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MUNet response to the Ockenden Report and the Amos National Maternity and Neonatal Investigation

Editorial

The Midwifery Unit Network (MUNet) welcomes the publication of the Independent Review of Maternity Services at Nottingham University Hospitals NHS Trust and the Independent National Maternity and Neonatal Investigation. These reports represent important attempts to understand serious and longstanding challenges in maternity services and to rebuild confidence in care for women, babies and families (Ockenden, 2026; Amos, 2026). Our first thoughts are with the families whose experiences underpin these reviews. Their courage must be met with honest reflection, sustained learning and practical action.

The wider maternity system conversation

Both reports highlight familiar themes across maternity services: the need to listen to women and families, strengthen leadership and governance, support staff, improve organisational culture and ensure that learning is translated into everyday practice (Ockenden, 2026; Amos, 2026).

Importantly, the Amos Investigation calls for addressing systemic racism and misogyny as critical safety issues. MUNet strongly supports these priorities. Safe and compassionate maternity care depends on systems where concerns are heard, staff are supported to speak up, multidisciplinary teams work well together, and accountability is matched by the resources and conditions needed for improvement. We believe an important part of the wider maternity system conversation must be made visible: the role that well-supported midwifery-led care and birth settings can play in building safer, sustainable and personalised maternity services.

Midwifery Units as a mechanism for equitable, anti-racist maternity care

The Midwifery Unit Network acknowledges the findings of the Baroness Amos Investigation and the evidence demonstrating that racism and structural inequalities continue to influence experiences and outcomes in maternity care. The report highlights the urgent need for maternity services to address cultures, systems and practices that result in women and families from minoritised ethnic communities experiencing poorer care, reduced trust, and inequitable outcomes.

Midwifery units, supported by the Midwifery Unit Standards (Rocca-Ihenacho et al., 2018), provide an important framework for advancing equitable maternity care. The standards define quality beyond clinical outcomes alone, emphasising respectful relationships, personalised care, informed choice, continuity, effective communication, supportive environments and organisational learning.

These principles directly respond to many of the factors identified in the Baroness Amos Investigation. Racism in maternity care is not only expressed through overt discrimination; it can also be embedded through systems where women are not listened to, where their knowledge and preferences are undervalued, and where care is shaped by assumptions rather than individual needs. Midwifery units with an embedded biopsychosocial philosophy of care challenge these patterns by placing trusting relationships, autonomy and partnership at the centre of care.
Continuity of midwifery care, a core feature of midwifery unit provision, has particular relevance for addressing inequities. Developing sustained relationships with women and families creates opportunities for improved communication, recognition of individual circumstances, shared decision-making and earlier identification of barriers to accessing appropriate care.
The Midwifery Unit Network believes that midwifery units should be recognised as environments where equity, inclusion and respectful care can be actively embedded. However, achieving anti-racist maternity services requires more than adopting a model of care. It requires explicit organisational commitment, measurable equity objectives, meaningful involvement of communities affected by inequalities, and accountability for improving outcomes and experiences across all groups.

A welcome opportunity to move the conversation forward

Another significant contribution of the Amos Investigation is the careful examination of a debate that has dominated maternity discussions for several years, the suggestion that an overarching **'normal birth ideology'** lies behind the safety challenges seen within maternity services.
After reviewing evidence from women, families, staff, national organisations and maternity services across England, the Investigation did not identify a nationally embedded 'normal birth ideology' as the driver of the systemic failures examined. Instead, it highlights wider system issues, including governance, oversight, teamworking and estates (Amos, 2026).
MUNet welcomes this balanced and evidence-informed conclusion. For many years, language surrounding "normal birth" has become increasingly polarised, creating division between professional groups and uncertainty for women and families. Good maternity care has never been about pursuing a particular type of birth. It is about providing **the right care, in the right place, at the right time, for the right woman**, while respecting informed choice and personalised care.
We hope these findings help move beyond an unhelpful and distracting debate. The challenges facing maternity services are too important for energy to be diverted into ideological arguments. Families deserve our collective attention to remain focused on what matters most.

What these reports mean for Midwifery Units

The Amos and Ockenden reports reinforce many of the characteristics that underpin high-quality midwifery-led care. The evidence continues to support well-governed, appropriately staffed midwifery units that are fully integrated within local maternity systems. The principles articulated in the **Birthplace Study**, strengthened through **Better Births**, and reaffirmed within the **NHS Three-Year Delivery Plan for Maternity and Neonatal Services**, remain highly relevant today: women should receive midwifery care and have birth settings near their homes which embed personalised care, rooted in genuine informed choice, continuity of care and timely access to specialist services whenever required

(Birthplace in England Collaborative Group, 2011; National Maternity Review, 2016; NHS England, 2023). Midwifery units are not separate from safe maternity systems, they are an essential component of them.

One important area requiring further attention is the role of community-based antenatal and intrapartum services across the maternity care continuum. While the Amos Investigation recognises that moving staff away from community settings into labour wards reduces choice, the proposed solutions focus primarily on earlier discharge and increased postnatal care in the community, rather than on protecting and strengthening core community maternity provision. Community services are not simply an alternative location of care; they are a key component of sustainable maternity systems. Maintaining appropriately resourced antenatal, intrapartum and postnatal community pathways can support continuity, strengthen relationships between women and professionals, reduce pressure on acute services, and enable personalised care and genuine choice.

Choice and safety belong together

At the heart of maternity care should be the ability for women and families to make informed choices about their care and place of birth. Informed choice is only meaningful when the full range of safe care options is visible, available, properly staffed and well-integrated within local systems. High-quality midwifery-led care is an essential part of a balanced maternity system. Together with obstetric units, neonatal care and strong community maternity services, alongside and freestanding midwifery units can support safe, personalised care for women with uncomplicated pregnancies, reduce unnecessary intervention and provide environments where relationships, confidence and respect can flourish (Birthplace in England Collaborative Group, 2011; National Maternity Review, 2016).

Maternity safety should not be framed as a choice-versus-safety debate. Women deserve both: informed choice and safe, evidence-based care. Services can only offer this when primary midwifery care and birth settings are planned as a core part of the system, supported by clear pathways, skilled staff, robust governance and effective collaboration with obstetric and neonatal colleagues (National Maternity Review, 2016; NHS England, 2023).

Moving forward together

Reports alone do not change services. People do. The task now is to turn recommendations into sustained action through honest conversations, collaborative leadership, shared learning and meaningful engagement with women and families. The publication of these reports should not simply add to the growing list of maternity reviews across the UK. Instead, they offer an opportunity to reflect more deeply on how maternity systems are organised, how evidence is translated into practice and how women's autonomy, safety and wellbeing are supported together (Ockenden, 2026; Amos, 2026). For MUNet, the challenge moving forward is not only to address the weaknesses identified in these reports, but also to ensure that the full range of evidence-based maternity care models, including midwifery-led care,are recognised, supported and integrated within future system design. Through the Midwifery Unit Standards, education, service evaluation and collaborative improvement work, MUNet will continue to support services to strengthen governance, embed evidence, build confidence and share learning across midwifery-led settings. Only by doing so can we build maternity services that truly support safety, informed choice and the wellbeing of women, babies, families and the workforce.

Where MUNet fits

MUNet's role is to support maternity services to translate evidence, learning and recommendations from national reviews into meaningful and sustainable improvement. For over a decade, we have worked alongside maternity teams with a clear ambition: supporting midwifery units to become safer, more equitable and more effective by becoming stronger learning organisations.

MUNet supports services to move from recommendations to action by providing practical frameworks, tools and collaborative approaches that enable these principles to become embedded within maternity care. Through the Midwifery Unit Standards Assessment (MUSA), the emerging European Midwifery Unit Accreditation (EMUA), service evaluation, education, leadership development and collaborative improvement programmes, MUNet supports organisations to:

- Implement the Midwifery Unit Standards as a framework for safe, respectful, personalised and equitable care.
- Strengthen governance, risk management and quality assurance processes within midwifery-led services.
- Monitor access, experiences and outcomes across different population groups, including ethnicity, deprivation and other relevant indicators of inequality, to identify and address unwarranted variation.
- Develop leadership approaches that promote reflection, accountability, psychological safety and continuous learning.
- Create cultures where women, families and staff are listened to, concerns are welcomed, and opportunities for improvement are acted upon.
- Support meaningful co-production with women, families and communities to ensure services respond to diverse needs and lived experiences.
- Enhance personalised care, informed choice and shared decision-making.
- Improve multidisciplinary collaboration, communication and mutual understanding across professional groups.
- Support effective integration of midwifery-led care within wider maternity systems, with clear pathways and timely access to specialist support when required.
- Strengthen and sustain midwifery-led models of care as an essential component of safe, sustainable and equitable maternity services.
- Recognise excellence while identifying opportunities for improvement, innovation and further development.

Maternity safety failures are not solved by choosing between midwifery and obstetrics, normal birth and intervention, or choice and safety. They are solved through learning systems, equity, integrated care pathways, skilled teams, and models that enable relationships.

Through its standards, accreditation, assessment and improvement programmes, MUNet will continue to support maternity services in building the cultures, systems and relationships needed to deliver high-quality care for all women, babies, families and the workforce.

The MUNet Team

Supporting excellence in midwifery-led care through collaboration, evidence and continuous improvement.

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