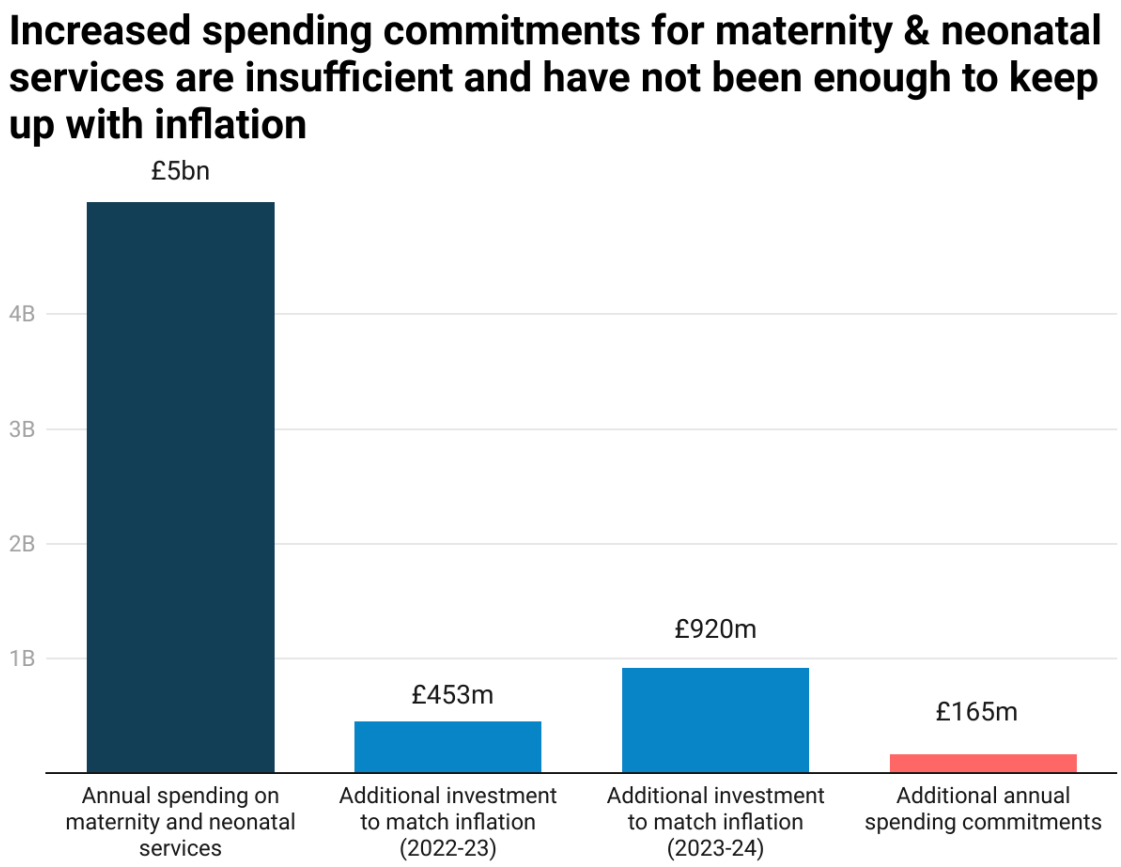
Table 1:

	2021/22	2020/21	2019/20	2018/19
	£m	£m	£m	£m
Obstetric services	3,372	3,421	2,643	2,548
Midwifery services	679	696	506	553
Neonatal critical care	926	909	847	830
TOTAL	**4,977**	**5,026**	**3,996**	**3,932**

Source: NHS England, via Freedom of Information request. Based on trust submissions to the reference costs collection under the maternity, midwifery and neonatal critical care specialty codes.

Based on a spend of £5 billion[1] on maternity and neonatal services in 2021/22, annual spending on maternity services should have risen by over £450 million in 2022/23 and almost £1 billion in 2023/24, just to keep track with inflation (see Figure 1)[6].

Figure 1:



Annual spending is based on 2021-22 data from NHS England Freedom of Information request. CPI Inflation calculated using Bank of England Inflation Calculator, correct as of February 2024. Additional annual spending commitment between 2021 and 2023 according to NHS England.

Chart: Sands and Tommy's Joint Policy Unit • Created with Datawrapper

In 2021 the Health and Social Care Committee recommended an additional increase in annual funding for maternity services by £250-£300 million – highlighting at the time that this was the minimum increase needed to ensure safe care[7]. These figures suggest that, given the high rate of inflation since then, even this is now likely to be inadequate to achieve the transformative change that is required in these services.

1 This £5bn annual spend figure on maternity and neonatal services differs to the £3bn figure which is stated in the NHS England Three Year Delivery Plan for Maternity and Neonatal Services. This is because the Delivery Plan refers to the financial year 2019/20. The overall expenditure on services increased in 2020/21 and 2021/22 compared to 2019/20. The £3bn figure in the Delivery Plan also did not include c.£900m spend on Neonatal Critical Care, which is accounted for in our figures that we received through the Freedom of Information request.

Funding for equity and equality action plans

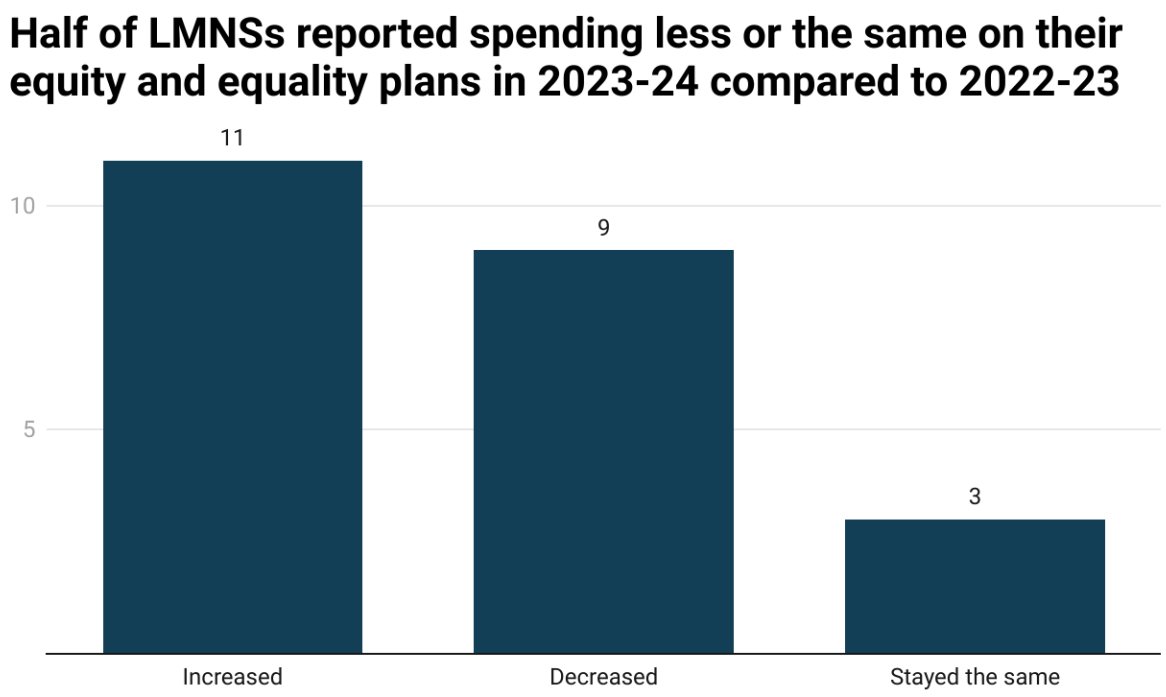
In September 2021, NHS England published guidance for Local Maternity and Neonatal Systems (LMNSs) to develop equity and equality action plans. The plans aim to reduce inequalities for women and birthing people and babies from Black, Asian and Mixed ethnic groups and for those living in the most deprived areas. The plans also aim to address prejudice and discrimination against certain groups and individuals across the NHS workforce. Implementing these plans is an objective in NHS England's three-year delivery plan for maternity and neonatal services.

In 2021-22, LMNSs received ring-fenced funding to co-produce their equity and equality action plans with families, voluntary organisations and maternity and neonatal voice partnerships, and implement targeted and enhanced continuity of carer. Each LMNS should have received a minimum of £90,000. Since then, funding has not been ring-fenced, due to NHS England's new operating framework which places a greater responsibility on Integrated Care Systems to deliver for their local populations. There has been concern over variation in funding across LMNSs, with some receiving this funding as part of the general maternity allocation, which risks this work being de-prioritised.

Sands and Tommy's Joint Policy Unit submitted a Freedom of Information request to each LMNS to determine levels of funding and variation. We received data from 27 LMNSs (64.3%) on their equity and equality plans' budget and from 23 (54.8%) on their spend[11]. 15 LMNSs were unable to provide this information, as they did not have access to the data or did not have equity and equality plans as a distinct stream of funding.

Ten LMNSs (39.1% of respondents) reported a decreased equity and equality budget in 2023-24, compared to 2022-23. Of the LMNSs who responded, half (52.5%) reported a decrease or no change in their equity and equality spend in 2023-24 compared to 2022-23 (see Figure 2).

Figure 2:



As well as adequate funding and resourcing, there needs to be a focus on evaluating the impact of individual equity and equality initiatives and the scheme overall.

Where investment is needed

Alongside funding needed to account for the impact of inflation, there are key areas where addition investment is needed to make progress:

Delivering safe care

We are not on track to meet the government's maternity safety ambitions and there are persistent issues with the safety and quality of services. Additional resources are required to support a comprehensive national approach to improving the safety of maternity and neonatal services, which puts in place the key elements of a safe system.

Tackling inequalities

There needs to be a much stronger commitment and long-term funding from government to eliminating inequalities in pregnancy loss and baby deaths. There have been welcome commitments recently to fund research to tackle maternity disparities[8]. This must form part of a wider strategy for addressing inequalities, and include commitments to evaluating the impact of interventions aimed at reducing inequalities in pregnancy and baby loss. Each Local Maternity and Neonatal System in England has published an equity and equality action plan, but there is a lack of long-term recurrent funding to ensure these plans are put into action.

Delivering a fully funded workplan

Adequate staffing is a fundamental part of safe care. Plans to increase the number of midwives in the NHS through the Long Term Workforce Plan are welcome. But beyond midwives, the plan does not include detailed modelling for maternity and neonatal-related specialisms. For example, the current shortage of perinatal pathologists is affecting the ability of services to learn from deaths, and impacts the care provided to bereaved families. Similarly, the Royal College of Obstetricians & Gynaecologists have said that staffing numbers need to increase by 20% to provide safe care for every family, equating to an extra 496 consultants.

Crucially, the plan lacks detail on the long-term recurrent funding needed for staffing increases. It also lacks detail on how policies to support recruitment and retention will be funded.

Supporting research and evaluation

Research is key to improving outcomes and saving more babies' lives, yet relatively little is invested in pregnancy-related research. For every £1 spent on maternity care in the NHS, only 1p is spent on pregnancy research[9]. This compares to 7p for every £1 on heart disease or 12p for every £1 on cancer.

To achieve government ambitions to improve maternity safety and to reduce inequalities, much greater investment in research is needed, such as the recent announcement of a £50 million research fund to tackle maternity disparities. As above, this must form part of comprehensive government strategy for addressing inequalities.

References

[1] Child and infant mortality in England and Wales - Office for National Statistics (ons.gov.uk)
[2] Child and infant mortality in England and Wales - Office for National Statistics (ons.gov.uk)
[3] Birth characteristics in England and Wales - Office for National Statistics (ons.gov.uk)
[4] PMRT (2023) Learning from Standardised Reviews When Babies Die.
[5] NHS Resolution - Annual report and accounts 2022/23
[6] Calculation based on £5bn spend adjusted for CPI inflation between 2021 and 2023 (£453m and £920m increase). Using: Inflation calculator | Bank of England
[7] Health and Social Care Committee (2021) Safety of maternity services in England (parliament.uk)
[8] Health Secretary announces new women's health priorities for 2024 - GOV.UK (www.gov.uk)
[9] JPU_Report_August_2023.pdf (sands.org.uk)