



# CRISIS IN MIDWIFERY

**Stefanie McRoy** shares her professional struggles in a maternity service in crisis, and what a time away taught her about working in God's grace.



**Stefanie McRoy**  
is a specialist midwife  
for the Maternal  
Mental Health  
Service

In August 2022, I left my much-loved NHS midwife role at a London NHS trust – the third job I had worked in – despite having felt God had paved the way for me to work there. There had been a great sense of organisation and effective teamwork. I was a caseloading midwife in a team of six, providing continuity of care to women requesting a homebirth and to those under the perinatal team. It was, in some ways, my dream job, doing antenatal appointments in clients' homes for as long as

needed, getting to know their partners and other children well. I was present at some beautiful homebirths, near-sacred occasions in the calm and quiet of someone's home. Although mostly working independently, we had a wonderful team that enjoyed catching up during the workday, meeting for a coffee if our clients lived near each other, and our team meetings were full of laughter.

Amid the joys, we had many clients who were requesting out-of-guidance care, wanting a homebirth when they had a history of caesareans,

## key points



- Understaffing, unrealistic and unsafe patient expectations, and increasing demand are all stretching maternity services to breaking point.
- Stepping away to spend time serving as a midwife in rural Papua New Guinea gave the author a different perspective and a chance to hear God's voice.
- The author identifies the need to be indispensable and to see our own business as an end in its own right are the idols we can so easily be crushed by, and God's grace as the doorway to freedom.



SCAN FOR MORE

post-partum haemorrhages, low haemoglobin levels, or breech presentations, amongst other things. There were many emergencies needing transfer to hospital. Our daily group chats often consisted of sharing our anxieties, fears, the sleepless nights we'd had worrying we would be called to 'that' birth or to work the night on the labour ward after working an eight-hour day. Our clients were unaware of our anxieties and would praise us for our calm manner and supportive attitude. Slowly, more and more of the team took stress leave, or quit altogether; many started on medication to cope with the low-mood and panic attacks. I prayed a lot during that time, and God faithfully gave me the confidence and wisdom I needed for each day and each anxious birth.

The NHS is currently seeing an exodus of nurses and midwives caused by chronic understaffing, increased pressure, and unattainable patient expectations. One in four NHS workers are considering leaving, including 29 per cent of nurses and midwives – approximately 100,000 nurses and 8,000 midwives.<sup>1</sup> There exists a longstanding shortage of 2,000 midwives in England, with an additional 677 leaving in 2021-2022.<sup>2</sup> A 2021 Royal College of Midwives survey revealed 57 per cent of midwives considered quitting within the next year, with five per cent having left at the time of the survey; principal reasons for this were staffing levels (84 per cent) and inability to provide robust care (67 per cent).<sup>3</sup> Newly-qualified nurses and midwives with five years or fewer in the NHS, are most likely to consider leaving (50 per cent) with 96 per cent reporting not feeling valued by the government. Mental health amongst nurses and midwives is also worsening, with females in these professions more likely than females in any other profession in the UK, to die by suicide.<sup>4,5</sup>

### between a rock and hard place

In recent years, more reports have been published that set new standards for nurses, midwives, and doctors. In response, trusts are increasing training and creating new specialist roles, removing staff from the shop floor. It feels like we are between a rock and a hard place, knowing that safe staffing would greatly improve patient outcomes, reduce morbidity and mortality, and improve staff morale, and yet we see the benefits these specialist roles may have. However, with lack of safe staffing and a good skill-mix, we are unable to provide the care we

entered these professions to give, and act effectively on these new standards. Increasingly, colleagues consider leaving, with many moving to private fertility providers where they feel they can make a difference and give the woman-centred care they entered the profession to provide. They leave with a heavy heart, knowing this potentially worsens the staffing issue, leaving their beloved colleagues soldiering on alone. There is also a great sense of defeat, after many years of hard work, particularly through the pandemic.

When speaking to nurses and midwives of over ten years' experience and those nearing retirement, many describe the difficulties of previous decades, such as understaffing, but feel the last few years have brought unprecedented challenges. More and more patients are obese, diabetic, or hypertensive. Many healthcare professionals feel that patient expectations are unmanageable or completely unattainable, seemingly influenced by social media and easier access to information. In a world where we are increasingly told all our feelings are valid and should be supported without question, midwives report clients requesting more out-of-guideline care, often bordering on, and sometimes resulting in, unsafe outcomes.

### needing to be needed

As the stress, panic attacks, and pain of seeing my colleagues hurting affected me on a daily basis, I considered and prayed about leaving. I felt the same guilt as many others, knowing I was leaving my fellow midwives behind. I felt a great sadness that I had worked incredibly hard and endured many, many difficult shifts to get to this point in my career. When I have spoken to other nurses and midwives who have left, we all had the same, sobering realisation – we will be replaced, and the service will continue. It is easy to feel, even unconsciously, that we are much more essential to the NHS than we are. Doubtless, this is felt in any job, but as healthcare workers we often feel a strong calling to our roles. It is easy to feel a need to be needed; a need to make a difference, whether we admit this to ourselves or not. This causes a great sense of defeat and introspection in the weeks after leaving. Throughout our careers, in the busyness of the short-staffed shift, we may assert that we worked hard for the glory of God. However, afterwards, experiencing sadness and defeat, we may recognise that too often we sought our own

when speaking to...those nearing retirement, many describe the difficulties of previous decades...but feel the last few years have brought unprecedented challenges

THE RCM ESTIMATE THE ENGLAND ALONE HAS A **SHORTAGE OF 2,000+ MIDWIVES**

TO PROVIDE ESSENTIAL LEVELS OF CARE WITH AN ADDITIONAL

**677 LEAVING IN 2021-2022.**<sup>2</sup>



**63%**

OF WOMEN SAY THEY WERE ALWAYS ABLE TO GET THE **ATTENTION AND CARE NEEDED DURING LABOUR &**

**57%**

**AFTER BIRTH**



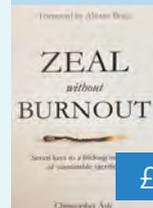
**Lighting The Way**  
Steve Fouch & Catherine Butcher

£7



**Fruitfulness on the Frontline**  
Mark Greene

£6



**Zeal without Burnout**  
Christopher Ash

£7



glory – the need to be needed, to work hard, to be a light in our workplaces and evidently different to our unbelieving colleagues.

In the months after leaving my role, unsure if I would return to NHS midwifery, I spent time as a volunteer midwife in Papua New Guinea. This was a challenging but refreshing time, filled with God's kindness towards me. I had space and time to reflect on the last few months and years of my career. In February this year, I returned to the NHS as a specialist midwife for the Maternal Mental Health Service, offering support alongside psychologists to women experiencing *tokophobia*,<sup>6</sup> previous birth trauma, or perinatal loss. In this new role, I am acutely aware of the vicious cycle of women coming to our service with these experiences, offering them support, education, and therapy, while knowing we will continue to have referrals, as midwives and doctors are not working in environments that enable them to provide safe, holistic care. It often feels like building a house, knowing it will be demolished, but returning daily to rebuild. A year ago, this thought led to my resignation; presently, I work in light of what God taught me in the months following my resignation.

### at the foot of the cross

Daily, we must remember Christ's finished work. We do not need to strive, to work beyond our limits, to get to the point of burnout or allow the weight on our shoulders to immobilise or destroy us. Each person we meet in our roles, our patients, their families, and our colleagues, can only ever have their deepest needs met by Jesus. This is true of us too, and it is a wondrous grace to know that truth. You may be serving an idol of being needed. It is a subtle idol, easily justifiable, but deceptively destructive; it can lead us and others to people-worship.<sup>7</sup> Humbly acknowledge and repent of this; God is jealous for our wholehearted worship, and he faithfully delivers us from all false worship.<sup>8</sup>

Morning and evening, and throughout the day, remember his grace is sufficient for every weakness;<sup>9</sup> when we feel like we cannot cope, or have not done enough, rest in his grace. Every day, come to the foot of the cross, remembering what Jesus has accomplished, and our need of a Saviour. Awareness of the narratives and stories we have heard, perceived, and accepted is essential; daily remind ourselves of where our identity lies.<sup>10</sup> Remember the Great High Priest we have,<sup>11</sup> gentle and lowly in heart,<sup>12</sup> and not repelled by our sin, failure or weaknesses, but moved to compassion, drawing us ever nearer to himself.

when we feel like we cannot cope, or have not done enough, rest in his grace... remembering what Jesus has accomplished

## spotlight



Written by Christian nurses and midwives, for Christian nurses and midwives, *Spotlight* is a resource for CMF members. Published three

times a year and free to all CMF nurse and midwife members, it provides a unique mix of articles, stories, poems, and prayers to help you bring Christ into all you do in your profession. Find out more by emailing [nursesandmidwives@cmf.org.uk](mailto:nursesandmidwives@cmf.org.uk)

Finally, use your rest time wisely. Rest is a wondrous and precious gift from God. In a world that is always busy, reflect on your understanding of rest and whether it aligns with God's design. Since the pandemic, I've had a poster I made in my room based on 1 Peter 1:3-6 that says: *a little while, to an inheritance that is imperishable, undefiled and unfading.*

*I Cannot Tell* is a hymn I have regularly listened to, sometimes on shift, quietly while making up IVs or writing notes. While we may not know what the future holds in the NHS and the long-term effects on ourselves, our colleagues, and our patients, it is helpful to be able to meditate on and sing:

*I cannot tell how silently He suffered,  
as with His peace He graced this place of tears,  
or how His heart upon that cross was broken,  
the crown of pain to three and thirty years,  
but this I know, He heals the broken-hearted,  
and stays our sin and calms our lurking fear,  
and lifts the burden from the heavy laden,  
for still the Saviour, Saviour of the world is here.*<sup>13</sup> ◉

### references (accessed 17/02/23)

1. Patel P, Thomas C. Recover, Reward, Renew: A Post-Pandemic Plan For The Healthcare Workforce. *Institute for Public Policy Research*. March 2021.
2. Royal College of Midwives (RCM). Midwife numbers drop by 600 in the year since minister admitted England was 2000 midwives short. *RCM Media Releases*. June 2022.
3. RCM Warns of Midwife Exodus As Maternity Staffing Crisis Grows. *RCM Media Releases*. October 2021.
4. Groves S, Lascelles K, Hawton K. Suicide, self-harm, and suicide ideation in nurses and midwives: A systematic review of prevalence, contributory factors, and interventions. *Journal of Affective Disorders*. 2023;331:393-404
5. Deaths by suicide in the medical profession. *Office of National Statistics (ONS)*. February 2021
6. An extreme or pathological fear of, or anxiety about, pregnancy
7. Galatians 1:10
8. Philippians 1:6
9. 2 Corinthians 12:9-10
10. Galatians 2:20-21
11. Hebrews 4:15-16
12. Matthew 11:29
13. Fullerton Y. *I Cannot Tell*. c1920, ©public domain