



Annual Report 2025

"Working together to improve maternity services"



In the aftermath of the 2024 whistle-blowing report, 2025 has been another difficult year for local maternity services with an unannounced inspection by Healthcare Improvement Scotland in June. The resulting report published in October paints a worrying picture of overworked maternity staff and services so stretched that avoidable harm occurred. During this turmoil, the MVP has provided a safe space to reflect on the challenges and discuss the remedial and consolidating work that is thankfully under way. There is still a lot more to do and this annual report, written for the first time in partnership with NHS Lothian, sets out our shared priorities for 2026. Mathilde Peace, Lothian MVP lay chair



LOTHIAN
Maternity Voices
Partnership

"We are always keen to welcome new members to the MVP. If you have had a baby recently, work with or have an interest in maternity services and would like to support our improvement work, just email me directly."

Mathilde Peace, MVP Chair: mathilde.peace@nhs.scot

Find out more about what we do and how to get involved



[NHS Lothian MVP](#)

We have 6 meetings per year. All online, on a Thursday morning 10:00-12:00, with a pre-meeting at 9:00 for the MVP lay members and Third Sector representatives .

Our meeting dates for 2026 are:

5 February
26 March
28 May
20 August
22 October
10 December

NHS Lothian Maternity Services Recovery Plan

A large programme of work for clinical improvement is underway and making progress. It had started before the inspection conducted by Healthcare Improvement Scotland and many areas highlighted in the report are already part of this programme of work. The Maternity Voices Partnership has a key role to play to ensure the voices of service users inform all aspects of this work. The MVP Chair attends the monthly meetings of the Maternity and Neonatal Services Programme Board and the Clinical Governance and Risk Management Group. There will be opportunities for the MVP members to be involved in relevant service developments and improvement work in 2026.

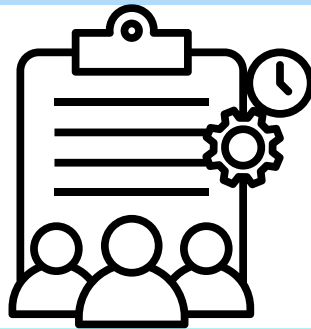


Staffing is central to the issues raised and no recovery plan can be fully implemented until staff levels are adequate and stable.

An assessment has identified where the gaps are: labour ward and medical cover for triage at the Royal Infirmary / out-of-hours senior midwifery at St John's / appointment of a dedicated manager for women's services.

Recruitment has been taking place throughout 2025.

The objective is to reach full operational levels by Spring 2026.



The recovery plan for maternity services is implemented by two groups:

- A weekly group, chaired by the Chief Officer for Acute Services focusing on the action plan put in place after the HIS Inspection and any critical actions from existing improvement plans.
- A monthly group, chaired by the Executive Medical Director focusing on the ongoing programme of quality improvement and patient safety in maternity and neonatal services. The key areas of work are:

Induction of labour process

Sick mother/baby: reading the early signs and taking appropriate action

Prevention of birth injuries.

Your MVP in Action: providing information to support choice

“If you are not aware of all your options or that there are options then your ability to choose is limited.”

BRAIN evaluation survey

WHAT WE DID



We improved information on the website about **booking a first appointment with a midwife**. There is now the option to either phone or fill in an online self-referral form.

We visited ward areas in small groups of MVP lay members.
We shared what we learned in reports now available on the website.



In May, we visited the labour ward at the Royal Infirmary

We heard 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. We want to work together in a multi-disciplinary group to ensure everyone is offered all the options available to them.



In September, we visited the Lothian Birth Centre

We learned that the Birth Centre is a real option for many women and birthing people including those who, for a range of reasons, may not have considered it or think that it is not for them.

We feel that women and birthing people who may not meet all the admission criteria should be informed consistently that they have the option and the right to be seen by the senior midwifery staff in order to discuss and put in place an individualised plan for giving birth at the Birth Centre.

WHAT MORE CAN THE MVP DO IN 2026?



Support better use of the **website resources**: choice of place of birth, labour and birth preferences, induction of labour, leaflets in additional languages and formats, etc...A linktree is being developed to make it easier for staff and parents alike to access all sources of information from one central place.



Suggest content for the **Facebook page**: Having a baby in Lothian.



Re-establish the **multidisciplinary groups on the labour wards** at the Royal Infirmary and St John's to ensure up-to-date information is shared and to support choices that promote the physiology of birth.



Schedule a **focus on the Lothian Birth Centre** at one of the MVP meetings in 2026.



Co-produce a **monthly infographic of birth statistics** to share routine data about NHS Lothian maternity services on Facebook and the website.



The MVP will keep supporting the introduction of the **MAMA Academy Wellbeing Wallets**. They are useful to carry pregnancy notes. They explain the signs or symptoms that may indicate that something is not right with mum or baby and stress the importance to get seen quickly.



Ensure everyone is given the **BRAIN sticker**, including in their own language.



Campaign for **extended antenatal appointments to discuss labour and birth preferences with a midwife** towards the end of the pregnancy.



The MVP will keep working with the anaesthetists team to **offer more choices for medicated pain relief on the labour ward** in order to support mobility during labour and increase the chance of a birth without intervention.

Your MVP in Action: giving everyone a voice so that everybody gets the care that is right for them

Equality, Diversity and Inclusion is at the centre of a prominent programme of work led by the Director of Women's and Children's Services. The Director and Associate Director of Midwifery chair subgroups which respectively focus on enhancing engagement with BAME communities and improving staff experience.

WHAT THE MVP DID and OUR AIMS FOR 2026



We created a poster offering a **range of ways to provide feedback** to capture more diverse views.



The MVP Chair works in partnership with the Multi-Cultural Family Base to reach out to women who do not routinely access any feedback channels and offers to collect their personal experiences of maternity care. The resulting detailed 'patient stories' are then presented to NHS Lothian Maternity Services senior management and clinical governance staff.



We co-produced a film and training resource about providing **maternity care for LGBTQ+ families** and this now needs to be made fully available to staff.



MVP members will continue working with NHS Lothian to take forward recommendations from the MVP-KWISA shared report about the **maternity care experiences of women of African and Caribbean heritage: Nothing about us without us**



Laura Jones, new MVP member, presented the RNIB report about **Navigating Motherhood with Sight Loss** and the MVP is helping her make connections with NHS Lothian to implement the recommendations.



The MVP invited Samantha Reilly from **Doulas Without Borders** to talk about the free service they offer to support women and birthing people who experience disadvantage. The MVP will continue supporting closer relationships between doulas and NHS Staff.

2025 Attendance



At all our meetings, the majority of the members in attendance were service users.

Each meeting was attended by an average of 6 partnership organisations/charities.

There was a drop in attendance from 2024, due to fewer NHS maternity staff being able to attend.

At all our meetings there was representation from: Clinical Midwifery Managers, Senior Charge Midwives, Community Midwives, Family Nurse Partnership, Public Health - Maternal and Infant Nutrition and the Edinburgh University Pregnancy Research Team.

Medical staff are still under-represented: obstetricians were only present at 3 meetings.

