AIMS For a better birth...

Maternity Commissioner debate April 20th 2026: A personal review and a call for the normalisation of homebirth

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By Gill Watson

Westminster Hall debates are discussion debates only, so the Maternity Commissioner debate was unable to produce a binding vote or formal decision. No motion could be voted on, or any law or appointment approved.

The debate was the result of an online petition raised by Louise Thompson and Theo Clarke, both of whom suffered long-term physical damage and mental trauma during the births of their babies. Such occurrences are unquestionably deplorable; on those rare occasions when they happen they should be made the subject of investigation, and hopefully act as a catalyst for improvement in practice.

Can it be termed a debate when everyone agrees? I felt that the contributors were agreeing on the wrong issue, that the role of a Maternity Commissioner would be to improve safety in hospital. This is my take on a debate that I watched and, later, read to make sure I'd understood what I'd heard. The aims are laudable and necessary, but focussing solely on the concept of improving safety in hospital won't address

the overarching problem in NHS maternity services. Much of the debate was understandably driven by emotion, but lacked supporting evidence for anything other than hospital failures. It seemed that only lip service was paid to the alternative, but perhaps this was to be expected; admittedly it was cases of avoidable harm that brought the subject to Westminster Hall in the first place.

Lizzi Collinge (Morecambe and Lunesdale) (Lab)

"I feel obliged to say that the vast majority of maternity care is safe. We talk about all the failings and all the horrors that women have seen, but I do not want that to frighten families. We have to accept that the worst tragedies are exceptions."

I should be clear this is an essentially biased review, so I hope other AIMS volunteers will offer their own responses and interpretations. My feelings are firmly pro-homebirth, pro-physiological birth, and pro-continuity of carer, and I find it difficult to understand why anyone with even the sketchiest grasp of physiology, and in the absence of serious underlying health conditions, would choose or recommend any other approach to giving birth. I trust that, as a species, we haven't yet evolved to the point where we can no longer give birth unaided.

A powerful speaker for the cause was *Michelle Welsh MP*, recently appointed as the government's first Maternity Adviser and herself, as she expressed it, a "harmed mother". This is both the strength and the weakness of the Maternity Commissioner debate. Strength, because the petitioners and their supporters have real-life experience of hospital failings, and continue to pay the price of that experience; it's a powerful motivator for change that made this petition happen. Weakness, because it's making hospital births the focus for change, and appears to ignore the concept of birth outside hospital. The word "hospital" was used 48 times in the debate. The term "home birth" was used four times, twice regarding an actual birth and both times as an example of system failure.

The phrase "normal birth" appeared three times:

Lizzi Collinge

"*There are so many different aspects of maternity safety that I could talk about all day, such as the way that "normal" birth culture still permeates the education of our midwives and some practice, despite having been shown to be harmful. The wider culture around birth seems to say that it must be a joyful, wonderful experience at all times, when in reality it is messy, brutal and quite often unpleasant, even when it all goes well."*

Dr Caroline Johnson (Sleaford and North Hykeham) (Con)

"*I had three healthy children, but the first one was a normal delivery, the second a somewhat chaotic emergency caesarean section and the third a nice and smooth, peaceful elective caesarean section… I share the hon. Lady's [Lizzi Collinge] concerns about the "normal birth" culture."*

I would argue that, though the speakers undoubtedly have the interests of women and babies at heart, the position of "normal birth is fraught with risk, and deeply unpleasant" is neither a healthy nor helpful

starting point.

That's two, so who else mentioned "normal birth"? Coincidentally, the only speaker to mention "physiological birth":

Maya Ellis (Ribble Valley) (Lab)

"*I want to gently address an elephant in the room. The concept that midwives have sought "the pursuit of normal birth at any cost" entered public policy following the Morecambe Bay investigation in 2015. It was never intended as a literal description of all midwifery practice, yet it became a powerful and damaging shorthand. The report described a "seriously dysfunctional" service, which was "influenced by a small number of dominant individuals", where poor leadership, weak clinical skills and failures in basic risk assessment created a "lethal mix". The problem was not support for physiological birth; it was unsafe practice and toxic culture. …However, over time, that nuance has been lost. Supporting physiological birth became conflated with recklessness."*

Support for "continuity of care" came from two speakers:

Again, *Maya Ellis*:

"*If we are serious about improving outcomes, we already know where to look. Continuity of midwifery care is recommended by both the World Health Organisation and NICE, and it is associated with fewer pre-term births, lower rates of loss and significantly higher satisfaction from families."*

and *Paul Waugh (Rochdale) (Lab/Co-op)*

"*Midwives across the UK are advocating for women, supporting women and sharing their expertise with women all the time. However, that is also why we need to make continuity of care a reality for women, so that midwives can be "with woman" throughout the pregnancy and the birth. There must also be the investment in staffing that is needed to allow for rotas that provide the gold standard of staffing that everyone wants, both for pregnant women and for midwives.*"

I want to mention *Bell Ribeiro-Addy (Clapham and Brixton Hill) (Lab),* chair of the all-party parliamentary group for black maternal health, and a supporter for the appointment of a Maternity Commissioner. She spoke with power and clarity:

"*Each Black Maternal Health Week, I usually start by addressing the statistics around black maternal health, which make for grim listening. … Last year, Five X More [a group working to highlight and reduce the disparities in maternal outcomes for Black women and birthing people in the UK] conducted its second black maternity experiences report, a large-scale survey collecting the experiences of black women during their pregnancies and childbirth. Of the 1,000 respondents, 54% experienced challenges with healthcare professionals, 28% of women reported discrimination, mostly racial, and 49% stated that their experiences during labour and birth were not properly addressed."*

I'm by no means overlooking these serious concerns; however my view continues to be that safe and equitable care for women means for ALL women, regardless of race or background. Improve the care of

black women, and you improve care for all women and *vice versa*. All mothers, birthing people, and babies, are equal; nothing less is acceptable.

I believe strongly that all women feel more in control, more secure, and more relaxed when labouring at home, with a midwife they know. Antenatal education has its part to play, showing the way to understand and trust the process.

Hospital midwives are over-stretched; they work long hours, and are often left to care for too many women. Doctors and obstetricians are noticeably lacking on night shifts, despite there being little difference in the numbers of babies born inside and outside so-called "working hours". To begin to make hospital birth safer, surely we need fewer women in the wards? Work must begin to reinstate homebirth as the norm at the end of a healthy pregnancy, with midwife-led units a next step when required, and hospital births reserved for those women and babies identified as needing complex specialist care.[1]

Should a decision be made in favour of a Maternity Commissioner, let the Government look to the ranks of experienced, empathic and, dare I say, radical midwives. The post will demand sound and practical knowledge, capacity to employ the research, and insight to view the system as a whole, from the roots upwards.

Author Bio: Gill was an NCT antenatal teacher for a few years before drifting away. Now she's returned, disappointed and bemused, to find the maternity services in an even worse state.

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1 Editor's note: Gill is calling here for a radical reform of the service - radical in the sense of 'returning to roots'. This would require our societal mindset to be re-set to the early days of 'Call the Midwife' (a time well within living memory) when home birth was considered normal and desirable by almost everyone. AIMS current position is to support the right of women to choose where they give birth and for their choice to be supported.