Royal College of Midwives

Private & Confidential

Ms Joanne Kearsley, Senior Coroner
Coroner Area of Manchester North

[redacted]

7 January 2026

Dear Ms Kearsley,

Subject: Royal College of Midwives (RCM) response to Regulation 28: Report to Prevent Future Deaths [redacted]

Thank you for your Regulation 28 Report to Prevent Future deaths following the inquest into the death of Jennifer Cahill and Baby Agnes Cahill.

The Royal College of Midwives (RCM) would like to begin by expressing our sincere condolences to the family and all those affected by the death of Jennifer and Agnes.

The RCM is a professional association and trade union and does not hold statutory or operational responsibility for the delivery of maternity services. However, we play a key role in representing the professional voice of midwives, influencing policy, representing midwives and maternity support workers both individually and collectively in the workplace and working collaboratively with practice partners to advocate for safe, effective and high-quality maternity care. The response to this report is in the context of our responsibilities as a stakeholder within maternity services.

We have carefully considered the matters of concern in your report. While the RCM does not have authority to implement changes at service-level, we have identified actions under each point that are within our remit and/or sphere of influence:

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1. There is no national guidance in respect of home births. Specifically, robust evidenced based guidance on home birth care, similar to that which is in place for intrapartum care in a hospital setting.

- The national NICE guideline 'Intrapartum Care' (2025) makes recommendations on place of birth and advocates support for women in their choice of setting, whether that be at home, freestanding or alongside a midwifery unit or obstetric unit. It states that those with previous postpartum haemorrhage (PPH) should be recommended to birth in an obstetric led unit and provides management of perineal trauma, active management of third stage and initial management of PPH. Furthermore, the guidance includes resuscitation of the newborn and recommendations for emergency referral pathways and transfers to an obstetric unit (if this is not the woman's chosen place of birth).
- While the NICE 'Intrapartum Care' guideline (2025) provides recommendations on place of birth, including supporting women's choices across home, freestanding, alongside midwifery, or obstetric units, it is primarily hospital-focused and does not provide a comprehensive, standalone framework for home birth care, staffing, skill maintenance, or emergency preparedness.
- NICE guidance on 'Fetal Monitoring in labour' (2025) makes recommendations for assessing fetal wellbeing that is relevant to all birth settings including at home.
- The RCM has engaged actively with NHS England, regulators, and arm's length bodies, including in the joint meeting on 8 December 2025, where the need for a national standardised policy on home birth services was formally recognised. NHS England has agreed to lead this work, with the RCM as a key stakeholder.
- The RCM has 'Care outside guidance' (2022) for midwives to highlight good practice when supporting women who are considering choices not within evidence-based guidance and aligns with the Nursing and Midwifery Council Principles for supporting women's choices in maternity care (2025). A review of the 'Care outside guidance' publication is planned early 2026 which will consider the outcomes of the Jennifer Cahill and Agnes Cahill: Prevention of Future Deaths report.
- The RCM continues to emphasise that role-specific training, structured continued professional development (CPD), and workforce development are essential to support safe home birth services. Without national guidance, there is a foreseeable risk of inconsistent care, loss of midwife competence in specialist skills, and reduced opportunities for student learning. NHS England, as the responsible organisation for service delivery, must ensure that the forthcoming policy includes clear standards for staffing, skill maintenance, emergency preparedness, and escalation protocols to protect women, babies, and the workforce. Once developed, NHS England must hold providers to account for the robust and consistent implementation and ongoing adherence to the policy.

2. There is an increase in the number of women with 'high risk pregnancies' requesting home births where required interventions cannot take place or would be significantly delayed and there is no robust framework for midwives supporting home birth care. There is no national guidance to support consistent practice across the country including, for example, details of clinical scenarios where women, following robust assessment, have been considered too high risk to safely receive care in a home-setting.

- The RCM has raised concerns with NHS England and the Nursing and Midwifery Council regarding the increasing number of women with complex pregnancies and births requesting to give birth at home, in midwifery-led units, or without any medical or midwifery support at all. To ensure that women can make informed choices safely while addressing concerns associated with hospital-based care, maternity services must have sufficient and effective staffing, equipment and resources.
- We remain concerned about the inappropriate pressure being placed on midwives to work excessive hours on a regular basis, with inadequate equipment and resources and the impact this has on safety.
- The RCM has engaged with NHS partners to emphasise the importance of consistent risk assessment frameworks and professional guidance, supporting midwives in decision-making and escalation and the safe management of complex case working with properly resourced multidisciplinary team.
- The RCM supports and promotes professional learning through member communications and resources, highlighting the importance of risk escalation and informed consent in line with existing RCM guidance such as Care Outside Guidance (2022) and Standing up for High Standards (2022) and the Nursing and Midwifery Council (2025) Principles for supporting women's choices in maternity care.

3. The lack of national guidance means there are differing models of care and unlike other specialities home births are not a specialist commissioned service. There is no national guidance considering the ethical responsibility and proportionality of offering a home birth model under the NHS framework.

- Evidence demonstrates that women receiving care from midwives, educated and regulated to a high standard, experience safer outcomes than birthing without professional support, and that midwifery-led models of care are associated with improved safety when appropriately resourced and governed (WHO, 2024). Failure to provide national direction risks continued inconsistency, skill dilution and preventable harm.
- Homebirth services are nationally commissioned as part of maternity services and should be in accordance with NICE guidance. However, the RCM has long been aware through feedback from our branches and members that homebirth services are frequently suspended due to a lack of safe staffing. This is further reinforced by women's feedback in research and media that their choices for labour and birth are influenced by an expectation that NHS homebirth services may not be available when they need them.

- Whilst not the remit of the RCM and the direct issue raised in the PFD Report, the provision of ambulance services and protocols to support accessibility of this service to women should they need an emergency transfer during labour and birth needs further consideration.
- The RCM advocates for nationally commissioned home birth services, underpinned by safe and sustainable staffing models, as a means of enabling genuine informed choice and supporting women's legal rights to choose to give birth at home, while ensuring that this choice is offered in a way that is safe and proportionate and ethically sound for midwives working time.
- National guidance would clarify system accountability, reduce unwarranted variation, and support midwives to gain and maintain the skills and experience required to provide safe home birth care through structured pre-registration education and post-registration practice. It would allow midwives to work in a properly resourced system which allows them the time to provide the level of care women and babies need and want.

4. Even though there is a very small risk of death, this is not something which is discussed with women particularly in relation to maternal death, even if the woman has a recognised risk such as a post-partum haemorrhage. There is no guidance to ensure the risk of death to both mother and baby is discussed with any woman considering a home birth irrespective of being considered high or low risk.

- The RCM acknowledges that national consistency in discussing risk, including rare outcomes, requires system-level guidance. The RCM continues to advocate for clear national frameworks to support consistent, high-quality risk communication across all maternity settings, with dedicated funding and protected time for implementation.

- While maternal and neonatal death is rare, it remains a potential risk in any birth setting. The RCM supports women in making informed choices based on clear, balanced, and individualised discussions of risks and benefits relevant to their personal circumstances, rather than framing risk solely by place of birth.

- Through professional guidance and member communications, the RCM emphasises the importance of personalised care, informed consent and shared decision-making (2022), including discussion of material risks appropriate to a woman's clinical history, identified risk factors and planned place of birth. Midwives and maternity professionals are responsible for ensuring that information is presented in a way that supports understanding and decision making without causing unnecessary alarm but often tell us they do not have adequate time to do this effectively.

- Your report highlights the failure to refer to a senior midwife for a more detailed discussion with Jennifer. The translation of evidence to support informed choice requires skill and experience, this is particularly evident in situations where there is no national guidance and limited or a lack of evidence. The RCM

continues to call on maternity services across the UK to embed consultant midwife roles to lead the delivery of high-quality personalised care for women choosing birth in midwifery led settings where guidance does not currently exist. This role is essential in its ability to work in collaboration with the maternity and neonatal multi-disciplinary team and external to the service to plan and communicate the care provision needed.

5. NICE guidance on intrapartum care (2023 updated June 2025) Section 1.3.3 only refers to the potential risk of death to a baby. There is no mention in the guidance of risk to the mother.

- NICE are responsible for redevelopment of guidance to address maternal risk explicitly, and the RCM would contribute professional expertise through consultation processes as appropriate.

6. Terminology around pregnancies describes them as 'high' or 'low risk pregnancy' and leads women to consider that pregnancy encompasses all stages through to delivery of a child. Practice does not personalise or individualise risk so women can fully understand what the level of risk is for them in actually being pregnant, or what the level of risk is for them in giving birth.

The RCM has raised concerns regarding risk communication and the need for personalised discussions with women, including through professional forums and the RCM Re:Birth project (2022). Approaches that support meaningful, individualised risk assessment and shared decision-making are essential to ensure that women can make informed choices based on their unique circumstances rather than broad risk categories.

7. In order to maintain their skills, there is no set number of deliveries a community midwife must conduct following qualification. There is no mandated number of deliveries that any midwife (irrespective of the settings in which they are working) must complete once they have qualified as a midwife in order to maintain their registration. The level of experience of community midwives in conducting deliveries is not information routinely provided to women to inform their decision whether to have a homebirth.

- There is currently no mandated requirement for qualified midwives to conduct a minimum number of births to maintain registration, nor would such a requirement be appropriate given the broad scope of midwifery practice beyond labour and birth. Education and training should be role-specific and aligned to the responsibilities of the midwife, ensuring that learning and practice opportunities are relevant to the tasks they are expected to perform.
- The current service configuration impacts the learning opportunities of student midwives, limiting their ability to acquire the experience required to become fully

competent practitioners. Without appropriate experience, future midwives may enter the workforce with insufficient exposure to home births, potentially undermining workforce capacity and safety.

- The RCM recognises that standards for education, registration, and revalidation fall within the remit of the Nursing and Midwifery Council (NMC). We continue to advocate for policies and commissioning arrangements that support midwives to maintain their competence and adhere to safe working standards that protect them from working long hours with inadequate rest periods. The RCM works in partnership with the NMC to highlight the implications of current service models for student learning, professional development, and safe practice, through appropriate professional and policy channels.

8. No bespoke training needs analysis has been conducted focusing on midwives practicing in home birth teams.

- Members of the RCM report that opportunities for continuing professional development (CPD) are frequently limited, often due to workforce pressures that reduce time available for learning. This has direct impact on both supporting pre-registration student learning and role specific learning, such as midwives attending home birth and therefore has implications for delivery of safe, high-quality care.
- The RCM has consistently highlighted the need for role-specific training and professional support in discussions with NHS partners. We advocate for protected, funded time for CPD. In line with other UK countries, such as Wales, the RCM calls on the government in England to ringfence hours of protected CPD annually for midwives, ensuring that all staff have sufficient opportunity to maintain skills and develop specialist expertise.
- While standards for mandatory training and revalidation fall within the remit of NHS England and the Nursing and Midwifery Council (NMC), the RCM continues to advocate for workforce development approaches that recognise the unique skills, challenges, and demands associated with home birth care, and the necessity of protected time to deliver safe, evidence-based maternity services.
- Evidence demonstrates that midwifery-led care, including home birth, is safest when midwives have structured opportunities to maintain and develop their skills. Failure to provide such opportunities represents a foreseeable systemic risk that must be addressed through national guidance, commissioning, and workforce planning.

9. The lack of national data collection means there is no data to evidence the number of women who are transferred in during labour or after birth, maternal or neonatal outcomes, number of women who are considered out of guidance.

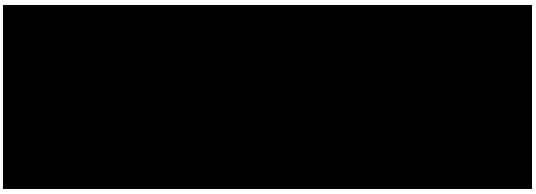
- The RCM recognises that responsibility for data collection and record keeping sits with NHS England.

10. The no national guidance on the model of staffing, training and experience for midwives providing home birth care.

- The concerns raised in the report highlight unsafe models of staffing with homebirth services being particularly vulnerable due to staffing shortages. Inadequate staffing levels are further exacerbated by the implementation of on-call systems to mitigate staffing shortfalls and represents a foreseeable risk to safe service delivery. The RCM has long campaigned for safe working standards to ensure midwives do not work excessive hours and receive adequate rest periods, yet evidence shows this is still not being achieved, with our members working on average 100,000 hours of unpaid overtime every week in 2024. The RCM remains concerned that it must continue to challenge the implementation of on-call systems and unsafe working conditions. These issues are being addressed through both local negotiating mechanisms and industrial action mandates where necessary.
- The RCM has stressed that restrictions to home birth services arising from staffing pressures may unintentionally limit women's choices and could contribute to an increase in unregulated or unsupported birth settings, further heightening safety concerns. Addressing workforce sustainability is therefore critical to prevent such unintended consequences, as outlined in the RCM Reconfiguration of services position statement.
- In addition, the RCM has raised concerns that the suspension or reduction of home birth services due to staffing shortages, as already observed in multiple maternity units in England, presents a long-term risk to the maintenance of skills and expertise. This includes both undergraduate student education and post-registration practice, with potential implications for the future workforce's ability to deliver safe, competent care in community and home birth settings.
- The RCM continues to lobby government and national bodies, drawing on the substantial body of evidence demonstrating the need for sustained investment in maternity staffing. This advocacy forms a core part of our political influencing work to support safe, effective, and sustainable maternity services and ensure that women can access high quality, evidence-based care in all settings. 'Safe Staffing= Safe Care' is the paramount campaign for the RCM in 2026 recognising that achieving safe staffing will:
    - Ensure maternity services have the right staff in the right place with the right education and training;
    - We have services that meet the needs of communities and the staff that work in them;
    - And we build a midwifery profession that's fit for the future.

Thank you again for raising these matters with the RCM. We trust this response addresses the matters raised in your report. Please let us know if any further information or clarification is required.

Your sincerely



CEO and Chief Midwife
The Royal College of Midwives

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