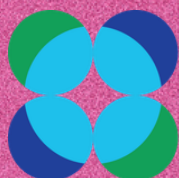


*The New Britain  
Project x More in  
Common*

# THE BIRTH OF DISTRUST

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**The  
New Britain  
Project**



**More in  
Common**

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# Foreword

01



**Feryal Clark MP**

Birth is one of the most important and vulnerable moments in a woman's life. It is when you place enormous trust in the NHS: trust that you and your child will be safe, heard, and cared for. And what happens in that room, what is said, what is ignored, what goes wrong and what is never explained, stays with women for the rest of their lives.

This report makes clear that, for too many women, that trust is being broken. What should be a moment of compassion and reassurance is too often marked by anxiety, dismissal, or trauma, and the impact does not end when women leave the hospital. It shapes how they feel about our health service, their confidence in government, and even decisions about their future families.

The women affected most are also those with the least power to fight back. That is not an accident of the data. It is the shape of inequality in this country.

The scale of poor experience alone should be enough to demand urgent action. But what really struck me was the fatalism, the fact that too many women have stopped expecting anything to change. They blame successive governments, not their midwives, professionals who are too often working under intense pressure, doing their best in a system that is stretched too far.

This government came to office promising to fix the foundations. Maternity care is one of them. This report is the evidence we need to act on, and the measure by which we will all be judged.

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# The Birth of Distrust

02

Birth is one of the most significant moments of care that the state provides. It is a moment of profound vulnerability. For many women, it is the most intense and consequential interaction they will ever have with the NHS: a time when they are responsible not only for their own lives, but for the life and future of their child. It is a moment when care should be at its most attentive, and the state at its most compassionate.

Yet for thousands of women across the country, that first encounter with the health system is not a moment of safety and care, but one of trauma, neglect, or dismissal. And those experiences don't end when they leave the hospital.

What happens at the point of birth ripples outward: into health-seeking behaviour, into trust in institutions, into decisions about future children, and even into politics.

This matters because women are often the “gatekeepers” of their family’s health, managing appointments, vaccinations, and everyday contact with the state. Their relationship with the NHS doesn’t start at birth, but birth is the moment it becomes most critical. But when their first encounter with the NHS as mothers is poor, the damage can be lasting, not just to them, but to the wider fabric of public trust.

And crucially, **mothers blame ministers, not midwives**. Their anger isn’t directed at the frontline staff who delivered their care, but at the politicians who set the priorities, cut the budgets, and left services stretched to breaking point.

This report presents the first nationally representative dataset to directly link women’s birth experiences to their trust in the NHS and the Government. It shows that failures in maternity care have political consequences, eroding trust in the NHS and the Government far beyond the moment of birth.

For years, headlines have focused on catastrophic failures at individual NHS trusts. Each story is horrific in its own right. But the evidence presented here illustrates that these scandals are not outliers. The problems are not confined to a few ‘bad apple’ hospitals. They are systemic, widespread, and affecting hundreds of thousands of women across the country every single year. And as Wes Streeting, the Labour Health Secretary himself has said, maternity care should be the litmus test by which this government is judged.

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## A bad birth stays with you

03

A difficult birth reshapes how women relate to the NHS and the Government long after they leave the hospital.

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- Three in four women who had a poor birth experience say it reduced their trust in the NHS.
  - The same pattern is seen when it comes to confidence in Government, 58% of women who had a poor birth experience say their trust in Government has fallen.
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**Every 4 minutes a mother's trust in the NHS is broken**



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## Poor births leave women anxious about returning to medical settings

A negative birth experience can turn routine healthcare into a source of anxiety.

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- Half of mothers (48%) who had a poor birth experience say they are now more anxious about going into healthcare settings because of their birth.
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**Every 6 minutes a mother is leaving the maternity system more afraid of healthcare than before she entered it**



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## Poor birth experiences are putting women off having more children

Poor maternity care has a measurable impact on decisions about future children.

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- 26% of mothers say their birth experience made them less likely to want more children.
  - Among those who rated their overall birth experience as poor, this rises to 49%.
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**1 in 4 women in Britain are putting off having more children due to their birth experience**



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Two in five mothers report lasting health impacts after birth, either physical, mental or both.

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## Women who have had a poor birth experience are more politically unsettled

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Mothers with negative birth experiences are less loyal to Labour and more likely to consider switching to Reform UK or smaller parties, hinting at disaffection rather than clear partisan realignment.

Poor birth experiences also appear to have a mobilising effect. 31% of mothers who had a poor birth experience say it makes them more likely to vote, compared with 21% among mothers who were satisfied.



# The State of Maternity Care in Britain

## Working-class mums are nearly twice as likely to experience a poor birth as middle-class mums

The NHS was founded on the principle that care should be universal, free at the point of need, and the same for everyone. Yet when it comes to childbirth, that promise is not being met.

Our data illustrates that the experience of giving birth is shaped by wealth, with less affluent women consistently reporting worse outcomes and less support than their better-off counterparts in every corner of the country.

Among women who describe themselves as financially struggling, 69% say some part of their birth was quite, very, or extremely poor. Among financially comfortable women, that figure falls to 36%.

## Across the UK, a mother's likelihood of receiving good maternity care is far more closely tied to financial stability than postcode

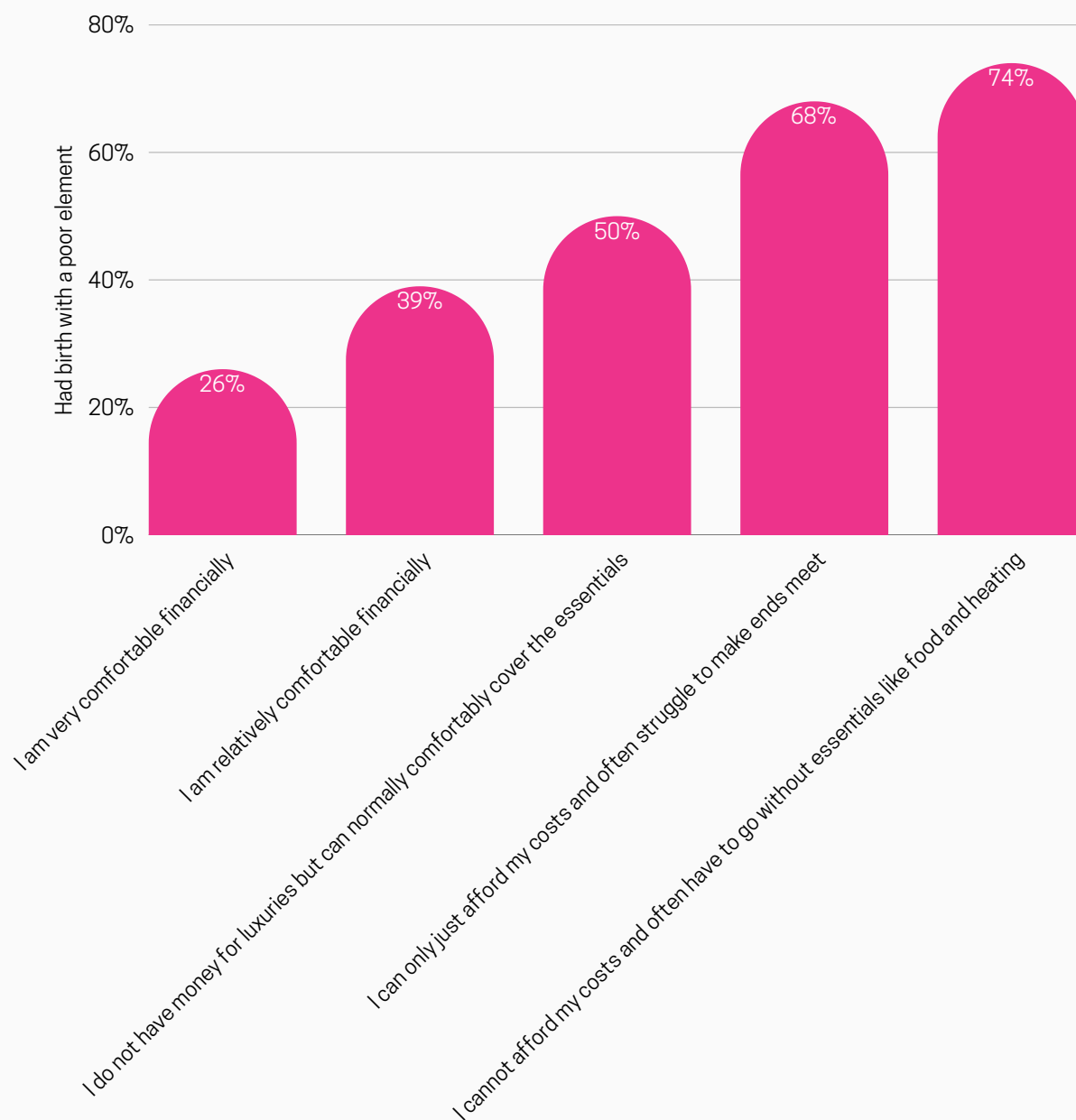
Women with higher incomes consistently report better birth experiences wherever they live, while those facing financial hardship are significantly more likely to describe their care as poor. This clearly shows poor maternal outcomes are not isolated incidents but a systemic failure across the country.



# And while wealth reduces the risk of poor care it doesn't eliminate it

Even among the most financially secure mothers, over a third still report that some part of their birth experience was poor. So while financial stability shapes the odds of a good birth, no group is fully protected.

## Reported poor birth experience by level of financial security



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# Understanding the Causes of Poor Birth Experiences

## Interventions increase risk of poor birth experience

Births involving medical interventions are far more likely to be described as negative. One in eight mothers rated their birth experience overall as poor - but this figure rises to one in four for women who had an assisted delivery, such as forceps or an emergency caesarean.

## The most commonly reported problem is overstretched staff

The leading concern among those with poor experiences was that staff were overstretched - mentioned by more than half of mothers in the most recent births - up from around a third in the late 1990s and 2000s.

Mothers also commonly reported:

- Lack of clear information or explanation - 26%
- Feeling their concerns weren't taken seriously - 30%
- Inadequate postnatal support - 36%

## Progress on improving maternity care has stalled

Using the birth year of mothers' oldest child to track changes over time, the share reporting that some aspect of their care was poor fell steadily from the late 1990s to the mid-2010s. However, that improvement has levelled off over the past decade. Among mothers whose youngest child was born since 2020, the rate of poor experiences remains similar to that of the mid-2010s, suggesting progress has plateaued rather than continued.

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# Who Do Mothers Hold Responsible for Maternity Failures?

## Mothers blame ministers, not midwives

When problems in maternity care do occur, mothers overwhelmingly point to the Government, not the NHS. Half (50%) blame the Government for failings in maternity services, compared with just 27% who point to NHS leadership and 14% who blame frontline staff.

## Most say governments have failed to prioritise women's health

Nearly two-thirds of recent mothers (64%) believe that consecutive governments have not given enough priority to women's health and maternity services. The same proportion (64%) say the Government is actively ignoring issues in maternity care.

## Mothers lack confidence in government action

Only 16% of mothers say they are very confident that the Government is taking issues in maternity care seriously. A majority - 51% - say they are "not very" or "not at all" confident.

## Many mothers don't think complaining will make a difference

Even when things go wrong, many women believe there's little point in speaking up. A third (37%) of recent mothers say it wouldn't be worth complaining if they had an issue with their birth experience - a figure that rises to 57% among those who have already had a bad birth.

And the women most affected are the least likely to act. Mothers who are struggling financially - and most likely to report poor maternity care - are three times less likely to make a complaint or believe it would make a difference.

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**“What's the point it won't change anything”**

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# One in five mothers who needed postpartum mental health support never received it

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Almost two thirds of mothers (66%) say they needed mental health support after giving birth but 1 in 5 never received any help at all.

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## Not informed

**“I didn’t know such help was given because no one informed me of it.”**

**“I didn’t realise I had PPA as I’d only ever heard of PND and I knew I didn’t have that.”**

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## Dismissed by professionals

**“I tried but wasn’t taken seriously.”**

**“The doctor told me I needed to be grateful for what I had and I’d be fine, so I didn’t want to ask again.”**

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## Fear of judgement

**“I didn’t want to admit I couldn’t cope - I felt like a failure.”**

**“I was worried my child would be taken off me. I was ashamed of my mental health.”**

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## Normalisation of suffering

**“Every time I said I was struggling, everyone told me it was normal.”**

**“I ignored it. I thought feeling this way was just what happens after birth.”**

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## Trauma made seeking help harder

**“Birth trauma gave me fear of any medical environment.”**

**“I was in too much of a dark space to ask for help.”**

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# What Must Change to Make Birth Safer and Fairer

The single most commonly-cited improvement was continuity of care - with 30% of mothers saying that having the same midwife throughout pregnancy and birth would make the biggest positive difference. This was especially true among women in lower-income groups, where the figure rises to 41%.

Women are explicitly telling us the solution: being known, heard and followed through by the same professional.

Other frequently-mentioned improvements include better postnatal support (24%), more staff and shorter waiting times (22%), and clearer communication from medical teams (15%) - demonstrating again a clear desire not just for more resources, but for more consistent, personalised care.

If turning around maternity care is to be a litmus test for this government, what does a litmus test response look like? Firstly, short-staffed care can never be safe care. Recruiting the 2,500 midwives it's estimated the NHS needs in England will be vital. As is prioritising retaining the skills and expertise of serving midwives - and the provision of high-quality, evidence-based training throughout midwives' careers.

We don't need more reviews.

The most corrosive finding in this report is fatalism, the belief that complaining will not change anything. When women stop believing the system will listen, distrust hardens. The only way to rebuild that trust now is to act, through visible staffing increases, transparent progress measures, and honest acknowledgement of failure.

**If birth is where trust is first broken, it can also be where it is rebuilt.**

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This report draws on new nationally representative polling conducted by More in Common. The survey included 1,523 women across England, Scotland and Wales, covering a total of 2,483 births. All respondents had given birth within the past decade.

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