The role of the consultant midwife

Royal College of Midwives

Overview

Consultant midwives are essential to clinical excellence, safety, quality improvement (QI), and service transformation. They are experts and senior leaders across the key pillars of midwifery practice.

Gaps and variation remain in the execution of the role within services, succession planning, and pathways for development. These issues need addressing if we are to ensure a sustainable workforce that drives improvement across all sectors of maternity care.

A consultant midwife role requires an extensive blend of clinical expertise, academic achievement, and leadership experience. This document aims to support consultant midwives, aspiring consultant midwives and employers across the United Kingdom's (UK) health systems to execute and embed the role to its full potential.

This publication builds on findings from the Royal College of Midwives (RCM) 2024 report *RCM CMW/LME Leadership Project: developing midwifery leadership pathways in practice and education*[1] which examines the existing development pathways for clinical leadership and the required professional development for those already in the role. This document has been developed by a working group of the RCM, led by consultant midwives and key stakeholders.

Purpose

This document aims to:

1. Strengthen the strategic position of the consultant midwife within maternity systems by articulating its unique contribution to clinical excellence, safety, QI, service and workforce transformation.
2. Profile prerequisites and competencies required for consultant midwife appointments, ensuring consistency, professional credibility, and alignment with national consultant-level practice frameworks.
3. Define the key functions and domains of practice to guide current and aspiring consultant midwives and to inform employers of role expectations.
4. Promote sustained investment and structural support for consultant midwives within workforce planning, remuneration frameworks, and governance structures to enable the role to operate at its full strategic and clinical potential.

Background

Consultant midwives are essential members of the strategic midwifery workforce. Since their inception in 1998, the role has evolved to meet the demands of the modern National Health Service (NHS) and wider maternity services. The development of consultant level roles in the UK has created a career pathway aimed at retaining senior clinical experience and expertise within practice.

National policy across the UK recognises that investing in consultant midwife posts is essential for retention and fostering excellence in clinical care and leadership. Consultant midwives bring a unique combination of expert clinical and professional practice, strategic insight, system-wide transformation and leadership capability, and are expert change agents, which is vital to the development and delivery of high-quality maternity services.

The consultant midwife role is aligned with deputy/associate directors of midwifery/heads of midwifery or equivalent operational lead, both working collaboratively and reporting to the director of midwifery/chief midwife or equivalent. While deputy/associate directors of midwifery/heads of midwifery or equivalent operational lead, hold significant operational and organisational level strategic responsibilities, consultant midwives are appointed to lead and influence clinical and professional strategy. This distinction places them in a pivotal position to provide clinical challenge and influence.

Consultant midwives are expected to review, question, and shape organisational and clinical decisions, particularly those affecting women's choices, safety, quality of care and equity. Their strategic and clinical expertise informs the design, implementation and evaluation of care pathways and the development of innovative models of care. Working in partnership with multidisciplinary leadership teams, they ensure services are safe, evidence-based, and responsive to the needs of women, families, and communities.

Consultant midwife establishment

Purpose

This recommendation sets out a consistent UK wide expectation for consultant midwife leadership across maternity services. It recognises variation in service models across the four countries of the UK, while establishing a shared minimum establishment to support safety, quality, equity and improvement.

National expectation

All maternity services should have dedicated consultant midwife leadership embedded within their senior clinical and strategic workforce.

As a minimum requirement the RCM recommends:

- Each obstetric-led maternity unit, defined as a consultant-led service providing intrapartum care on a hospital site, must have a minimum of 1.0 whole time equivalent (WTE) consultant midwife per unit.
- Each midwifery-led service, including freestanding midwifery units and alongside midwifery units operating as distinct service lines, must have a minimum of 1.0 WTE consultant midwife.

Where a provider organisation operates more than one obstetric led or midwifery led unit, the minimum requirement applies to each unit.

In line with population-health-based workforce planning used across the UK, local establishments should increase beyond the minimum where required.

Additional consultant midwife capacity will be required in services where there are:

- higher levels of clinical acuity or complex case mix
- significant health inequalities or disproportionate perinatal outcomes
- geographically dispersed, multi-site or rural/remote care provision
- larger workforce or broader scope of practice requiring senior professional leadership
- specialist clinical pathways
- research and innovation activities
- activities such as teaching, research and curriculum development aligned with higher education institutions
- transformation programmes or strategic service change.

A staffing ratio for midwifery services was articulated in the Royal College of Obstetricians and Gynaecologists (RCOG)/RCM Safer Childbirth report[2]. However, this guidance is outdated as it was based on birth volume and does not reflect current service complexity, modern maternity models, expanded consultant midwife roles, or contemporary UK maternity policy frameworks.

All Trusts and Health Boards should:

- meet the minimum baseline establishment, and
- determine additional consultant midwife capacity through a structured assessment of local need, equity considerations and service complexity, consistent with UK policy approaches to safe and effective maternity staffing.

Expanding role of the consultant midwife

Increasingly, consultant midwives extend their expertise beyond traditional maternity services roles, bringing advanced and innovative midwifery leadership and clinical skills into systems aligned to maternity and the wider women's health agenda. This expansion reflects the complexity of women's health needs across the course of life and the recognised value of midwifery leadership in shaping safe, personalised and equitable care at a systems level. These include:

- ambulance services
- early pregnancy and pregnancy loss services
- commissioning
- public health
- perinatal mental health services
- clinical academia and research
- national/regional clinical boards
- professional bodies, regulators and national organisations.

In these settings, local circumstances would dictate the appropriate consultant midwife numbers.

Increasingly, NHS ambulance services employ consultant midwives to work strategically, optimising pre-hospital or inter-hospital maternity and/or neonatal care. It is recommended that all NHS ambulance services should have 1-2 consultant midwives within their service[4].

Consultant midwives also hold influential roles within professional bodies, regulatory and national organisations. In these roles, they provide expert clinical and professional leadership to inform standards, guidance, education, and policy development. Their contribution includes advising on national consultations, supporting the development and review of professional guidance, contributing to regulatory and safety processes, and representing the midwifery voice within committees and advisory groups. Through this organisational leadership, consultant midwives help ensure that policy, regulation, and professional frameworks are grounded in clinical evidence, workforce realities, and the needs of women, babies, and families.

Consultant midwives across the UK undertake diverse remits reflecting local service needs, yet all work across the recognised pillars of practice. The role needs to be fully integrated and embedded within the system, with variation in deployment and expectations across organisations and countries reduced[5].

Inequity and role dilution have increasingly limited capacity to engage in all pillars of consultant level practice. For the full impact of the consultant midwife role to be executed, organisations must recognise and value their professional and clinical expertise, enabling them to function and integrate across all pillars of practice. Where consultant midwives are required to be on call, this should be for professional and practice issues only and should not impact core functions of the role.

The breadth of settings consultant midwives work in, demonstrates the flexibility and strategic reach of consultant midwifery practice. The RCM advocates for the role nationally and for an increase in numbers across all maternity services and systems.

Consultant midwives and advanced practice

Advanced practice is a level of expertise achieved through additional, specialised, education and experience after initial registration. Consultant midwives are experts and are in a position to lead advanced practice.[1,6]

Consultant midwives and advanced practice complement each other by influencing midwifery practice across clinical care, education, research and leadership. Consultant midwifery is defined by its strategic clinical responsibility, while advanced practice describes a level of practice underpinned by operational experience and master's level education.

A registered midwife working at an advanced level uses evidence informed knowledge, skills and capability to shape, deliver and lead safe and effective care; managing risk, uncertainty and complexity.[1,6] Some roles may include "advanced" in their job title, however, in line with the NMC principles,[6] advanced practice is not role-specific but a level of practice that may be formally regulated in the future. Advanced practice can sit alongside consultant midwives or other senior roles and should not be seen as mutually exclusive. Consultant midwives work at a minimum of advanced level. Advanced practice pathways may support professional development, succession planning and progression into consultant midwife roles, while remaining within the scope of midwifery practice.

Key responsibilities

The RCM CMW/LME Leadership Project[1] highlighted areas of responsibility for consultant midwives: leadership, research, technical skills and policy and strategic awareness. The table below encompasses the competencies within those areas.

High-level competency / macro	Competencies in practice
Shaping and delivering service improvement and innovation aligned with organisational goals	• Leading the implementation of national policy into practice. • Supporting staff development, retention, and morale across maternity teams. • Contribute to service provision implementation and design while supporting clinical operations. • Drive regional and national maternity improvement programmes at organisational level. • Translate national guidance into local implementation. • Translate research into local pathways, guidance and best practice, and able to bridge gaps where clinical precedent does not exist. • Influence multidisciplinary team culture and effectiveness.
Providing expert clinical leadership and assurance on maternity safety and quality	• Implementing best practice from local and national evidence. • Increasing choice and access to birthplace options. • Leading and supporting complex care planning for women requesting care outside medical recommendations. • Consultant midwives create organisational capacity by developing and embedding sustainable improvements.
Leading on clinical research and evaluation	• External awards and peer reviewed publications. • Speaking roles at local, regional and national conferences. • Take on principal investigator roles for clinical trials. • Be the lead researcher in implementation trials and clinical research.
Workforce development	• Mentor midwives to develop future clinical leaders. • Lead multi-professional learning events and simulation training. • Support system wide maternity clinical supervision programmes.
Executive leadership	• Change management and influencing skills, decision-making, coaching, resilience, and emotional intelligence. • Project management and financial skills, including budgeting, report and business case writing for resource mobilisation. • Ensure systems and pathways aim to reduce inequalities in access and outcomes for diverse populations. • Provide clinical insight to board level decisions and governance reviews.
Policy and strategic awareness	• Understanding of contextual factors affecting maternity care. • Advocacy skills, including media and social media communication. • Drive regional and national maternity improvement programmes at organisational level. • Translate national guidance into local implementation. • Translate research into local pathways, guidance and best practice. • Influence multidisciplinary team (MDT) culture and effectiveness.

Organisational value	Qualifications / evidence	Recommendations / developmental actions
• Enhance care provision through demonstrable QI. • Collaborate with clinical education teams to promote and facilitate robust and evidence-based clinical education.	• Master's in any relevant subject. • Doctorate or working towards a doctorate is desirable. • Evidence of leading organisation wide QI or transformation projects. • Portfolio demonstrating measurable improvement outcomes.	• Engage in national leadership programmes. • Build cross system partnerships to sustain innovation and staff development.
• Impact on clinical choices, outcomes, and service user satisfaction. • Strengthen governance processes.	• Evidence of published practice guidance or lead authorship of standard operational procedures. • Active participation in maternity safety reviews.	• Participate in multidisciplinary safety improvement collaboratives. • Mentor and coach advanced clinical practitioners to support local succession planning. • Undertake annual governance and safety leadership updates.
• Embed evidence based practice and research into everyday care. • Link with universities to bridge theory/ practice gaps.	• Demonstrate research leadership, publications, or collaboration.	• Develop and maintain academic partnerships with universities. • Supervise master's degree students. • Supervise QI projects, audits, evaluations and clinical research. • Disseminate findings through national conferences and peer reviewed publications.
• Build a sustainable leadership pipeline. • Strengthen multi-professional learning and collaboration.	• Teaching qualification and contribution to academic programmes. • Evidence of supervision or facilitation roles. • Reflective supervision and continued professional development log.	• Participate in structured mentorship networks. • Key link with universities to support development and evaluation of pre and post registration educational opportunities ensuring they meet workforce development needs. • Develop organisational clinical supervision frameworks. • Lead or evaluate talent development initiatives.
• Ability to address and influence executive boards. • Lead high performance teams.	• Senior Leadership Programme completion (e.g., Nye Bevan or RCM Leadership / Fellowship and Health Education Improvement Wales (HEIW) in Wales). • Documented financial and project management experience. • Evidence of leading multidisciplinary programmes.	• Attend executive level board meetings regularly. • Develop business cases aligned to national maternity priorities. • Seek executive level coaching and demonstrate reflective practice.
• Enhance the reputation of the organisation. • Influence local, regional, and national policy development.	• Advanced knowledge of health policy and strategic systems leadership. • Media training certificate or communications lead experience.	• Engage with national policy consultations. • Represent midwifery at regional/national advisory boards. • Lead communication and advocacy strategies within maternity services.

Impact of the role

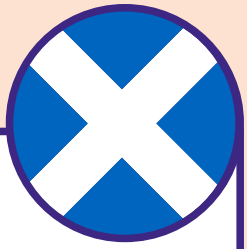
Consultant midwives have a significant impact and influence on strategic direction both locally and nationally.

They have been shown to be key in:

- Increasing choice and access to birthplace and personalised care.
- Engaging in, leading and supporting complex care planning where birth preferences may sit outside national guidance.[5,7,8]
- Increasing access by women to maternity units where consultant midwives have positively improved midwifery practice and experience for women.[9,10]
- Leading and developing safer care initiatives for perinatal women and for neonates requiring urgent and emergency pre-hospital or inter-hospital care in ambulance services.[11]

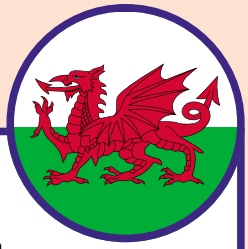
Consultant midwives are pivotal in negotiating, educating, and collaborating with the MDT and for role modelling best practice; leadership, mediation and advocacy, with vision and effective decision making all of which are embodied within the expectations of consultant level midwifery practice and leaders.[12]

Nation specific information



Scotland

In Scotland, consultant midwives sit at a level 8 consultant practitioner level within the Nursing Midwifery Allied Health Professional framework. Consultant midwives are members of the Scottish Consultant and Research Active Midwives network (SCRAM). This network is facilitated by RCM Scotland and is co-chaired by a consultant and research active midwife. The purpose of this network is to provide peer support, share practice, and to undertake work together and raise the profile of the role and its impact. The chair(s) of the SCRAM network sit within the Strategic Midwifery Leadership Group ensuring joined up working and support for the role at national level. There is currently concern about the lack of consultant midwives in Scotland. For more information on consultant midwifery in Scotland, please contact: https://rcm.org.uk/networks/

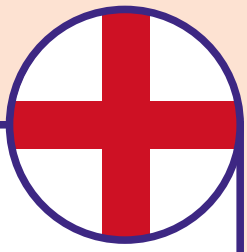


Wales/Cymru

The consultant midwife role in Wales is encompassed by the following five pillars of practice.

- **Expert advanced practice**
- **Strategic service development**
- **Leadership and consultancy**
- **Education, training, and development**
- **Research and evaluation.**

The Consultant Midwives Cymru Forum supports the national and local functions of the role. Wales offers a comprehensive leadership programme jointly funded by RCM Cymru and Welsh Government and there are leadership opportunities via Health Board and Health Education Improvement Wales leadership programmes. For more information on Welsh Leadership or for more information about consultant midwifery in Wales please contact the chair of the Consultant Midwives Cymru or a local consultant midwife at your Health Board.



England

England has the largest number of consultant midwives in the post within the NHS and outside direct NHS services.[5,6,7] Consultant midwives may meet within their regions to offer support, mentoring and networking outside the RCM Consultant Midwife Network.

Northern Ireland

The Northern Ireland Consultant Midwife Forum meets monthly to undertake collaborative regional work supporting midwifery practice. For more information about consultant midwifery in Northern Ireland please contact the RCM Consultant Midwife Network Chair(s) or a local consultant midwife at your organisation.

Strategic clinical and professional leadership

The leadership of consultant midwives is grounded in clinical practice and complements midwifery managers. Their influence lies in strengthening and embedding evidence informed practice to support women's choices and promote safe, high quality care. Consultant midwives lead by example, articulating clear vision, enabling others to achieve excellence, and using their expertise to influence care delivery, policy, and education.

Effective leadership involves envisioning the ideal service and translating that vision into reality through visible collaboration with the director and head of midwifery and the wider organisation. Drawing on deep clinical understanding, consultant midwives inspire and work with MDTs and contribute to both local and national strategic agendas. They impact on service innovation, QI, and drive choice in birthplace and personalised care.[9]

Research

Consultant midwives lead and contribute to evidence generation, dissemination, and translation into practice by driving research programmes within maternity services. They foster research active cultures, conduct research and evaluations, adding to both local, national and international evidence. There are successful joint posts between universities and Trust/Health Boards where consultant midwives are employed across both sectors to drive real change through research. At a minimum, consultant midwives should hold an honorary lecturer position at local universities to allow (support, encourage) an integrated approach to research generation and delivery.

Education

Education of future midwives and clinicians is essential. Consultant midwives are key to bridging the gap between clinical practice and theory. With high strategic and clear oversight of local, regional and national agendas they can enhance their translation into clinical education. Therefore, consultant midwives should be embedded in universities and in organisational education structures.

Across the UK, national networks and frameworks, such as those in Wales, Scotland and Northern Ireland support these ambitions by promoting collaboration and shared learning to improve equity and outcomes.

Practice and service development

Consultant midwives lead innovation, quality assurance, and pathway redesign to improve safety, and choice. As experts in QI methodology and systems approaches, they lead interdisciplinary projects that align with national maternity priorities, developing evidence-based models of care and bridging gaps between research and service delivery.[5,9] Consultant midwives need strategic vision, driving improvements in collaboration with Health Boards/Trusts and wider regional and national systems.

Expert clinical practice

As autonomous clinical leaders, consultant midwives bring advanced knowledge, experience, and authority to maternity care. Their presence ensures that clinical leadership is rooted in frontline experience and professional credibility, strengthening governance and advocacy for women's choices through the translation of evidence. They provide critical thinking when working with a lack of evidence, synthesising research and practice to support informed care for women and babies.

Consultant midwives understand the demographics of the local population both geographically and the intersectionality of inequalities, taking a life course perspective approach to care. Consultant midwives model excellence and nurture the professional growth of colleagues, ensuring that maternity practice remains safe, responsive, and woman centred and focused on population health needs.

Succession planning

Succession planning ensures that the consultant midwife function continues to provide strategic direction, clinically and professionally in midwifery practice while remaining embedded in national and institutional priorities.

Key considerations for succession planning include:

- **Identify talent early**: identify potential consultant midwife successors through appraisal, observation, and leadership exposure to enable personal and professional development into the role.
- **Create development pathways**: offering development roles, shadowing opportunities, and support for academic advancement to ensure a smooth transition to the consultant midwife role.
- **Institutional support**: organisations must recognise the strategic importance of the consultant midwife role and resource its succession adequately within workforce planning.

Succession planning should aim to provide continuity and preserve institutional memory. It should also allow innovation, enabling future consultant midwives to co-design service that relfect emerging priorities such as digital maternity care, health equity, safe high quality care and midwifery leadership.

Preparing to become a consultant midwife

Currently there are no formal, nationally recognised development programmes for consultant midwives in the UK. This document does not focus on becoming a consultant midwife. If aspiring to the role, or wishing to develop a consultant midwife role, see the RCM 'Your Career Pathway' resources.

Networking and support

The RCM Consultant Midwives Network

The RCM supports consultant level midwifery practiticioners[14] as a key member of the strategic leadership team and as an essential member of the workforce. Since 2000, the RCM has facilitated a UK network for consultant midwives. This network remains active and represents the four countries of the UK and Channel Islands. In England, consultant midwives have created regional networks of practice. Within Scotland, Northern Ireland and Wales and the ambulance service, consultant midwives meet nationally, offering support, sharing best practice and collaborating on initiatives, research and evaluation.

Recommendations

The RCM, in partnership with the Consultant Midwives Network and national stakeholders, makes the following recommendations to ensure that the consultant midwife role is recognised, supported, and embedded as a vital component of safe, high quality, and equitable maternity care across all four UK nations and the Channel Islands.

Domain / theme	Key recommendation or consideration	Strategic rationale / organisational value	Actions for implementation
1. National and organisational commitment	NHS organisations and national policymakers should recognise consultant midwives as integral to maternity leadership structures, with posts established and sustained in every maternity system.	Strengthens national consistency and ensures consultant midwives are embedded across all maternity systems.	• Ensure consultant midwife posts are included in local, national and regional workforce planning. • Clear strategy for succession planning is in place at local, regional and national level • Ensure every NHS organisation employs consultant midwives. This includes ambulance services. • Adopt clear national ratios and role expectations for consultant midwife posts to ensure equity of access.
2. Equity, banding and career progression	Ensure parity and transparency in Agenda for Change banding, with consultant midwives positioned appropriately to reflect clinical and strategic accountability.	Promotes fairness, retention, and recognition of consultant level expertise across all nations.	• Develop attractive leadership pathways that reflect the scope and responsibility of consultant midwife roles. • Monitor national change in distribution and banding to address inequities.

Domain / theme	Key recommendation or consideration	Strategic rationale / organisational value	Actions for implementation
3. Clarity of role and governance	Consultant midwives should have clear job descriptions and governance structures reflecting the 4 (or 5, in Wales) pillars of practice, reporting directly to directors of midwifery or organisational equivalent.	Ensures accountability, independence, and alignment between operational and clinical leadership.	• Embed accountability for implementation and strategic direction within role design in local, regional and national agendas. • Ensure consultant midwife contributions are sought for maternity safety, quality, and decision making across systems and at national level.
4. Education, research and professional development	Develop national pathways for aspiring consultant midwives, including structured leadership and research opportunities, with appropriate funding and support.	Builds a pipeline of research active and leadership-ready consultant midwives.	• Doctoral and academic development programmes. • Where a post holder has a PhD, support ongoing post doctorate development. • Establish mentorship and fellowship schemes to strengthen progression and retain senior expertise. • Ensure collaboration with higher education institutes (HEIs) including educational developments and curriculum design. • Utilise the expertise of consultant midwives in teaching at HEIs across disciplines.
5. System leadership and collaborative practice	Consultant midwives, heads of midwifery, and system leaders should work collaboratively to align operational and clinical strategies.	Creates cohesive maternity leadership and enhances the effectiveness of maternity systems.	• Align consultant midwives in seniority with heads of midwifery or equivalent to ensure complementary leadership. • Embed consultant midwives within local, regional and national groups to provide expert clinical insight and influence • Facilitate cross system collaboration such as regional and national improvements and service design. • Ensure consultant midwives working outside maternity and neonatal services are appropriately aligned to a senior clinician in their organisation.
6. Sustaining excellence and accountability	Health system regulators and professional bodies should embed consultant midwife standards within national maternity assurance frameworks.	Ensures long term consistency, transparency, and quality across all maternity systems.	• Include consultant midwife outputs and activities within annual quality and leadership reports locally, regionally and nationally. • Align consultant midwives objectives with organisational people and quality strategies. • Account for national progress within two years, publishing findings and next steps.

Domain / theme	Key recommendation or consideration	Strategic rationale / organisational value	Actions for implementation
7. Consultant midwife appointments and strategic fit	Board considerations for appointments: align with national models for consultant midwives; reflect a commitment to safety, transformation, equity and improvement in care quality.	Position consultant midwives as senior clinical leaders contributing to strategic direction and governance.	• Develop attractive career pathways, ensuring appropriate banding and progression and development opportunities. • Account for consultant midwives within strategic workforce plans. • Ensure full capacity is achieved across all practice domains by ensuring job description standardisation.
8. Role design and reporting lines	Accountable for clinical governance input, policy implementation and strategic direction of midwifery practice and pathways.	Strengthens collaboration between operational and clinical leadership and supports assurance frameworks.	• Consultant midwives to report to the director of midwifery or equivalent while working in partnership with heads of midwifery or equivalent. • Ensure consultant midwives working outside maternity and neonatal services are line managed by an appropriate senior clinician to ensure strategic influence across the pillars of consultant practice.
9. Recruitment strategies	Ensure posts are structured to maximise impact and sustainability.	Enables consultant level clinical leadership to function effectively within maternity services.	• Employ additional consultant midwives in larger organisations to provide sufficient leadership capacity. • Create development roles and succession pipelines.
10. Strategic assurance and continuing development	Demonstrate clear links between consultant midwife activity and organisational priorities.	Embeds accountability and continuous improvement within maternity leadership.	• Link consultant midwife staff development and care pathway innovation.

Summary ambition

Embedding and sustaining consultant midwives across all UK maternity systems and other partner services is a strategic investment in safety, quality, equity, and workforce excellence.

Realising this ambition requires joint leadership and accountability across professional, educational, and policy domains to ensure every woman, family, community and maternity workforce benefits from the expertise and influence of consultant midwives.

More information

The RCM website - www.rcm.org.uk - hosts the RCM refreshed Your Career Pathway site where you can find examples, information and interactive accounts on becoming and being a consultant midwife.

References

1. Royal College of Midwives. *RCM CMW/LME Leadership project: developing midwifery leadership pathways in practice and education.* February 2024. https://rcm.org.uk/publications/rcm-cmw-lme-leadership-project-developing-midwifery-leadership-pathways-in-practice-and-education/ [Accessed 15 August 2024].
2. Royal College of Obstetricians and Gynaecologists, Royal College of Midwives , Royal College of Anaesthetists, Royal College of Paediatrics and Child Health. *Safer childbirth: minimum standards for the organisation and delivery of care in labour.* London: RCOG Press; 2007. https://rcm.org.uk/wp-content/uploads/2024/06/safer-childbirth-minimum-standards-for-the-organisation-and-delivery-of-care-in-labour.pdf [Accessed 15 August 2024].
3. Wilson C, Brigante L. Consultant midwives in the United Kingdom, the Channel Islands and the Isle of Man: what has changed? A two-year follow-up of the Consultant Midwife Mapping Project. *MIDIRS Midwifery Digest 2019;* 29(3):297-301.
4. HM Coroner for West Sussex. *Arthur Trott: Prevention of future deaths report.* London: Court and Tribunals Judiciary; 2022. Ref: 2022-0387. https://www.judiciary.uk/prevention-of-future-death-reports/arthur-trott-prevention-of-future-deaths-report/ [Accessed 16 January 2026].
5. Brigante L, Wilson C. Clinical midwifery leadership: findings from a national survey in the United Kingdom. Submitted to: *MIRDIS 2025* [pending publication].
6. Nursing and Midwifery Council. *Principles for advanced practice.* London: NMC; 2025. https://www.nmc.org.uk/globalassets/sitedocuments/advanced-practice-review/principles-for-advanced-practice-english.pdf [Accessed 1 December 2025].
7. Public Health Agency. *Regional framework for midwives and obstetricians who support women requesting care outside of guidance in Northern Ireland.* April 2023. PHA Regional Framework for Homebirths (hscni.net) [Accessed 15 August 2024].
8. Royal College of Midwives. *Care outside guidance: caring for those women seeking choices that fall outside guidance.* March 2022. https://www.rcm.org.uk/media/5941/care_outside_guidance.pdf [Accessed 15 August 2024].
9. Walsh D, Spiby H, McCourt C, Coleby D, Grigg C, Bishop S et al. Factors influencing utilisation of 'free-standing' and 'alongside' midwifery units for low-risk births in England: a mixed-methods study. *Health Services and Delivery Research* 2020; 8(12). https://doi.org/10.3310/hsdr08120 [Accessed 15 August 2024].
10. Guest DE, Peccei R, Rosenthal P, Redfern S, Wilson-Barnett J, Dewe P, et al. *An evaluation of the impact of Nurse, Midwife and Health Visitor Consultants.* London: King's College London; 2004. Introduction (nursingleadership.org.uk) [Accessed 15 August 2024].
11. Humphreys A, Ranganathan M. A qualitative exploration of midwives' and ambulance clinicians' experiences working together. *British Journal of Midwifery* 2025;33(2):92-100.
12. Pezaro S, Zarbiv G, Jones J, Feika ML, Fitzgerald L, Lukhele S et al. Characteristics of strong midwifery leaders and enablers of strong midwifery leadership: an international appreciative inquiry. *Midwifery* 2024;132:103982 https://doi.org/10.1016/j.midw.2024.103982 [Accessed 15 August 2024].
13. Wilson C, Hall L, Chilvers R. Where are the consultant midwives? *British Journal of Midwifery* 2018;26(4):254-260.
14. Royal College of Midwives. *Strengthening midwifery leadership: a manifesto for better maternity care.* 2019. https://rcm.org.uk/wp-content/uploads/2024/06/strengthening-midwifery-leadership-a4.pdf [Accessed 2 December 2025].

Other resources

Coster S, Redfern S, Wilson-Barnett J, Evans A, Peccei R, Guest D. Impact of the role of nurse, midwife and health visitor consultant. *Journal of Advanced Nursing* 2006; 55(3):352-63.

Department of Health. *Making a difference: strengthening the nursing, midwifery and health visiting contribution to health and healthcare.* 1999. http://www.nursingleadership.org.uk/publications/nurstrat.pdf [Accessed 2 December 2025].

NHS Employers. *NHS Terms and Conditions of Service (Agenda for Change).* 2024. https://www.nhsemployers.org/topics/pay-pensions-and-reward/nhs-terms-and-conditions-service-agenda-change [Accessed 15 August 2024].

NHS England. *Advanced Clinical Practice in Midwifery: Capability Framework.* 2022. https://advanced-practice.hee.nhs.uk/resources/midwifery-resources/midwifery-capability-framework/ [Accessed 2 December 2025].

NHS England. *Advanced Practice in Midwifery Implementation Guide.* 2023. https://advanced-practice.hee.nhs.uk/advanced-practice-in-midwifery-implementation-guide/ [Accessed 2 December 2025].

NHS England. *Consultant Level Practice.* 2025. https://advanced-practice.hee.nhs.uk/consultant/ [Accessed 2 December 2025].

NHS Improvement. *Safe, sustainable and productive staffing: an improvement resource for maternity services.* 2018. safe-staffing-maternity.pdf (england.nhs.uk) [Accessed 15 August 2024].

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