Royal College of Midwives

Private & Confidential

Sarah Bourke, Assistant Coroner
Coroner areas of Inner North London

[redacted]

Friday 28 August 2026

Dear Ms Bourke,

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 Aylina Akhmadova.

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 Aylina.

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:

1. **Primary care professionals such as GP's, health visitors and midwives spend the most one-on-one time with families. They will be aware which patients and/or carers need assistance from interpreters for medical appointments. In primary care, professionals often give safety netting advice regarding the circumstances in which a person may need to call paramedics. For safety**

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netting advice to be effective, patients and carers also need to know that a 999 call should be made by someone who is with the patient and that interpreters are available to help the ambulance service triage the call.

- At first antenatal booking, midwives provide guidance to women about how to contact a midwife or ambulance, however the RCM previously raised concerns that there is inconsistency in interpreter support.
- The RCM position statement 'Decolonising practice in midwifery' identifies communication as central to addressing the disparities in outcomes faced by women from ethic minority backgrounds. Though there is no detail in your report around the ethnicity of Aylina and her family, it is known that her parents required interpreting services for medical appointments. The Maternal, Newborn and Infant Clinical Outcome Review Programme in their 2025 report Mothers and Babies: Reducing Risk through Audits and Confidential Enquires across the UK (MBRRACE-UK) identified that women who did not speak English, those who belonged to ethnic minority groups and those born outside the UK are overrepresented in poor outcomes.
- This is exactly the kind of risk the RCM Maternity Disadvantage Tool (MatDAT) is designed to surface early. MatDAT that provides midwives with a standardised way to assess social complexity at booking, including communication and interpreter need, so that risk is identified and support from other agencies is triggered before it becomes a safety issue.
- Adequate staffing is essential for midwives to ensure the time to build the trusted relationship through which this kind of information is disclosed. This is the basis of the RCM campaign, Safe Staffing=Safe Care, and is echoed in NHS England's Core20PLUS5 programme, which identifies maternity as a priority area for reducing health inequalities.

2. **Using informal interpreters such as family and friends for primary care appointments can be a pragmatic solution when professional interpreters are not available. However, the practice carries a significant degree of risk as the informal interpreter may not convey information reliably. This can be mitigated in part if the healthcare professional is with the patient and able to form their own view of the patient's status based on the observations that can be made.**
    - The NHS Constitution requires the NHS to promote equality in the services it provides, with a greater focus being placed on groups where the improvements in health lag behind the rest of the population. Integrated Care Boards (ICBs) and trusts are best placed to identify and meet local needs therefore they hold responsibility for commissioning interpreting services. In-person, trained interpreters remain best practice. Where communication happens through family members or informal interpreters, Midwives, working in accordance with the Nursing and Midwifery Council (NMC) Code mitigate risk through direct observation, non-verbal

assessment, and checking the woman's own understanding and responses, rather than relying solely on the informal interpreter's account.

- Staffing pressure is a direct driver of reliance on informal interpreters. When Midwives don't have time for face-to-face contact, there is less opportunity to notice communication difficultly in the first place, or to insist on a professional interpreter rather than defaulting to whoever is available. The RCM has called upon the government to invest in maternity services so Midwives can work in ways that allow for this in person contact and a more holistic assessment of a woman's wellbeing.
- Midwifery continuity of carer (MCOC) offers a relationship-based model in which women receive care from a known midwife, supported by a small team, throughout their maternity journey. This can be particularly valuable for women experiencing vulnerability, disadvantage or language barriers, helping to build trust, improve communication and support women to engage with and navigate maternity care. The evidence demonstrates a range of positive outcomes for women and babies, however appropriate staffing is essential to ensure the success of such models of care.
- Ethnicity isn't specified for Aylina's parents, but the principles in RCM's 'Caring for Vulnerable Migrant Women Pocket Guide' applies regardless of migrant status: removing barriers to care, and ensuring women are provided with contact numbers – especially in the cases of emergencies. Where relevant, this guide could support the staff caring for families in similar circumstance.

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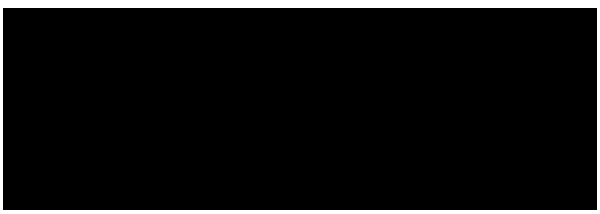
Point 3 does not relate to the role of the RCM and therefore we feel unable to comment further.

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.



CEO, General Secretary & Chief Midwife
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