

Helen Morgan MP



HOUSE OF COMMONS  
LONDON SW1A 0AA

The Rt Hon Wes Streeting MP  
Secretary of State for Health and Social Care  
Department of Health and Social Care  
39 Victoria Street  
London  
SW1H 0EU

By email only

20<sup>th</sup> November 2025

Dear Secretary of State,

**Re: National Maternity Crisis**

Our maternity services are at breaking point. Deaths and injuries are rising, wards are literally crumbling, staff morale is in free-fall, and billions are spent on litigation. 65% of units have been found by the CQC to fail to meet “good” standards of safety, and they have warned that we face a “potential normalising of serious harm”.

There have been many reviews completed: Morecambe Bay, Shrewsbury and Telford, East Kent, the National Maternity Review of 2016, and the CQC 2024 national investigation of 131 units. The problems have been the same: failure to listen to mothers, lack of time for training and strengthening teamwork between staff, inadequate staffing and high levels of burnout, lack of proper assessment, poor management of risk, unsuitable estates, and failure to learn when things have gone wrong. These have all been raised over and over again.

You have now launched another review under Baroness Amos. We welcome her work, and believe it is crucial this is completed without delay.

**But delaying action, and simply waiting for the findings of yet another investigation, is not good enough.** It is not good enough for the families suffering needless tragedy, for women put through trauma, or for an NHS that is spending billions paying for the costs of negligence.

We urge you to take action now. With the extraordinary body of evidence already available, there is a clear case for immediate change. We are calling on you to:

- Restore ring-fenced funding for improving maternity care, which your government cut from £95 million to just £2 million.
- Implement without delay the outstanding recommendations of existing reviews into maternity, including the Immediate and Essential Actions of the Ockenden Review.

This should include a specific commitment to tackle inadequate staffing on our maternity units.

- Improve women's health before and after childbirth, including through a restored requirement for Women's Health Hubs in every part of the country, and new specific plans for prevention of maternity harm as well as an expansion of community perinatal services.
- Address the appalling disparities in maternal outcomes, a cross-Government target and strategy, led by your department, and the publication of annual reports on progress in reducing miscarriage and stillbirth rates, which are far more prevalent in certain communities.
- Introduce national recording of miscarriages, and guarantee support and referral, including to NHS mental health services after every miscarriage, not just after three.

### **Restore ring-fenced funding for improving maternity care**

This year, your government decided to cut ring-fenced "Service Development" funding for improving maternity services by more than 95% to just £2 million. In the words of the Royal College of Midwives, this decision means that funding provided to drive change following the Ockenden Review has "disappeared at the stroke of a pen."

You have dismissed our concerns on this topic as scaremongering and argued that ring-fencing these budgets - which fund enhanced care for complex pregnancies, multiple births and bereavement care - is unnecessary.

This argument is flatly contradicted by the experience of people working in our maternity units, and by the facts of NHS funding pressures.

It should not be controversial to acknowledge that removing protected funding while demanding belt-tightening across the NHS and greater focus on elective waiting lists will see maternity services raided for funds and stretched further. The cost of redundancies, for which local NHS services must pick up the tab in years to come, is reported to run to over £1 billion alone. Funding streams that have lost their ringfencing are particularly vulnerable in these circumstances.

Furthermore, is it really your contention that the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and charities in the sector vocally oppose your decision for no good reason? These are hardly partisan opponents of the Labour party.

The Royal Colleges were unequivocal as soon as you first made the near total cut. They said it would "rip the heart out of any moves to improve maternity safety", that it was an "insult" to women and families, and that you were failing to remember your promise that never again would women's health be neglected.

In 2021 the Health and Social Care Committee recommended an additional £250-£300 million per year as the minimum required to provide safe maternity services. This has not been realised and, given the high rate of inflation since then, even this is now likely to be insufficient to achieve the transformative change needed.

In this context, the transfer of [previously ringfenced maternity service development funding](#) of £90 million into regular ICB budgets in 2025-26, which will be under pressure to fill deficits, seems particularly dangerous. Rather than making cuts, we ask that you ensure the long-term sustainability of maternity services by moving away from short-term funding towards multi-year, guaranteed funding settlements.

For the women we meet who have faced unacceptable trauma, launching another review while removing protected funding in the here and now appears deeply cynical.

**We urge you to listen to their pleas. You must change course without delay and restore this vital lifeline.**

### **Implement existing reviews**

The failures identified at Shrewsbury and Telford and East Kent Hospitals have still not been adequately addressed. In their analysis of 131 units, the CQC were damning: the problems identified by Ockenden and Kirkup “are not isolated” with many of the same factors “more widespread”, leaving one in five units “inadequate” on safety.

When Liberal Democrat Health Spokesperson, Helen Morgan, put a question to you on the implementation of the Ockenden report’s Immediate and Essential Actions earlier this year, the response from your ministerial colleague suggested that the department could not confirm the actions had all been implemented, and that you have no mechanism to centrally identify progress on key metrics.

Furthermore, the Minister pointed to the three-year delivery plan for maternity and neonatal services as your key policy for the implementation of Ockenden. But a number of measures in the delivery plan have no firm target, with even the smallest, negligible improvement in “direction of travel” appearing to constitute successful implementation.

For instance, while targets of *rising* staff satisfaction, sense of educational opportunities, and confidence in organisational response to unsafe practices are being met, the actual *totals* remain unacceptably low - many below 50%.

It is not clear what target, if any, the department has set for these figures to reach, or by when - despite these staffing concerns being a consistent theme of the CQC, Ockenden, Kirkup and the Darzi Reviews.

Most fundamentally, while the plan rightly reaffirms the national target that maternal mortality should decrease by 50% between 2009-11 and 2024-26, this is set to be missed. Maternal mortality stayed the same until 2021 and then actually increased between 2021 and 2023.

Can you set out what departmental guidance, targets and mandates you are developing in response to recommendations of *existing* reviews, and what you are doing to address the obvious ambiguities and gaps in the Three Year Delivery Plan? What timeline, if any, is your Department now working on for the halving of maternal mortality in this country?

**We urge you to ensure that every outstanding recommendation of the Ockenden review, and subsequent reviews, are implemented without delay. There is no need to wait for Baroness Amos’ report to do so.**

**Furthermore we urge you to tackle inadequate staffing on our maternity units - a consistent theme of the reviews - and expand the wider maternity and neonatal workforce as part of your upcoming, delayed, workforce plan.**

### **Improve women's health before and after childbirth, and tackle disparities**

Maternity services do not exist in a vacuum. We recognise that rising levels of complexity are making births less safe. Deprivation and poverty and, closely associated with it, poor diet, are leading to more women suffering from conditions like cardiovascular disease which make their pregnancy higher risk. A full 39% of women in the most deprived areas are now obese. Similarly air pollution, and the harm this brings to respiratory health (we have among the worst rates of asthma in Europe), poor housing and other social ills conspire to make the perinatal period far more dangerous.

This is especially relevant to the stark ethnic disparities we see in maternity care. You will know all too well, as remarked upon in the Darzi review, that black women are almost three times as likely as white women to die in childbirth, and that neonatal mortality of the most deprived quintile is more than double that of the least deprived.

On disparities specifically we believe there is a clear case, given the appalling level of these discrepancies, to **launch a cross-Government target and strategy, led by your department, for eliminating maternal health disparities**, and to publish annual reports on progress in reducing miscarriage and stillbirth rates across all parts of our society - with a particular focus on the groups who face the worst outcomes.

Furthermore, we call on you to **reverse your decision to remove the requirement for a local Women's Health Hub in every part of the country**. Women's health is routinely deprioritised, and gynaecological waiting times are already extremely high with hundreds of thousands of women left stranded as their preventable disease progresses. In the midst of fragmented and inaccessible women's health services, these hubs play an important role in cutting waiting times and getting women the treatment they need. Without the protection of the NHS mandate, and in the midst of NHS budget pressures already discussed, we fear they will be cut back in the drive for savings. There are already reports of ICBs cutting Women's Health Champions, who drive improvements in women's health in local areas.

There is a clear need to support women's health across the piece - both because it is the right thing to do in and of itself and because, inevitably, poor gynaecological care will impact on obstetric care and maternal health. Continuing to neglect these hubs and allow Women's Health Champions to be scrapped would be an error.

Finally, we urge you to establish specifically how the "three shifts" your government has talked so much about (treatment to prevention, hospital to community, analogue to digital) will be delivered for maternity. **We urge you to bring forward specific plans for prevention of maternity harm, new training and estate modernisation for better use of digital technology and clear proposals on improving community perinatal care.**

### **Miscarriage**

The true scale of miscarriage in the UK is still unknown because no official record of miscarriages is held. It is symptomatic of a lack of support for women and their partners when they lose their baby. This must change.

Women should not have to wait for three miscarriages before they receive support from our health service.

**We call on you to guarantee support and referral, including to NHS mental health services after every miscarriage, not just after three.**

Furthermore, you should take the immediate step of introducing **recording of miscarriages so that these tragedies are no longer hidden**, and to allow for clear **national targets to reduce miscarriage rates and improve outcomes**.

The steady drumbeat of scandals, and the failure of the Conservatives to act on consistent recommendations that have repeatedly been made over the course of a decade since the Morecambe Bay inquiry, are an insult to those families who lost their babies and to mothers suffering huge trauma in the process, many of whom have campaigned to ensure their awful experiences were not in vain. We must do better.

We look forward to hearing from you. Liberal Democrats will work with you in any way we can to ensure that Britain becomes the safest place in the world to have a baby. We should aim for nothing less.

Yours sincerely,



**Helen Morgan MP**

**Liberal Democrat Spokesperson for Health and Social Care**

Sir Ed Davey MP

Alison Bennett MP

Danny Chambers MP

Helen Maguire MP

Gideon Amos MP

Steff Aquarone MP

Josh Babarinde MP

Alex Brewer MP

Charlotte Cane MP

David Chadwick MP

Wendy Chamberlain MP

Chris Coghlan MP

Daisy Cooper MP

Adam Dance MP

Steve Darling MP

Bobby Dean MP

Lee Dillon MP

Sarah Dyke MP

Will Foster MP

Zöe Franklin MP

Sarah Gibson MP

Rachel Gilmour MP

Olly Glover MP

Marie Goldman MP

Tom Gordon MP

Sarah Green MP

Monica Harding MP

Pippa Heylings MP

Wera Hobhouse MP

Christine Jardine MP

Liz Jarvis MP

Paul Kohler MP

James MacCleary MP  
Angus MacDonald MP  
Mike Martin MP  
Charlie Maynard MP  
Calum Miller MP  
John Milne MP  
Layla Moran MP  
Edward Morello MP  
Tom Morrison MP  
Tessa Munt MP  
Susan Murray MP  
Manuela Perteghella MP  
Al Pinkerton MP  
Joshua Reynolds MP

Ian Roome MP  
Anna Sabine MP  
Roz Savage MP  
Vikki Slade MP  
Lisa Smart MP  
Ian Sollom MP  
Jamie Stone MP  
Luke Taylor MP  
Cameron Thomas MP  
Freddie Van Mierlo MP  
Max Wilkinson MP  
Munira Wilson MP  
Martin Wrigley MP  
Claire Young MP