

## crisis in midwifery

full story at [cmf.li/3SG4qOe](https://cmf.li/3SG4qOe)



**Gemma Griffiths** is a Growth Assessment Protocol (GAP) Midwife in Northampton, and the CMF Nurses and Midwives Staffworker

Midwifery was in the news for all the wrong reasons at the end of last year, and again in mid-May this year. As a midwife of ten years, I was heartbroken to read headlines from *The Times* saying: 'Midwives' "toxic" working conditions putting babies' lives at risk, report finds',<sup>1</sup> and *The Telegraph* saying: "'Russian roulette" maternity units risk lives of mothers and babies, say midwives'.<sup>2</sup> Both articles reference a report published by the Association of Radical Midwives (ARM) about bullying in midwifery and why midwives have left, or want to leave, the profession.<sup>3</sup>

If I thought the news headlines were hard to read, the report's content knocked me for six. Reading almost 150 pages of first-hand accounts of incivility and bullying of staff, some at the hands of the very people who were supposed to advocate for them, reduced me to tears. I found myself echoing David's words to God in Psalm 13: 'How long Lord?...How long will my enemy triumph over me?' I have been very blessed in my career to have never experienced bullying, but I grieve for my fellow midwives who are suffering. First, an erosion to the way the art of midwifery can be performed, next, chronic staff shortages and burnout, and now this!

Meanwhile, on 13 May 2024, The All-Party Parliamentary Group on Birth Trauma released a report on the appalling inconsistency in maternal care across the UK. It shockingly found that in much of the UK, poor maternity and postnatal care is 'all-too-frequently tolerated as normal'. The report estimates that 30,000 women a year suffer negative experiences during labour. One in twenty go on to develop post-traumatic stress disorder.<sup>4</sup>

Both reports repeat the call of the Royal College of Midwives for more midwives to be trained and employed for the safety of mothers and the protection of staff.<sup>5</sup>

It certainly seems like a dark and hopeless time for midwifery and maternal healthcare in the UK. I mourn for the student midwives who are trying to learn how to care for women in a system where 'care is being

squeezed out in the interest of efficiency'.<sup>6</sup>

I mourn for the newly qualified midwives, who are expected to take on too much too soon because there is no one else to do it. I mourn for the midwives who don't feel like they can speak out against bullying for fear of their jobs being made harder than they already are. I mourn for the mothers and their babies traumatised by inadequate care, and I mourn for the loss of my great love, my calling, this huge part of me...

...And yet, I could tell you so many stories of the selfless, Christ-like care I have witnessed midwives giving at my Trust, enough to fill an entire newspaper.

As a profession, we need to be actively speaking out against bullying and speaking up against the poor working conditions that midwives face, and poor standards of care that too many mothers experience. We need to lobby at every level for meaningful change, more funding, more training and recruitment, and for better wellbeing strategies. Most importantly, we need to pray actively, calling out to the God who hears our prayers<sup>7</sup> for peace, for us to be made more like Christ, and that he would bring his kingdom through us to transform our workplaces. I pray that our culture would be so radically changed from negative to positive that the newspaper headlines would only be able to tell of the amazing things that midwives do. ●

### references (accessed 13/05/2024)

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7. Mark 11:24

## a confluence of evils:

*the disturbing link between euthanasia and meeting the demand for organs*

full story at [cmf.li/3P0jVOT](https://cmf.li/3P0jVOT)



**Trevor Stammers** is a retired GP and a former lecturer, course director, and editor in bioethics.

There are times when you see a confluence of evils merging from afar, but they merge so slowly that most people remain totally unaware of them, or if they are, they simply shrug their shoulders and move on. I first wrote about my concerns over organ donation from those requesting euthanasia (ODfE) in 2017 when Belgium was at the time pioneering the practice.<sup>1</sup>

Canada has now overtaken Belgium, embedding the practice right from the introduction of its 'medical assistance in dying' (MAID) legislation.

A recent worldwide scoping review of ODfE found that 39.7 per cent of the papers were from Canadian experiences. Canada leads the world in harvesting organs from the euthanised.<sup>2</sup> One study of Canada, Belgium, the Netherlands, and Spain, found 286 donors seeking euthanasia donated organs to 837 people; nearly half the donors (136) came from Canada.<sup>3</sup>

Very recently, Canadian policy guidance was updated. Several new recommendations are of concern, including:

'...patients who are potentially eligible for organ donation should be approached for first-person consent for donation after MAID once MAID eligibility has been confirmed...

'Organ donation organisations and transplantation programs should develop a policy on directed deceased donation for patients pursuing MAID, in alignment with the directed donation principles and practices that are in place for living donation in their jurisdiction'.<sup>4</sup>

Thus, should a person requesting euthanasia have a relative in need of an organ, such a 'directed donation' after euthanasia could easily add pressure for the donor to go ahead with their death. Meanwhile, Canada has once again postponed a decision on offering MAID solely for psychiatric distress. Experience in other countries where ODfE is already offered to those with mental disorders shows why organs from such cases are especially desirable