Your Maternity Journey, Your Voice: Women's Experiences in Scotland

The Scottish Women's Convention

May 2025

Contents

Scottish Women's Convention

An Introduction from SWC Board Member, Mary Ewen

I have had the privilege of having the most fabulous professional experience available; working within the maternity system for over 40 years. Reflecting back to my midwifery training in 1978/79, I remember the concept of being '**with women**' as core to the role of midwifery. I was taught to walk the pregnancy journey with women; to teach her about her body and how it was changing; to grow in confidence; to grow her baby; to give birth; and then meet and care for this new wee person who would become a part of the country's future.

Many of the skills and knowledge gained, were taught to me by women giving birth in a small maternity home in Aberdeen. This was a midwifery-led birth centre for all women experiencing a normal pregnancy. I also learned about the need for intervention and support requiring obstetric management within the main maternity hospital. My extensive experience working in variable community settings further developed my respect for women's role across the maternity journey.

However, recent Roadshows carried out by the Scottish Women's Convention (SWC) have left me wondering if these key elements have been pushed to the wayside in place of a medicalised model of care. Women residing rurally have experienced a significant reduction in service-provision and at a national level there is an increase in medical interventions - such as induction and caesarean section - generalised birth trauma, and postnatal mental health problems.

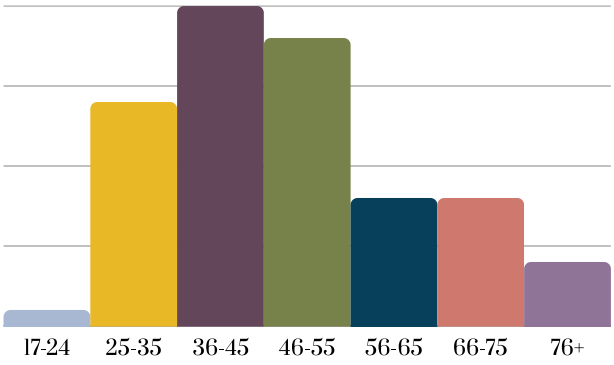
To help understand the background to these alarming changes, the SWC have commissioned the following work, asking women to consider their maternity experiences from early pregnancy to the postnatal period. This has included an online survey, as well as a conference event which facilitated expert speaker contributions and roundtable discussions. Additionally, to limit potential barriers to participation, the SWC provided creche facilities, as well as up-to-date maternity data. I hope that through this work, the recommendations highlighted will allow for a return to a women-centred service, which promotes care and compassion for patients and staff.

Key Recommendations

- Urgently increase the number of midwives working within Scottish maternity care.
- Centre women throughout maternity care, with a focus on consent and respect.
- Ensure that trauma-informed approaches are taken to consider the impact of miscarriage and/or baby loss.
- Provide women with guaranteed continuity of carer throughout their pregnancy.
- Expand availability of NHS-provided postnatal and antenatal care appointments to reduce the impact of inequalities.
- Invest in breastfeeding support, using a combination of public and third sector providers.
- Embed cultural safety awareness training throughout NHS Scotland.

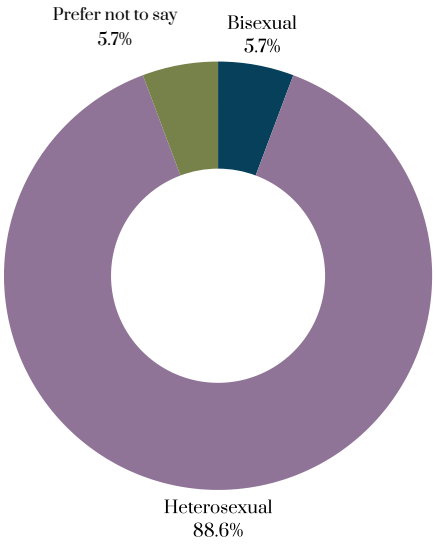
Who Took Part

Age

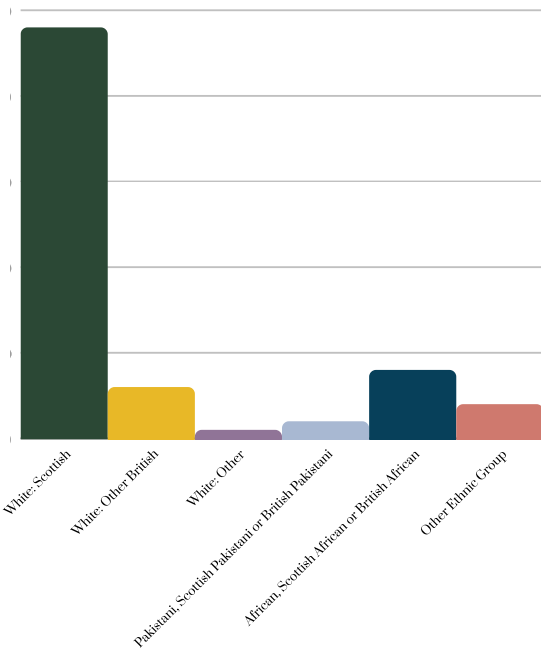


The SWC is funded to engage with women from across Scotland. This report reflects the diverse views and experiences of these women.

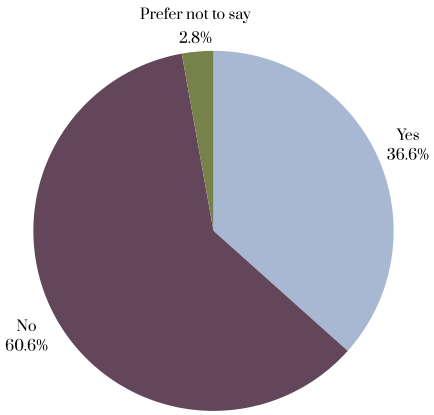
Sexual Orientation



Ethnicity



Do you have any physical or mental health conditions or illnesses lasting or expecting to last 12 months or more?



90% of survey respondents had given birth in a Scottish hospital.

Conference Speakers

Carol Mochan MSP

Carol is a Scottish Labour politician, becoming an MSP for the South Scotland region in 2021. She grew up in Ayrshire, going on to work in the NHS as a dietician for 17 years, while also being an active trade union member.

Carol fulfils two party roles, including Deputy Party Spokesperson on Public Health and Women's Health. She is also the Deputy Convenor of the Women's Health Cross-Party Group at the Scottish Parliament.

The first conference speaker was Carol Mochan MSP from the Scottish Labour party. Carol began by emphasising the important role opposition parties play within the Scottish Parliament, contributing to good governance procedures.

- "…I really believe that to get a good government, you need a good opposition. So, my job is to make sure that I am questioning the government…to really scrutinise their actions"

Carol went on to explain the multiple formats used within the Scottish Parliament to further accountability, including, written questions, committees, and cross-party groups (CPGs). As an MSP, Carol has contributed written questions on a range of topics, with a significant focus on health and wellbeing as a result of her party role. In this capacity, she is a member of the Health Committee at the Scottish Parliament, discussing key policy processes with relevant government Ministers. Carol also carries out duties as Deputy Convenor of the Women's Health CPG, providing her with an opportunity to engage with organisations and lived experience individuals.

- "We can also do written questions…It's quite a helpful way of letting the Scottish Government know that we're watching what is happening in that particular policy area."
- "There is the Health Committee…it scrutinises…and it is useful to discuss the direction of policy in an informal environment."
- "The Scottish Parliament also has the CPG on Women's Health…They allow us to engage with professionals, organisations, and also individuals with lived experience"

Carol closed her contribution by reflecting on maternity issues raised by constituents and CPG members. She highlighted the barriers rural women have when accessing healthcare, emphasising the importance of localised service-provision. Carol also explained that student midwives face significant hardship, believing that more attention is needed in this area.

- "On an individual basis, a lot of constituents will approach us about rural maternity. We also get quite a lot about community services…what's really important to [women] is their local service and their ability to retain and receive a service locally."
- "It's not easy becoming a midwife, because of the increased cost of being a student"

> "I understand that we need to get that balance right; we need really good, powerful [maternity]services, so we get good delivery, but then constituents have to have that as local as possible."

Jaki Lambert

Jaki is the Country Director of the Royal College of Midwives (RCM), where she advocates for midwives and maternity support workers with Scottish Government, Health Boards, and in the workplace. Prior to this, she was the Professional Midwifery Advisor to the Scottish Government, where she was seconded from her role as Head of Midwifery in Argyll and Bute.

Jaki has nearly 30 years' experience across clinical practice, education, research and leadership. She has served two terms as a fitness to practice panel member and was a Consultant Midwife after returning from working in the Centre for Maternal and New-born Health at the Liverpool School of Tropical Medicine. She worked with teams in Namibia, Zimbabwe and South Africa on capacity building implementation research programmes.

The second speaker of our conference was Jaki Lambert, Country Director of the RCM. Jaki provided women in attendance with a general understanding of changes within maternity services. She highlighted the increase in interventions, such as caesarean sections and inductions, explaining that this had changed the working patterns for midwives.

- "…going back to 1976, about 75% of births were vaginal, but in the present day, this is now half. All of our workforce is built on that 75% of women giving birth vaginally, but the workload is completely different, because the intervention rates are completely different."
- "If someone comes in to have a baby, building a relationship is one piece of work, but when someone comes in and they're on the ward for four days being induced and then requires a caesarean section, plus the community care afterwards, that's a huge workload."

When considering what drove this increase, Jaki proposed multiple explanations. She stated that the wider population's expectations have increased, resulting in a higher demand on the current workforce. Additionally, Jaki highlighted the change in the demographic profile of mothers, with women having children later in life, with this potentially creating more complex pregnancies.

- "Public expectations change. Now, that's a good thing; we should all want more and better, but the resources haven't been put in place to make that possible."

She did however suggest that the most likely explanation can be attributed to long-term austerity measures put in place at a UK-level. Focusing on the impact of austerity, Jaki stated that women were often significantly disadvantaged by the intersection of inequalities. This was then worsened for women with multiple protected characteristics or women who live rurally in Scotland. Ultimately, through sustained disadvantage, women throughout the country face poorer outcomes, with this largely being dependent on their life experiences.

- "…if you're a woman in Scotland, impacted by the intersectionality of inequalities, then you will have a shorter lifespan and a shorter healthy lifespan – there are four areas in Scotland where the healthy life expectancy is only 54, while the average age that women give birth is around 30."
- "If we do proper public health work and bring the right services around people, then we can address those inequalities"

Jaki then went on to emphasise the importance of midwives in improving health levels for women and families throughout Scotland. She explained that evidence at a global level has consistently shown that midwifery care positively impacts maternity journeys. Yet, despite this evidence base, austerity measures over the past 10 years have eroded midwife numbers. Also, she highlighted that a significant proportion of current midwives are relatively new to the field and that there are few clinical educators. Jaki went on to explain that policy commitments were often not accompanied by effective resourcing, as evidenced by changes to employee numbers. She advocated for a preventative approach through increased staff, viewing maternity services as an opportunity to alleviate social inequalities.

- "…the biggest intervention that makes a difference is midwives. There's a huge evidence base that shows what makes the difference is that relationship with a midwife"
- "So, in the past 10 years, we have not seen a realistic increase in the number of midwives in Scotland. What we have seen is the impact of austerity and of inequalities."
- "…32% of midwives are students and Band 5 [employees]…it's great that we have them, but they need time and support…We have very few clinical educators…so on top of current workloads [for experienced midwives] that is a lot."

Finally, Jaki provided women in attendance with the actions and solutions provided by the RCM. Jaki explained that the RCM work effortlessly on behalf of midwives and maternity support workers, to ensure their needs are catered for. They have produced multiple recommendations which focus on improving conditions for workers, highlighting the value in retaining a happy workforce. Jaki stated that an improved level of care could be achieved for service users and providers through a human-rights based approach. Additionally, Jaki highlighted successful initiatives in England surrounding training. In England, apprenticeship routes have been developed which allow women to be paid while completing their education pathway. She believed that offering similar training routes in Scotland could be effective in diversifying the maternity workforce, again, improving healthcare experiences for a wider range of women.

- "…99% of midwives in Scotland are women…but we are only 2% of the workforce, which is tiny in terms of the health service. So, we have to do everything we can to be heard"
- "Now, one of our manifesto commitments is around the spaces where people give birth, because for the midwives in the room, spending a 12-hour shift in a space where you might not have access to real light, you've got strip lighting, you've not got access to toilets nearby. This is about everybody's human rights."
- "…it's very costly to become a student and give up work. In England, they very successfully organised apprenticeship routes and that's a way for women to be paid while training. If we could have that, that would begin to change the demographics that we have. That's something that we have campaigned for and hopefully it will get implemented."

> "What maternity services look like in Scotland matters to every single one of us and my job is to advocate for the profession, because if midwives work in environments, where they can thrive…that creates really good quality care."

Dr Isioma Okolo

Dr Okolo is a consultant obstetrician and gynaecologist, global health researcher, maternal health advocate and leader in advancing racial equality in healthcare. She is dedicated to addressing the disparities faced by racial and ethnicity minoritised women and birthing people. She does this through her clinical work, advocacy, community grass roots engagement, public speaking, and mentorship.

She sat on the Scottish Government Group for Racialised Maternal Inequalities and the Race Equality Taskforce at the Royal College of Obstetricians and Gynaecologists. She is a trustee of Amma Birth Companions and Director of KWISA, women of African and Caribbean Heritage in Scotland. She is the convenor of the KWISA-NHS Lothian initiative- Nothing About Us Without Us – a community participatory initiative aimed at promoting birth equity by promoting positive pregnancies for Black women living in Scotland.

Our third speaker was Dr Okolo, a consultant obstetrician and gynaecologist. Dr Okolo began her contribution by providing a lived example of the unequal access to healthcare experienced by racially minoritised women.

Through the example of 'Aisha', Dr Okolo evidenced the continued disadvantage faced by ethnic minority women within the NHS. For example, Aisha, whose first language was not English, was labelled as having "linguistic challenges". This labelling resulted in Aisha being pushed towards medical intervention during her pregnancy, including induction and caesarean section. After surgery, Aisha then experienced internal haemorrhaging as a direct result of delayed escalation by medical staff. Dr Okolo reflected that this was most likely due to poor understanding amongst the NHS workforce of presenting symptoms in ethnic minority women.

Dr Okolo went on to highlight that examples such as Aisha's were unfortunately common within Scotland. Similar stories were provided throughout KWISA's 'Nothing About Us Without Us' report and Amma Birth Companions' 'Birth Outcomes and Experiences' report. Both reports highlight the structural barriers experienced by racially minoritised women. Dr Okolo did emphasise that the majority of medical staff treat patients equally, however the wider structure of the health system actively disadvantages those who do not fit a pre-determined model. This model is largely based on patriarchal norms, limiting the likelihood of positive outcomes for individuals who deviate from this.

- "[Discrimination] is systematic; it's structural."
- "We are trained in a system that is set to a default, which currently in Scotland is male, white, cis-gendered, heterosexual, Christian, normal BMI, and non-disabled. So, if you don't fit into that category, then you are more likely to experience adversity."

To counter the influence of structural racism within Scottish healthcare, Dr Okolo suggested improved engagement with racially minoritised communities. Through her work with Amma Birth Companions and KWISA, Dr Okolo has witnessed first-hand the extractive nature of consultation processes. She explained that minority groups are often spoken to, yet are rarely included in evaluation processes, limiting impact. Dr Okolo went on to state that to enable significant change, racially minoritised women should be invited to participate

in accountability mechanisms. She also highlighted the need for this to be accompanied by improved funding and capacity-building for the third sector.

- "Often racially minoritised community groups like Amma and KWISA are consulted in a very performative way, in an extractive, tokenistic way"
- "…the only solutions that I would argue we should focus on, are those provided by the people with lived experience and expertise, but often they are never in the room. They may be consulted along different stages of implementation, but never in evaluation."
- "Those of you who work in the third sector will know that funding cycles are very challenging or unrealistic, because most women and pregnant people's lives do not revolve around funding cycles."

Dr Okolo also proposed that relationship building was key when improving outcomes for ethnic minority women. She explained that currently many women do not trust health providers, actively limiting the impact of any well-meaning policy. Moreover, Dr Okolo presented further evidence to highlight the need for improved engagement with racially minoritised women. She stated that despite ethnic minority women making up a small proportion of the Scottish population, they are approximately 15% of the pregnant population. Therefore, improving ethnic minority women's experiences of maternity care will likely benefit Scotland as a whole.

- "…unfortunately, our service-users do not trust us, and why would they? They see the data on the news…Black women are often described as 'difficult to reach'. We are very easy to reach; you just need to reach us!"
- "…approximately 15% of our pregnant population are ethnic minorities, and that number is increasing. So, that is a requirement for us to adapt aspects of our cultural diversity and safety into the care that we provide."

To conclude her contribution, Dr Okolo explained that changes must be made to mandatory training within NHS Scotland. She stated that training modules are currently ineffective, generally placing an increased workload on an overburdened workforce. Dr Okolo also proposed that healthcare providers must be given increased resources, with a preventative model taken to care rather than the existing reactionary approach.

- "We know that there are too many mandatory training bits to do. Another equality and diversity thing or cultural sensitivity thing, for many of us, makes the heart sink. So, the question is around how we do that training. How do we adapt it in a way that makes sense?"
- "…we need resources. We have no money, there's never any money, but my question is where do you want to pay the price? Do you want to pay that price today, investing in racially minoritised women's health…or do you want to pay it down the road in terms of unnecessary inductions, unnecessary midwifery contacts, unnecessary theatre time, unnecessary additional days spent in hospital?"

> "The evidence is there, it's always been there…in the stories from our women, stories from midwives and doctors and nurses who bear witness to these [racialised] disparities, day in and day out."

Rosie Kennedy

Rosie is a psychotherapist and perinatal mental health specialist with over 12 years of experience supporting families through the emotional challenges of pregnancy, birth, and early parenthood. She is the CEO and Co-Founder of Nurture the Borders, a Scottish charity providing therapeutic and peer-based support to parents across the Scottish Borders. Rosie integrates her clinical expertise with lived experience as a mother of three, offering trauma-informed support that empowers parents to recover and thrive. Her work is grounded in compassion, accessibility, and a commitment to reducing inequalities in maternal and infant mental health.

Our final speaker of the day was Rosie Kennedy, CEO of Nurture the Borders. Rosie reflected on her experiences of giving birth, with this strongly influencing the decision to establish her charity. She explained that after three pregnancies the knowledge gained, equipped her with the ability to provide support for mums who were struggling with their mental health. Rosie highlighted the likelihood of poor mental health outcomes for pregnant women and new mums, focusing on the physiological, psychological, and social elements of pregnancy.

- "My first birth was a pretty traumatic experience and left me really, really struggling…my mental health took a real dive…So, further down the line, I thought that we should do something about it because there was nothing for women who were struggling."

Rosie went on to explain the journey of establishing Nurture the Borders. She stated that after an initial six months of funding from the National Lottery, general outcomes were so positive that the organisation grew significantly, now supporting over 200 women. This support takes a person-centred approach, working with women based on individual need.

- "I worked with 17 women, and what we did was we would go out to homes and listen, really listen, and…we started to take a person-centred approach."
- "It was the stories that really made the difference. Women told us how they felt when they were listened to, supported. It made such a difference to them, to their family"

In recent years however, the organisation has faced a range of challenges as a direct result of the Covid-19 pandemic; Rosie explained that during this time, referrals to the service rose by 150%. This has also been witnessed within the NHS, with the third sector stepping in to provide statutory services. To improve the situation in Scotland, Rosie proposed multiple solutions, such as continuity of care and early intervention.

- "As a service, we've seen people being referred having more complex challenges…What we've seen is that there have been challenges for the NHS to respond, which has left our charity…being flooded with referrals…since there are no statutory services for them."
- "…one solution is continuity of care, that's so important, that's what families tell us. Having the support when you need it, and being there throughout the process is so important."
- "Early intervention, not waiting until there is a crisis, not firefighting, but getting in there early"

> "Everyone wants to hold the baby, but who wants to hold the mother?"

Women's Voices

The following section will outline the views of women consulted, following the pregnancy journey from antenatal care, through birth experiences, postnatal care, and miscarriage.

Antenatal Experiences

Early pregnancy is characterised by encounters with antenatal care. Antenatal care is commonly practiced by midwives and obstetricians, aiming to provide women with vital information surrounding healthy pregnancy and birth. Women in Scotland are entitled to eight to 10 medical appointments[1] and are also encouraged to attend community-based groups and classes.

Antenatal Appointments

Antenatal appointments provide incredible value for pregnant women, identifying health conditions while also enabling relationship building with midwives. Through our survey, we can suggest that women in Scotland view antenatal care positively, with the majority stating that their appointments were **accessible**, **frequent,** and **informative**. Women also felt that staff were friendly and helpful, assisting them to feel empowered in their pregnancy. Midwives however stated that their ability to provide care had become limited by an increased onus on data-gathering, believing that additional time and/or appointments should therefore be provided.

Private Antenatal Scans

While NHS antenatal appointments were viewed positively, a small proportion of women did provide examples where they had sought additional private scans.

"I did pay for an extra scan privately for peace of mind, due to high levels of anxiety after losing our previous child."

The Ferret however, reported in 2022, that just five of the 45 Scottish private clinics were registered with the national regulatory body.

As has been established in the previous section of this report, increased midwife interaction contributes to positive outcomes for mother and child. This was strongly supported through women's antenatal experiences, with some providing examples whereby the relationship built with midwives had significantly improved their pregnancy experience. Alternatively, those women who had had numerous midwives, explained that they would have preferred a single midwife, recommending a model of continuous care. Women also proposed that this care should be provided within the community, enabling a return to localised services.

- "The staff were always very friendly and approachable. They talked us over everything on the screen every time and were always happy to answer questions and get to know us better."
- "I switched to a homebirth…and my experience of antenatal appointments immediately improved, as I was then given a consistent midwife…I think women should be provided with the same midwife throughout pregnancy regardless of where they plan to give birth."

[1] NHS Inform. (2025). Your Antenatal Care. Available at: https://www.nhsinform.scot/ready-steady-baby/pregnancy/your-antenatal-care/your-antenatal-care

Antenatal Classes

Women were also asked to consider their experiences of antenatal classes. Of those who had attended sessions, many had gained useful information relating to childbirth and early parenthood. They explained that through informative, midwife-led sessions, women were equipped with the knowledge to enter labour. It was also suggested that antenatal classes improved mental wellbeing, encouraging peer support and knowledge sharing. Some women, however, did not find them helpful, explaining that they lacked sufficient depth and did not cover difficult topics, such as postnatal depression. They went on to state that there was an overemphasis on pregnancy and labour, with childcare guidance lacking.

- "[Antenatal classes were] good quality, led by an experienced midwife."
- "…there used to be a lot more, maybe not formal antenatal classes, but gathering of pregnant women…and that's where the social element would come it…it was peer support."
- "I don't think I felt prepared for caring for my baby after the classes. From memory I think the class covered pregnancy more than parenting."

Concerningly, a number of women struggled to access antenatal classes. Some explained that they had not been offered classes or there were none in their local area. This latter issue was identified more prominently by women residing in rural Scotland, with the erosion of community services resulting in isolation. Similar issues have been identified throughout SWC Roadshows, with the experiences of women in Wick notably featuring the impact of centralisation on maternity services. Overall, the importance of antenatal classes was championed, with women calling for an increase in availability, as well as an expansion of class content.

- "I was never offered antenatal classes and feel I would've benefited from them"
- "There were [no antenatal] classes available in my area."
- "[Antenatal classes] were cancelled after two as they didn't have any staff to continue them. No further support was given."

Fertility Treatments

The topic of fertility was also raised by women, with a number having utilised fertility treatments. Generally, those who used this service viewed the care positively, stating that NHS workers were helpful and friendly. Women also explained that they were provided with sufficient information about the fertility options available to them, enabling them to make an informed choice. However, rural women reported having to travel extensive distances to access fertility services, worsening an already difficult experience. This links with wider calls for a return to localised health services - an issue which remains prominent across Scotland.

- "The process itself was well explained and what we would be offered was clear."
- "The fertility centre…always seemed eager to accommodate us in any way"
- "…the distance between [rural location] and Aberdeen took its toll and was very hard work around appointments and work/travel"

Birthing Experiences

In Scotland, there were 44,383 maternities recorded in 2023/24[2], with women's experiences varying widely across the country. As highlighted by SWC Board Member, Mary Ewen, there has been a significant increase in medical interventions during pregnancy, with only 45.3% of births in Scotland being vaginal[3]. Caesarean sections are instead becoming increasingly common, with Scotland having the highest rate in the UK[4]. To understand the impact of this trend on women's experiences of maternity care, we asked women to consider the labour process and the care received from medical professionals.

Advocacy

Throughout discussions, the topic of 'advocacy' arose, with many women stating that they had felt "**powerless**" during the birth process. Women recounted experiences permeated by a sense of trauma, whereby staff had dismissed their wants and/or excluded them from decision-making. This had exacted an emotional toll on women already physically exhausted by labour and childbirth. Some proposed that limited discussion with women was largely motivated by a medicalised model, with women suggesting that care itself was being eroded. Women linked this with a wider issue of misogyny, with women's voices being systematically undervalued, preventing them from participating in decision-making processes. Those with additional characteristics, such as disability, recounted further barriers to self-advocacy within maternity care. Disabled women explained that despite making informed choices, they were treated with disdain from staff, believing that this was likely the result of prevalent ableism.

40%

of survey respondents stated that they were not given the opportunity to choose where they would like to give birth.

- "…in childbirth you don't get a voice, because it's all so medical and you need someone to say that it isn't right."
- "Women need to be listened to more; I work for a charity that supports women…and it frequently comes out that they're not being listened to."
- "The care I received was extremely poor; I believe that this was because I have autism…I was treated as if I lacked intelligence."

Birth plans were raised as a potential solution to this issue, whereby women are provided with the opportunity, pre-labour, to outline key preferences. However, when questioned on the viability of birth plans, women explained that plans were rarely adhered to, and as many as **52% of survey respondents stated that their birth plan was not followed**. Midwives did

[2] Public Health Scotland. (2024). Births in Scotland. Available at: https://publichealthscotland.scot/media/30265/bis_report.pdf
[3] Public Health Scotland. (2024). Type of Birth. Available at: https://scotland.shinyapps.io/phs-pregnancy-births-neonatal/
[4] Scottish Government. (2021). The Best Start: Review of Caesarean Section Rates in Scotland. Available at: https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2021/09/best-start-review-caesarean-section-rates-scotland/documents/best-start-review-caesarean-section-rates-scotland/best-start-review-caesarean-section-rates-scotland/govscot%3Adocument/best-start-review-caesarean-section-rates-scotland.pdf

state that the term 'birth plan' itself was problematic, suggesting that it created unrealistic expectations. They emphasised that instead confidence building must occur during the antenatal period, to empower women to ask relevant questions and self-advocate.

- "…about birth plans, and of course, you know that things can change on the day, but any time I mentioned parts of mines, it would be completely dismissed"
- "I had a birthing plan, which had to be put aside quite quickly once things started to progress…I had requested to be on my feet, but they didn't have a working monitor…I ended up having an emergency caesarean section"
- "I'm a midwife, and we work with women to build realistic expectations…sometimes expectations are very high, and they're not achievable…so I encourage women to ask questions. You know, we often get things done to us, we often don't get asked."

Additionally, women highlighted the importance of birthing partners. They explained that despite the need for improved self-advocacy, this was limited due to the physical toll of childbirth. Some therefore had heavily relied on their birth partner, ensuring they were fully equipped to advocate on their behalf. This was viewed as particularly valuable for migrant and asylum-seeking women, who may lack personal connections within Scotland. They stated that birth companions were vital to improve experiences across maternity care.

- "…I was alone…I was there for the whole day, and I was on my own in a side room, and the people who were coming to change the sheets, I was losing a lot of blood, and they were shouting at me to keep it on the pad. I mean, even things like that, I felt I was doing everything wrong"
- "…most of the cases that I know that have a companion, they have more positive experiences, I mean some don't speak English, but just having someone there for you, someone rubbing your back, holding your hand"

Staffing Levels

Women went on to discuss concerns surrounding staffing levels. They explained that they had witnessed an overburdened maternity workforce, which ultimately worsened their maternity experience. The RCM have reported that midwives are working an additional 100,000 hours' unpaid overtime every week[5], resulting in a limited workforce stretching to protect the lives of babies and mothers, rather than providing additional support. Women,

What about rural women?

The SWC have regularly advocated for the improvement of maternity services for rural women in Scotland. Our Roadshows have highlighted the poor care experienced by women residing rurally as a result of increased centralisation.

"Pregnant cattle are treated better than pregnant women. It needs to change. The far North is just as important as the Central Belt."

Learn more about rural women's experiences by heading to the SWC website.

[5] Royal College of Midwives. (2024). How to Fix the Midwifery Staffing Crisis. Available at: https://rcm.org.uk/publications/how-to-fix-the-midwifery-staffing-crisis/

however, were quick to defend maternity staff, explaining that despite incredible challenge, midwives provided excellent care. There was a strong sense amongst women that the staffing shortages must be rectified, with many proposing an increase in midwives.

- "I also saw how thin [midwives] are spread…they were saving women's lives and delivering babies, but some of the hours that [they] did. The staff shortages were unreal."
- "…I've had three babies in the same hospital; 2017, 2019 and then 2023…I really noticed that the staff were stretched thinner than they had been previously"
- "More staff would mean more support. I know how busy the maternity hospitals are and the staff are really pushed to the limit, which can have a knock-on effect on the patient care."

Racialised Inequalities

While Dr Okolo provided an overview of the issues facing ethnic minority women within maternity care, the accounts provided by ethnic minority and migrant women clearly illustrated the additional barriers faced. Harrowing examples were provided to the SWC Team of discrimination and stereotyping. These women explained that medical staff often made assumptions surrounding their English language skills and their subsequent ability to self-advocate. This resulted in isolation, a total loss of control during the birth process, and poor postnatal mental health.

- "…they spoke to me so slowly, doing animations, and I mean, I told them that they could speak normally to me, I could hear them, I could understand them. It was literally someone looking at me and making an assumption."
- "I am speaking as a person of colour…people are looking down on you…It's very tough when you're dealing with a system that is under strain…there is also that systemic racism…your rights are always being undermined."

Women who attended the conference went on to reflect on the comments made by Dr Okolo surrounding presenting conditions in black and brown women. Some health professionals stated that they would take this learning away to improve future care. However, many midwives shared Dr Okolo's dissatisfaction, pointing to the inflexible maternity system acting as a barrier to culturally considerate approaches.

- "…I do find it so frustrating that we have a one size fits all model…in Scottish maternity care, we have parameters of what is normal in blood pressure…but this woman, she has maybe came from a different country, she has a different physiology, what's normal for her?"

The experiences of ethnic minority and migrant women, and that of midwives, strongly links with the comments made surrounding structural racism and prejudice. Ethnic minority women are more likely to have poorer health outcomes, and particularly poor maternity experiences[6]. To improve practices, women strongly advocated for the suggestions made by Dr Okolo. They believed that cultural safety and consent awareness training played a key role, and that this must be done in conjunction with capacity building across maternity care.

[6] Royal College of Obstetricians and Gynaecologists. (2024). Racial and Ethnic Equality in Women's Health. Available at: https://www.rcog.org.uk/media/0vqbtbrv/racial-and-ethnic-equality-in-womens-health-lay-summary.pdf

Postnatal Experiences

The postnatal period is defined as the time immediately after birth to six weeks later[7]. New mums and newborns are assessed for health conditions and should receive face-to-face appointments within the community. Yet, women have reported a reduction in home-provided postnatal support, instead invited to attend appointments within medical centres. Also, it has been estimated that new mothers who reside in economically deprived areas are less likely to receive postnatal health and wellbeing check-ups[8]. As such, we aimed to understand these apparent disparities.

Immediate Post-Delivery Care

When asked about immediate post-delivery care, women provided a range of experiences. Many recounted positive stories, highlighting the good quality support received from midwives and nurses. Additionally, approximately **60% of survey respondents felt that they had been allowed to remain within hospital for an adequate time after labour**, contributing to positive outcomes.

- "I was given immediate attention due to blood loss…then stitched and cleaned up shortly after. The midwives explained everything to me in advance and reassured me the entire time."

Unfortunately, some women had difficult experiences after birth as a result of poor-quality care. Women expressed a sense of **abandonment**, explaining that after childbirth, they felt neglected by staff. This included situations where new mums were left alone with little support to care for themselves or their newborn. When asked how they would improve this situation, women called for an increase in staff, believing that this could enable comprehensive care.

- "[My care] was very poor when I had an emergency c-section. I felt abandoned and alone"
- "I was left to shower within an hour after delivery by myself…I do remember shaking a lot, feeling sick and bleeding, and thinking that this part was more difficult than delivering the baby"
- "…more staff would help to improve postnatal care and support."

Breastfeeding

Breastfeeding support was also raised by women, with individuals having a range of experiences. For some women, the breastfeeding process was very positive as a result of effective staff support. This included support from medical professionals, as well as third sector organisations who specialise in breastfeeding assistance. For example, one attendee pointed to the GP Infant Feeding Network (GPIFN), which acts as a basic learning tool for general practitioners. Tools such as this were identified as essential, due to widespread misunderstandings surrounding breastfeeding. Those who had struggled to gain effective assistance, explained that this had often occurred as a result of poor knowledge and stigma.

[7] Scottish Government. (2025). Maternity Pathway and Schedule of Care: Clinical Guidance and Schedule. Available at: https://www.gov.scot/publications/maternity-pathway-schedule-care-clinical-guidance-schedule/pages/5/

[8] BMJ Open. (2020). 350,000+ Women Likely Missing Out on Key Postnatal Check-Ups in the UK Every Year. Available at: https://blogs.bmj.com/bmjopen/2020/11/24/350000-women-likely-missing-out-on-key-postnatal-check-ups-in-the-uk-every-year/

When investigating breastfeeding in 2023, the SWC noted that considerable efforts must be made to increase awareness of feeding options. Women were unanimous in their view that breastfeeding support therefore requires significant investment.

- "…the nurses were very supportive to even teach me how to do breastfeeding…they offered me many options, but they were there to support me, and they were great."
- "I really wanted to breastfeed but struggled…I switched to bottle feeding, a midwife came into the room…and demanded to see the empty bottle to 'make sure I had fed him'. I felt humiliated."

Mental Health

Across conversations, perinatal mental health arose. Women outlined the major impact pregnancy had upon their wellbeing, with a combination of changing hormones, changing lives, and, trauma, resulting in crisis. They spoke of the considerable effect pregnancy had had upon their mental state, asserting that they often felt as second to their child throughout post-birth medical proceedings. While women acknowledged the importance of providing impeccable care to babies, they stated that mothers' wellbeing appeared to become lesser.

- "…you're told that the child is the client, not you…So, is this care about my mental health, or is it solely about my role in caring for the future generation"
- "I was lucky to be under a wonderful perinatal mental health nurse, which was good, as my health visitor pretty much denied that I had postnatal depression."

50% of survey respondents stated that new mums should receive more postnatal home visits.

Various women also recounted situations where they had been dismissed by medical professionals, further worsening anxiety and stress. This included the continual overuse of antidepressants in place of counselling. Women pointed to wider issues facing mental health services, including long waiting lists and insufficient funding; parallel issues were identified through SWC work on women's mental health in 2024. With suicide remaining as a leading cause of maternal death[9], immediate action is required to improve mental health outcomes for women. Women suggested that additional financial resources would relieve the current crises, but that this must accompany preventative methods. Midwife-led postnatal care was believed to be an effective preventative approach, acting to challenge poor mental wellbeing through continuity of care.

- "So, I was anaemic, with this hormone imbalance, extremely traumatic birth with clear elements of PTSD, which then developed into OCD and the anxiety…No-one was that worried, they told me I would be fine, and they tried to push antidepressants on me"
- "…I went to the GP after having gone through months of declaring that I wasn't well…The GP just told me that my hormones were all over the place and I would be fine."

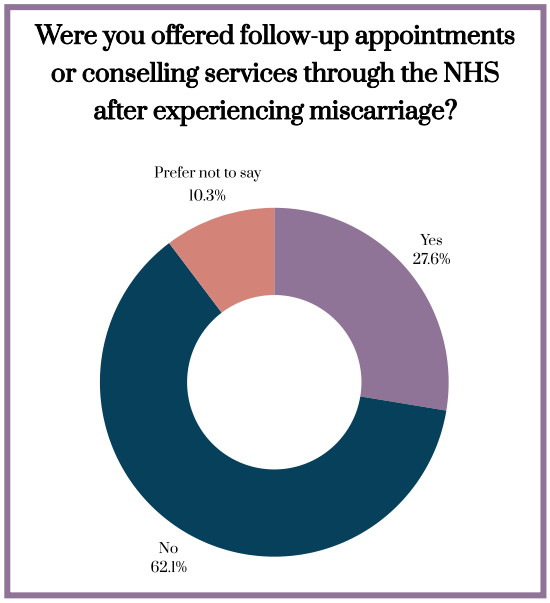
[9] Maternal Mental Health Alliance. (2023). Suicide Still a Leading Cause of Maternal Death. Available at: https://maternalmentalhealthalliance.org/news/mbrrace-2023-suicide-still-leading-cause-maternal-death/

Miscarriage and Baby Loss

In an effort to include all maternity journeys, we asked women to consider their experiences of miscarriage and baby loss. Through this we received numerous reports touching on the difficult process of losing a pregnancy. We would like to take this opportunity to thank all women who provided us with their stories, and hope that this report accurately reflects their experience.

Care and Compassionate Staff

Those who had experienced miscarriage relayed numerous stories of poor care and a lack of sympathy from health professionals. Women explained that they did not receive effective medical checks or comprehensive follow-up appointments through the NHS – as many as 62% reported that they were not offered any follow-up or counselling. Similar issues were reported by those who had experienced stillbirth, with 47% stating that they did not receive care and compassionate communication about what to expect during/after stillbirth.



- "The support during my miscarriage was horrible…The support was shocking. They told me to go home and wait for it to pass…I got zero scans, zero checks, and zero compassion."
- "…the way that midwives and staff spoke to me during a very vulnerable time stayed with me for a long period after…We may not be able to prevent baby loss altogether, but there is lots we can do to change the way people experience baby loss"

Subsequent Pregnancy

Women went on to explain how miscarriage and baby loss impacted future pregnancies. They stated that their previous experiences significantly contributed to high levels of anxiety surrounding pregnancy, negatively impacting their mental state. Women suggested that as a result, a person-centred approach should be taken throughout maternity care. It was also highlighted that this process should incorporate trauma-informed methods, considering an individual's unique experience, and how this should subsequently mould care. Trauma-informed approaches were also viewed as effective methods to improve wider maternity care, with women calling for the embedding of practices.

- "I had two miscarriages, and that anxiety built throughout my pregnancy, that was a panic"
- "I think there could have been more [mental health] support offered as someone who had experienced a stillbirth. There were a lot of emotions to deal with…having a healthy new baby and being happy but also feeling sad about the child you lost and feeling guilt."
- "…that trauma-informed care, giving women a platform about whether they want to disclose of not, people should have a choice, and then have pathways of care from that."

Conclusion

Reflecting on the insights gathered through this report, we are reminded of the foundational principles of midwifery highlighted by SWC Board Member, Mary Ewen: being 'with women' throughout their maternity journey. This ethos has been echoed in the voices of women across Scotland, who have shared their experiences from early pregnancy to the postnatal period.

Helplines

If you have been impacted by any of the topics covered in this report, please head to the SWC website to find appropriate resources.

The findings of this report highlight several key areas for improvement. The need for more midwives within the Scottish maternity care service is evident; women have expressed a strong desire for an increase in midwives to facilitate guaranteed continuity of care. We are heartened to have received so many direct mentions of midwives and maternity assistants throughout consultations with women. These references underscore the vital role that maternity staff play in creating a safe and secure service.

Additionally, women have called for a significant increase in publicly provided, localised antenatal and postnatal services, in an effort to reduce the impact of inequalities. This includes antenatal classes, mental healthcare, and breastfeeding support, in an effort to empower pregnant women to confidently care for themselves and their child. Midwives have also advocated for such a change, proposing that through comprehensive relationship building, women and babies will have positive outcomes. To further improve maternity care, women have also highlighted the need for compassionate, person-centred care, which considers the impact of miscarriage and baby loss on their healthcare journey.

Finally, the experiences of ethnic minority and migrant women highlight the need for significant change across NHS Scotland. Through continued structural racism and prejudice, these groups will continue to face negative health outcomes. Therefore, cultural safety training, alongside wider capacity building, plays a significant role in improving practices.

The recommendations outlined in this report illustrate the value in returning to a woman-centred service, that promotes care and compassion for patients and staff. By addressing these areas, we can work towards a more inclusive and supportive maternity care system that meets the diverse needs of all women in Scotland.

Thank You!

The Scottish Women's Convention thanks all women and speakers who attended our conference, as well as Big Voices Childcare Services for their invaluable support. We also thank those who contributed via our survey and by email.

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