

## **REPORT FOLLOWING REVIEW OF THE UK AEI'S CURRICULA DELIVERING MIDWIFERY PROGRAMMES**

It is widely known that maternity care is under scrutiny across the UK. Additionally, midwifery education has been spotlighted with reports suggesting that student midwives do not have the required knowledge of midwifery practice at the point of initial registration. Additionally, there has been an ongoing debate within the Media suggesting that student midwives are being taught a 'normality ideology' and linking this with poor outcomes for women and babies.

All approved midwifery programmes must meet and continue to meet our standards, but the NMC does not stipulate what is taught within the curricula; this is locally determined to meet the needs of the local population.

In order to understand the potential sources of misinterpretation articulated within the Media the Education Quality Assurance (EdQA) team and the Midwifery Team carried out a mapping exercise. The aim was to seek additional assurance whether all midwifery programmes reflect the content of the curricula and the themes of the [Standards of proficiency for midwives](#), the Lancet framework and identify if there are any areas of concern that may require strengthening or review.

This activity was carried out by the Lead Midwives for Education of all the AEIs supported by the Assistant Director of EdQA, the Assistant Director for Midwifery and the Senior Midwifery Advisor (Education).

### **APPROACH TAKEN**

1. Using the tool developed by the Directorate of Professional Practice of the Nursing and Midwifery Council, the LMEs for all AEIs that are approved to deliver midwifery programmes were asked to map the key themes of the Standards of Proficiency for Midwives (2019) to their curricula.
2. Following mapping of their curricula the LMEs were asked to submit the document with their module specifications to the NMC.
3. Following review of the submissions a summary document was developed by the NMC.
4. The findings of the work remain the intellectual property of the NMC and any subsequent publications.

5. All data will remain anonymous.

## **TIMEFRAME**

The data was submitted to the NMC by 26 November 2025 and the data analysed by the end of December 2025.

The report will be made available to Midwifery Strategic Advisory Group (MSAG), NMC Executive Board (EB), NMC Council and will be available on the NMC website.

## **GOVERNANCE**

During the collection of the data any queries were directed to the Assistant Director for Midwifery and the Senior Midwifery Advisor (Education).

## **RESULTS OF THE MAPPING EXERCISE**

All 64 AEs submitted the spreadsheet which demonstrated how the themes of the Standards of proficiency for midwives were demonstrated across their curricula. Seven AEs did not submit their module specifications so their curricula could not be directly reviewed.

## **REVIEW OF THE THEMES**

All midwifery programmes reflected the themes of the Standards of proficiency for midwives. The themes were demonstrated at different points across the individual curricula and at different points in the midwifery programmes, but all were reflected in the programme and prior to the point of registration.

## **REVIEW OF THE MODULE SPECIFICATIONS**

The content of the programmes is being taught progressively throughout the 3/4 years commencing with normal anatomy and physiology related to pregnancy, labour and birth, and postnatally with complexity and additional needs being introduced and becoming more evident in the second year. This is appropriate for the programme curricula as student midwives will observe variations across the maternity care spectrum throughout their education and training.

The word '*normal*' and '*normality*' have been questioned within the media as whether this appropriate to be taught in undergraduate programmes. It was found that these words were sometimes used but this was appropriate as it fitted the context and did not imply any ideology. Midwifery confidence depends on a deep knowledge of

normal physiology, early recognition of deviation and timely escalation within multidisciplinary care. Abnormality cannot be recognised without a confident understanding of normal physiology. The programmes reflected the language of the NMC Standards and in keeping with the programme content and/or learning outcomes. The word '*normal*' is used widely in health care therefore, the use of it across midwifery programmes is appropriate. There was however variation amongst AEs in how much the word 'normal' was used, with some choosing to adopt alternative language or omit the word throughout.

There were many examples of good practice noted across the midwifery programmes where the language of the NMC standards of proficiency for midwives was used and the role of the midwife clearly stated. For example:

*'Apply their detailed knowledge of normal physiology to develop strategies to promote physiological childbearing and mitigate that factors in the care environment that can negatively impact these processes.'*

*'Optimise normal physiological processes in a variety of contexts even where there may be additional care needs for the mother, fetus and or newborn infant.'*

*'...how the midwife can optimise normal physiology and developing pathology, utilising the best available evidence.'*

*'Identify how factors in the care environment can impact on normal physiological processes and how the midwife can work to promote and protect a positive environment both physical and emotional.'*

The importance of the midwife recognising where additional care from the multidisciplinary team would be needed was also evident. For example:

*'...recognise actual and potential additional care needs.'*

*'Apply in-depth understanding of the physiological basis of why and how to initiate first line management.'*

The themes of the Standards of proficiency for midwives were also evident in the programme modules. For example:

*'... a focus on human rights taking into account physical, psychological, emotional, spiritual, cultural safety in the delivery of quality person-centred care.'*

*'Prioritise a partnership model of midwifery care where individual needs of women, their views, preferences & deviations can be sought out, facilitated and preserved.'*

*'Explore the contribution of multi-agency and interdisciplinary team in optimising the health and wellbeing of women and families.'*

## AREAS FOR CONSIDERATION

There were also examples of where language was used which if taken out of context or without sufficient detail could be misinterpreted by the untrained eye. For example.

*'Normal vaginal births'*

*'Normal physiology of labour'*

*'Normal progress'*

*'Normal midwifery practice including care planning.'*

*'Normal processes, normal midwifery practice, and normal adaptive processes'*

There were also instances where the phrase was not linked to the role of the midwife in recognising deviation from normal and the need to escalate but remained appropriate to use. For example,

*'It [the module] will provide and promote childbirth as a normal physiological process.'*

The use of language in the examples above demonstrates how some lay readers may assume that *'normal birth'* is being taught over all other types or suggests a specific ideological approach.

In some programmes the language from the International Confederation of Midwives (ICM), World Health Organisation (WHO) and FIGO (International Federation of Obstetrics and Gynaecologists) had been cited as *'promoting normal birth.'* However, following review of the ICM, WHO and FIGO documents *'promoting normal birth'* was used in the context of recognition of deviations from normal and escalating to the multidisciplinary team when abnormalities are detected.

## REVIEW OF READING LISTS

Some AElS submitted information additional to what was requested and these included reading lists; of those submitted they were included in the review.

It was noted that a couple of books with *'normal childbirth'* in their titles were widely used across the midwifery programmes in the reading lists but it is acknowledged that these books, although they remain contemporary, were all written before the normal birth debate started and their titles have the potential to be misinterpreted by a lay person. It is also important to note that the content of the books is relevant in

understanding normal physiological processes, the evidence, and the debate; there is no suggestion that they support a ‘normal birth ideology.’

Equality, diversity and inclusion (EDI), human rights and complexity are referenced in all programmes but are less explicit in a lot of them. It would be beneficial to include more explicit information on the websites or in module specifications to assure the NMC regarding learning in these areas. We will consider how this assurance will be gained going forward.

Whilst some AEs use older ‘normal birth’ texts, there are programmes that have opted for more contemporary literature. Whilst AEs cannot fully prescribe the material students read, it may be helpful to choose more contemporary text for essential reading lists.

## **CONCLUSIONS**

The review of the data submitted has not identified any concerns with the midwifery programmes across the UK and it demonstrated clearly how they are meeting the requirements of the NMC Standards of proficiency for midwives. We found no evidence that a normal birth ideology was being taught within pre-registration midwifery programmes.

The term ‘*normal*’ is used widely throughout healthcare and enables clinicians to determine whether an individual requires any intervention. It would not be in line with current practice if the word did not feature within our standards. However, the word ‘normal’ does need to be contextualised so that its meaning is not misunderstood.

In the current climate of concern about maternity services, it would be prudent for all programmes to consider some of the language expressed to ensure that it directly reflects that used in the NMC Standards of proficiency for midwives and the Standards of pre-registration midwifery programmes.

## **BIBLIOGRAPHY**

International Confederation of Midwives (2024) Essential competencies for midwifery practice (accessed 26/1/26)

International Federation of Gynaecology and Obstetrics (FIGO) (2021) Midwives: A critical Key to Ensuring Woman and Girls’ Health Globally [www.figo.org](http://www.figo.org) (accessed 20/1/26)

Nursing and Midwifery Council (NMC) (2019) Standards of proficiency for midwives London: NMC available from:

<https://www.nmc.org.uk/globalassets/sitedocuments/standards/2024/standards-of-proficiency-for-midwives.pdf>

Renfrew, M.J., McFaddon, A., Bastos, M.H. et al (2014) Midwifery and quality care: findings from the new evidenced-informed framework for maternal and newborn care *The Lancet* 384 pp.1129-1148.

World Health Organisation (WHO) (2019) Strengthening quality midwifery education for universal health coverage 2030: framework for action. <https://www.who.int/publications/i/item/9789241515849> (accessed 26/1/26)