



addressing birth trauma

The value of conversation



Royal College
of Midwives

Executive summary

The central role of midwives is to support women through pregnancy, labour, birth and the postnatal period. This includes ensuring that women are able to make informed choices about their care and advocating for those choices on behalf of women. However, the well-documented pressures on maternity services, and the staff that work within them, often mean that support and advocacy is not at the level the midwifery community – and women and families – want and need.

The impact of this was highlighted by the 2024 report of the All-Party Parliamentary Group (APPG) inquiry on birth trauma¹ which found alarmingly high numbers of women who experience traumatic birth. During pregnancy and up to one year after birth, one in five women will experience mental health issues with higher rates seen among certain groups facing disadvantage².

Universal investment in postnatal care

Women who have had a traumatic or difficult birth may benefit from reflecting on their experiences with a midwife to explore their feelings. While the APPG report, and subsequent media coverage, suggests there is a strong need for this, provision of this service is not universal. Nor is there adequate investment in this vital part of postnatal care.

Consistent care infrastructure

There is an urgent need to reduce unnecessary variation in the quality and experience of UK maternity care and to ensure consistent, trauma-informed support. Having a birth conversation – a structured, compassionate discussion to help women understand what happened during labour and birth, ask questions and consider future care – could have a significant, positive impact on the experiences of women. It is not intended to replace psychological therapy or a clinical investigation, nor is it a substitute for the NHS complaints process, should women and families choose to take this route.

The delivery of high-quality and sustainable services is dependent on the infrastructure and investment being in place to support midwives to undertake birth conversations with women. This includes ongoing training for midwives, both pre- and post-registration, and sufficient time for midwives to provide this support to women and families.

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Recommendations for consistent postnatal care

- 1** Service planning must be coproduced with women and maternity staff.
- 2** Specific funding allocation must allow for physical and workforce requirements.
- 3** Training for midwives, both pre- and post-registration, must be comprehensive and trauma-informed.
- 4** Midwives should be given regular opportunities for supervision and aftercare.
- 5** Services should be designed to support access for all women, especially underserved and disadvantaged groups.
- 6** Formal escalation pathways must be established and clearly communicated to staff.
- 7** The delivery of services should be supported by multidisciplinary teams.



Service planning: Coproduction with women

Specialist birth conversation services may not be the norm in every country or region and the service provided to women across the UK varies. Where possible, Trusts and Health Boards should consider introducing dedicated birth conversation services. A birth conversation service should be appropriately planned and commissioned to facilitate high-quality delivery. These services should be coproduced with women, or service user representatives, at each stage of the process³. Incorporating the lived experience of women and service users offers a collaborative way to design, deliver and evaluate care that is person-centred and drives continuous improvement and enhances outcomes for women and their families. Evaluation of the service should include feedback from the midwives undertaking birth conversations.

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Funding

Providers of birth conversation services should ensure that adequate funding is allocated to run an effective service. Consideration needs to be given to staff requirements including administrative time and midwifery time. Workforce capacity planning should:

- define the time elements per contact
- estimate local demand as a proportion of births
- translate expected activity into required midwifery and administrative capacity (including non-contact time for example, supervision, training, governance and service improvement), and
- build in contingency for peaks, case complexity, interpretation needs and staff absence, with regular review to refine assumptions.

Physical requirements must also be added, including a dedicated, appropriate location and/or technology to facilitate telephone or video calls. Funding and protected time for clinical supervision is vital to support midwives delivering this service effectively and sustainably.





Training and development of staff

Understanding of the value of birth conversations should begin as part of pre-registration (undergraduate) education. Once qualified, it is essential that midwives who are undertaking birth conversations receive specific, comprehensive training and ongoing development opportunities. Training content should be reviewed and agreed by local services but should, as a minimum, cover trauma-informed practice, active listening, perinatal mental health, triage and safeguarding. Midwives should also receive training in understanding post traumatic stress symptoms to support assessment of the need for further psychological support.

The role may fall within the remit of an individual, or preferably with a team of midwives with a specific interest.

Midwives should receive training in techniques that can help women with emotional containment and strategies to reconnect at the end of their appointment, for example mindfulness and grounding. Birth conversations can be enriched by midwives having an enhanced understanding of the way trauma impacts a person and their behaviours in order for the midwife to reassure the woman to have insight into their feelings and behaviours.

Supervision and aftercare of staff

Supporting women to explore their birth experience – particularly in cases involving birth trauma – undoubtedly has an emotional impact on the midwives themselves. There is a risk of moral injury and vicarious trauma. Midwives who undertake birth conversations need regular opportunities for clinical supervision or support from an appropriately trained professional. Professional Midwifery Advocates (England), Clinical Supervisor for Midwives, Consultant Midwives or Clinical Psychologists can all have a role in supporting midwives.



Equality, inclusion and diversity considerations

Evidence shows that outcomes are worse for Black and Asian women, those living in more deprived areas and women living with multiple disadvantage⁴. There must be equitable access to birth conversation services for all women, in all their diversity, which requires thoughtful consideration of the individual needs they present with.

Service providers must incorporate measures into their planning to promote equity for women requiring interpreting services, those affected

by digital literacy challenges or digital poverty, women with neurodivergent-specific needs, and individuals who may lack the knowledge and capacity to effectively navigate healthcare systems. There should be proactive efforts to promote the services to women who may require additional support in accessing birth conversation services. Women, particularly those experiencing severe and multiple disadvantage, may benefit from a nominated person, such as a care navigator, to assist them in accessing services positively.



Formal escalation and referral pathways

Effective engagement between birth conversation services and other professionals is essential to promote seamless communication and ensure clear, coordinated referral processes. Midwives working within their scope of practice cannot and should not offer psychological diagnoses or treatment for women displaying signs of post-traumatic stress disorders or other mental health issues. Providers should establish what existing maternal mental health services are available in the local area and develop clear referral pathways.

For women who have urgent risk, for example those who demonstrate severe distress, suicidal ideation, psychosis or safeguarding concerns, it is important for midwives to follow their local crisis or escalation pathways immediately rather than wait for routine Maternal Mental Health Services.

Integrated services

A multidisciplinary approach to birth conversations can be important to meet the varying needs of women. Other professionals may be well placed to support midwives undertaking birth conversations, depending on their needs. The expertise of obstetricians, neonatologists or anaesthetists and others' expertise can enrich birth reviews for women when working alongside midwifery specialists.

References

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