



Royal Infirmary of Edinburgh

Labour Ward Visit

Maternity Voices Partnership

Visit held on 28 May 2025



Who took part

Maternity Voices Partnership

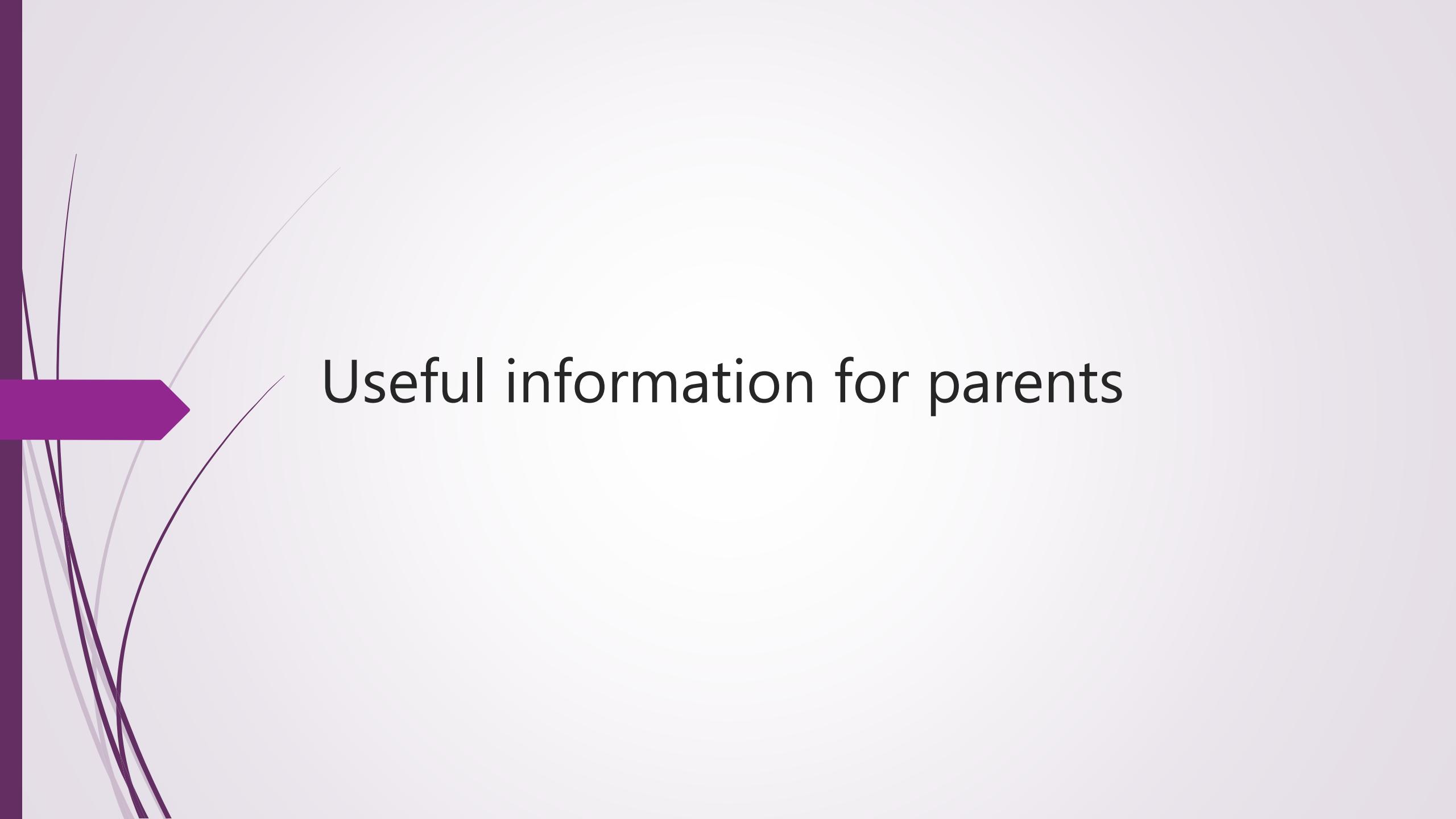
Vivianne Carter, lay member
Hannah Reid, lay member
Giselle Lowe, Multi-Cultural Family Base
Kate Florio, Doula
Sophie Orton, Doula
Allison Tate, Doula
Mathilde Peace, MVP lay chair

Labour Ward

Aileen Warner, Labour Ward Senior Midwife

The MVP members were met by Aileen, one of the Senior Midwives based in the Labour Ward. Aileen made us all very welcome and was open to answering questions and engaging in discussion despite the challenging climate of midwifery. She was approachable, honest and motivated to listen and work collaboratively to foster change for women and birthing people. The visit did not feel rushed and we are grateful for the time allowed for discussion.





Useful information for parents



Facts and Figures

- ▶ Around 6000 babies are born every year in the Labour Ward.
- ▶ There are 13 birthing rooms, all with en-suite shower or bath
- ▶ 2 of the rooms have a birthing pool
- ▶ The beds are fully adaptable with a choice of multiple positions
- ▶ Telemetry monitoring is available (2 wireless machines)
- ▶ There are two obstetrics operating theatres **both** equipped with a resuscitaire – this means baby can stay in the same room as mum and is a major improvement following the MVP recommendations after our visit in 2023
- ▶ There is a dedicated bereavement room decorated by SIMBA



Labour Ward Vision

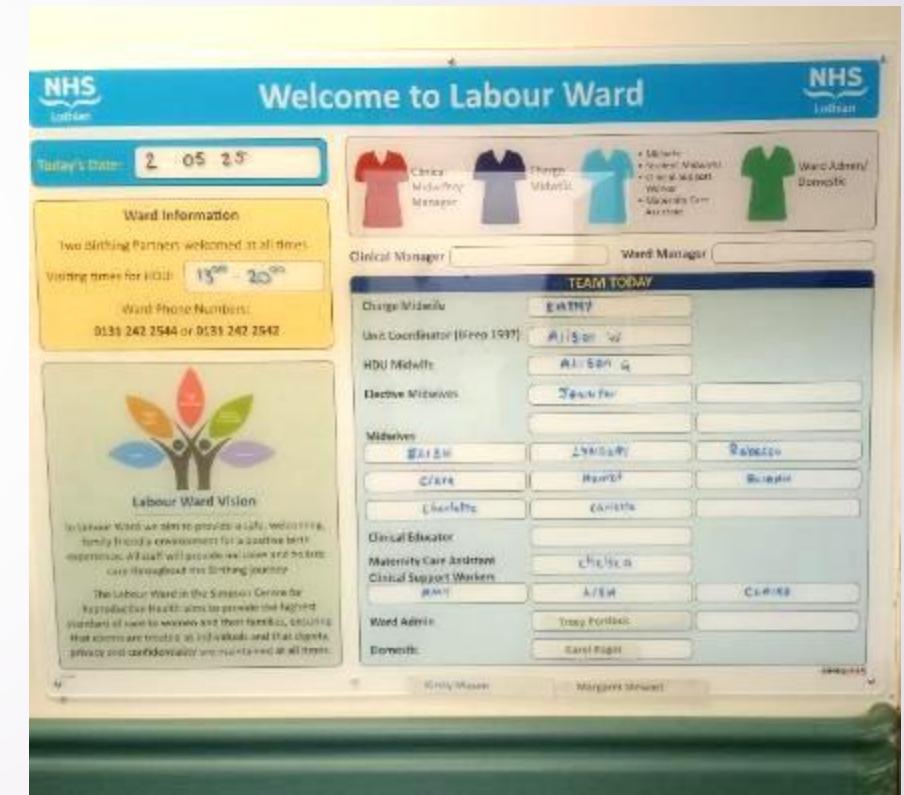
In Labour Ward we aim to provide a safe, welcoming, family friendly environment for a positive birth experience. All staff will provide inclusive and holistic care throughout the Birthing journey

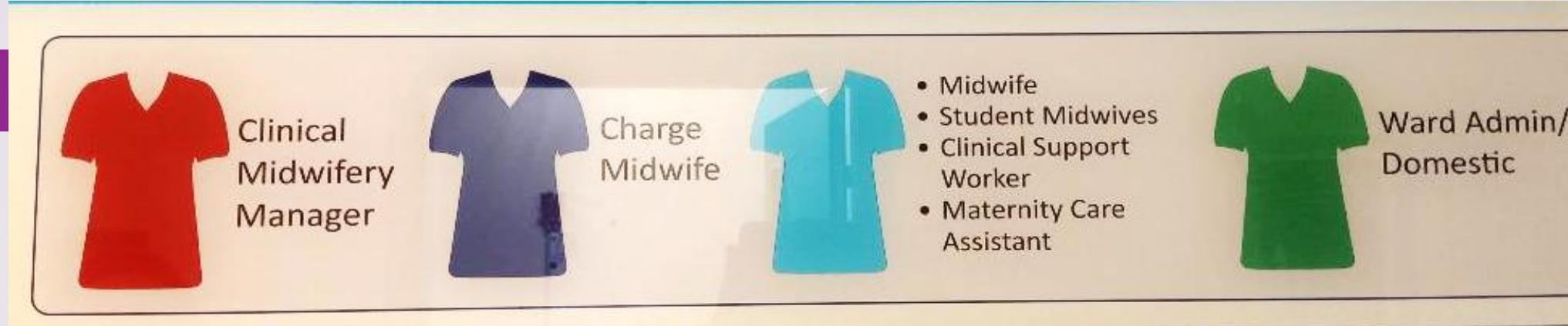
The Labour Ward in the Simpson Centre for Reproductive Health aims to provide the highest standard of care to women and their families, ensuring that clients are treated as individuals and that dignity, privacy and confidentiality are maintained at all times.

Labour Ward Information Board

There is a very useful information board located near the entrance which provides:

- Labour Ward phone number
- Staff uniforms colour
- Names of staff on duty, including Charge Midwife, Unit Coordinator, Midwives and Clinical Support Workers.
- Visiting times for High Dependency Unit





Staff Uniforms

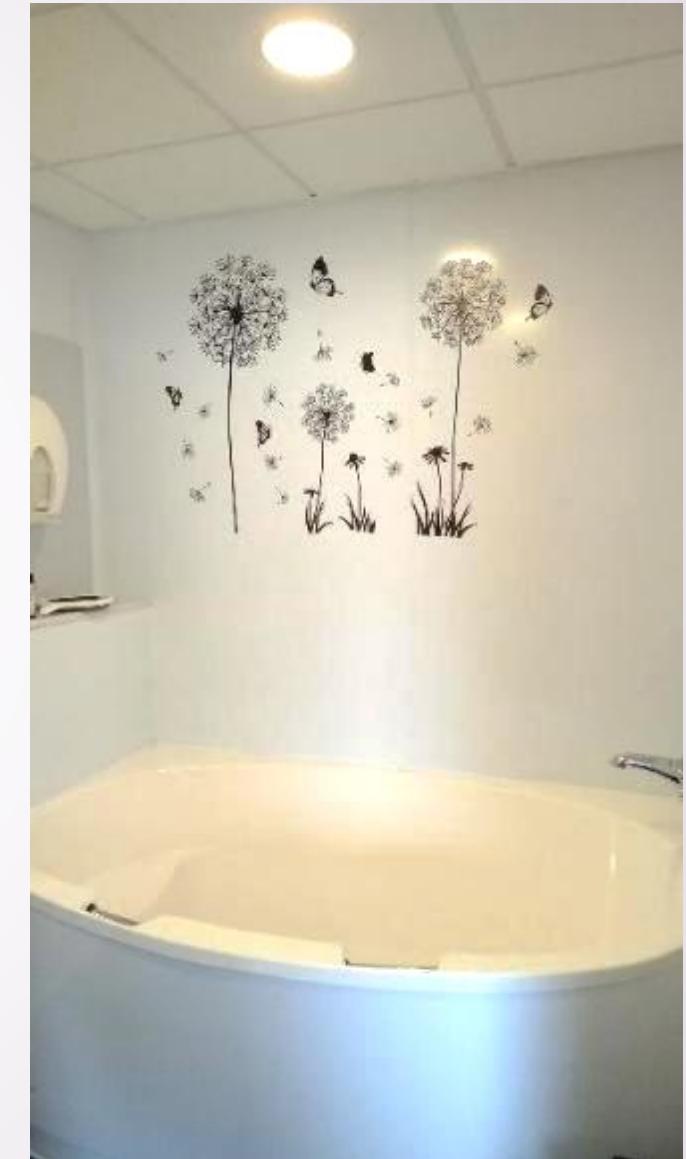
A Maternity Unit Coordinator works alongside the Charge Midwife to ensure issues around capacity or staffing are addressed promptly. NHS Lothian recruited several midwives in 2025 and this has eased staffing pressure. There are 10 midwives on each shift who provide one-to-one care for women and birthing people in labour.

The Staff Room has been refurbished, providing staff with a more welcoming space for breaks.

Birthing Room



Birth balls, peanut balls, mood lights and candles, aromatherapy diffusers are available.
2 of the rooms have a birthing pool.



Gas and Air

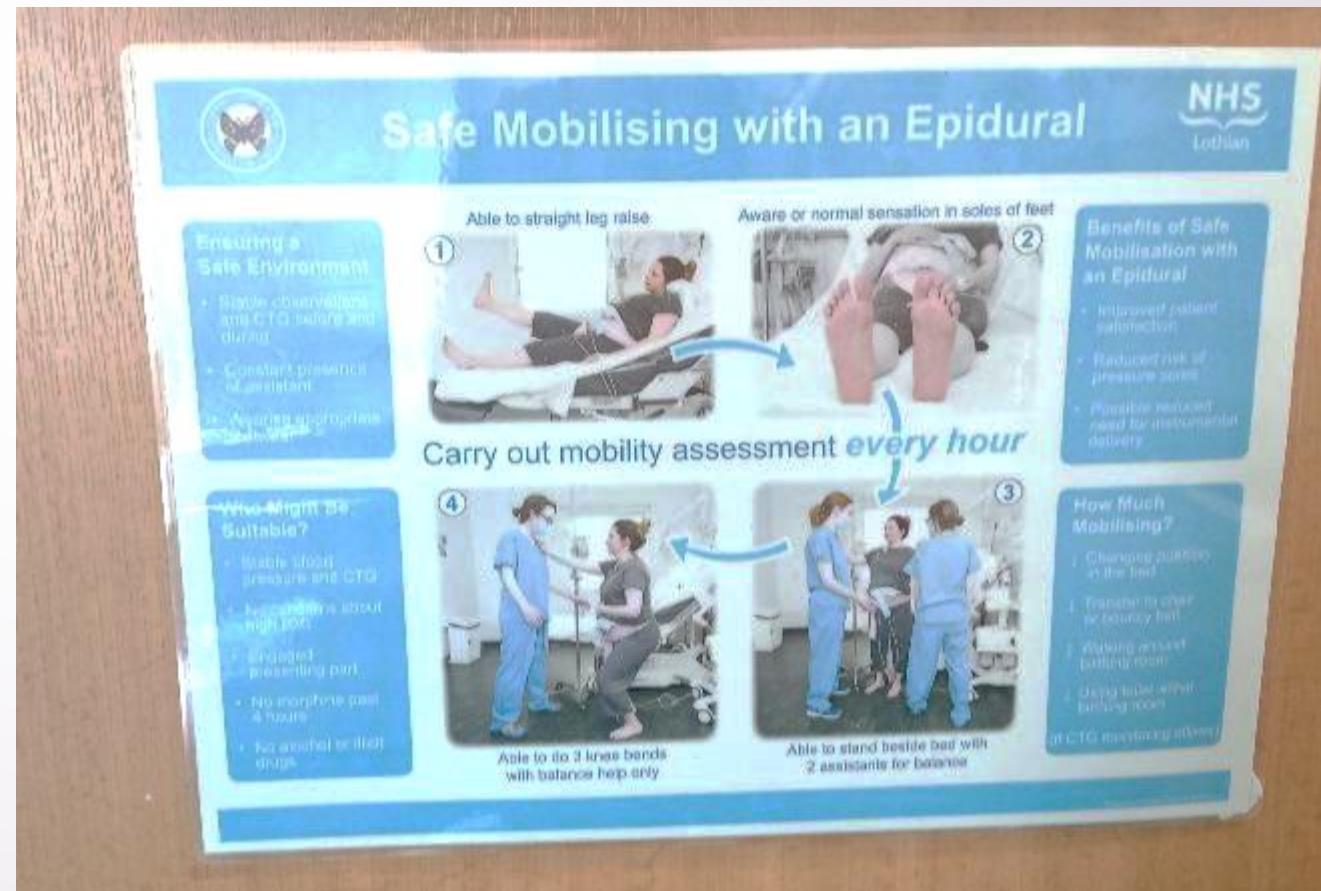
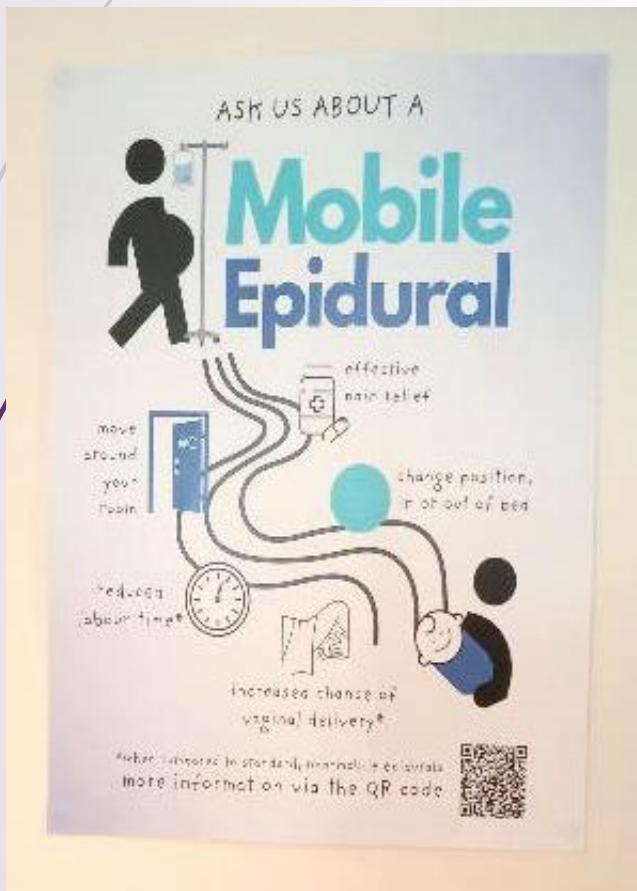
Now provided through a face mask, not just a mouthpiece as previously. The face mask covers the nose and mouth and is made of soft material. This reduces the release of Entonox into the room and protects the midwives against the health risks of prolonged exposure to Entonox.



Wireless telemetry is available.
This works in water too.



Mobile Epidural is now offered as standard and there is a poster showing how to mobilise. A video is available on the website: [Your pain relief options in NHS Lothian – Maternity Services](#)



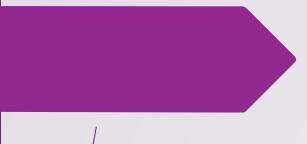


The visit



Our thoughts

- ▶ This was a very useful visit and the information we gathered will be shared through the MVP members' network and added to the website.
- ▶ Aileen's replies to our questions indicated that every effort is made to provide care in labour that is responsive to the specific wishes and needs of each woman and birthing person.
- ▶ However, feedback available to NHS Lothian and the personal experience of MVP members show that some parents have much less individualised birth experiences and that the choices offered can vary quite considerably.
- ▶ ***"If you are not aware about all your options or that there are options then your ability to choose is limited."*** (BRAIN Evaluation Survey)



Feedback shows that not every pregnant woman and birthing person is made aware that :

- ▶ They can ask for personal information that may impact on their labour to be included in their electronic notes.
- ▶ Emotionally-informed birth plans are an option.
- ▶ A wide range of birthing aids and pain relief is available.
- ▶ Mobile epidurals are standard and mobility can be optimised through self-administered dosage.
- ▶ Wireless telemetry monitoring is an option.
- ▶ Mothers taken to theatre for a post-birth intervention can keep their baby with them and have their partner there too (when clinically safe).
- ▶ Personal wishes can still be accommodated when birth takes place in theatre by caesarean section.
- ▶ Skin-to-skin can be facilitated and the 'golden hour' protected whenever clinically safe.

Our concerns

We know that midwives do their utmost to work on an individual level with women and birthing people and to provide care tailored to their needs and wishes - but this does not happen consistently. How can we ensure that everyone is offered all the options available to them (given their individual clinical circumstances) and that they are supported to make decisions that reflect what matters most to them? What can be done to provide the working conditions and the support midwives and doctors need to achieve this?

We have particular concerns for women and birthing people less able to advocate for themselves and at greater risk of facing barriers and discrimination such as:

- ▶ Those who may not know the system well, and therefore not know what they can ask for or what they can refuse.
- ▶ Those in precarious circumstances (isolation, fear of social services, homelessness, insecure immigration status) who may agree to interventions that they might not have accepted had they had someone to advocate for them.
- ▶ Those with communication difficulties whatever they may be, including those who do not have English as their first language.



Recommendations



Our main recommendation is to reinstate the multidisciplinary Labour Ward Better Birth group

A multidisciplinary group would provide the structure to go deeper into what labouring women and people really value and to make meaningful improvements to ensure everyone is offered all the options available to them (given their individual clinical circumstances) and supported to make decisions that reflect what matters most to them .

The conversations we started during the visit must be allowed to continue and develop into long-term collaboration which will benefit both the families and health care professionals.

What a Better Birth group could take further

- ▶ **Supporting physiological birth in a medical environment** – what can be done to ensure the natural progression of labour is not interrupted?
- ▶ **Birthing rooms** - What essential information do women and birthing people need at this point? How do they want this provided to them?
- ▶ Consider an active birth positions poster (or hand-held laminated card).
- ▶ Provide a list of non pharmacological comfort/pain relief options which women and birthing people can ask for and which may not typically be readily available or visible in the room (e.g. hot/cold packs, sterile water injections, TENS, birth ball, peanut ball, aromatherapy, floor mats, etc).
- ▶ Instal a reusable, wipeable board or laminated style poster to document key information at a glance about the birthing person and the team caring for them. e.g. pronouns if requested, names of partner, doula, midwife/OB /Maternity care assistant allocated to their care.
- ▶ **The language around birth** – implement the RCM recommendations: [Re:Birth - Royal College of Midwives](#)
- ▶ Women and birthing people report feeling sometimes pressurised into making decisions more quickly than they would like to (in non-emergency situations).



- ▶ **Birth partners** - what kind of information and support do they need?
- ▶ **Birth in theatre** - how can parents be better supported? Do they know that they still have choices for a caesarean or assisted birth?
- ▶ **Information boards in the corridor** - what topics would be most useful for parents? Do they have time / inclination to read the displays? Do they want leaflets / QR codes/ posters?
- ▶ **Role of Doulas** -

The group agreed it would be very useful for Senior Midwives to meet with the MVP doulas on a regular basis to develop relationships and work in partnership.
Consider integrating continuous doulas support within the theatre and post operative recovery area.
- ▶ **Bereavement** – Could better soundproofing of some birthing rooms be considered again? (feasibility / cost / possibility to fund raise?)

What a 'Better Birth' group could influence

- ▶ Care provided at birth is at the core of maternity services. **A closer collaboration with the MVP, promoting informed decision-making, self-advocacy and awareness of birth rights**, would drive this approach in antenatal and postnatal care too.
- ▶ More could be done to ensure women and birthing people, and those who care for them, understand basic birth rights. It is vital that conversations that lead to decisions start from a shared understanding of the legal and ethical framework of the informed decision-making process and the obligations on maternity services to uphold human rights. See factsheets and leaflets here: [basic birth rights - translated - Birthrights](#)
- ▶ There is currently no policy regarding **inclusive language** in NHS Lothian (or Scotland) and therefore no obligation to use inclusive wording such as: " women and birthing people". "breast/chest feeding, etc..."). The MVP has long campaigned for this discussion to happen and for a policy to be developed, agreed and introduced.
- ▶ All information for parents should be written in inclusive language. For example, the text for the Labour Ward Vision would be:" The labour ward in the SCRH aims to provide the highest standard of care to women, birthing people and their families...".



Next steps

- ▶ Report to be shared with the labour ward staff and NHS Lothian Maternity Services.
- ▶ Key recommendation to reinstate the multidisciplinary LW Better Birth group to be discussed with the Director of Midwifery, the Clinical Manager for intrapartum care and the Maternity Operational group.