



Green Maternity

The Green Maternity project combines lived experience, high-quality case studies, carbon modelling and evidence synthesis to agree eight initial priority areas for low carbon, equitable maternity care.



It's about creating a system where every woman, **regardless of race, background, or socio-economic status, feels supported, respected, and empowered** during one of the most vulnerable times in her life.

By addressing **environmental waste, systemic inefficiencies, and health disparities**, we can lay the groundwork for healthier families, stronger communities, and a **better future for generations to come**.

Read the full report



Tahnee Brathwaite

Sustainability lived experience group member

The Green Maternity Challenge

The combined Green Maternity Challenge projects have projected annual savings of

£860,669
and

101,623 kgCO₂

which is the equivalent of

298,367 miles

in an average car
(453 trips between London and
Edinburgh)



Initial priorities for green maternity care



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Gynaecologists

Improve information sharing

Current systems are outdated; duplication and errors are common. This leads to poor outcomes, resource wastage and frustration for women and birthing people.

Examples: Improvements to booking, referral and discharge pathways, efficient triaging systems, digitisation.



Right care, right away

Time and resource constraints lead to suboptimal initial care and increased resource later. We need to build trusting relationships to promote long term health and wellbeing.

Examples: personalisation of care, access to high quality interpreting services, culturally appropriate care, continuity models.

Prevention

Remaining healthy during pregnancy alters the lifetime health and associated resource use of women, birthing people and their babies.

Examples: high quality counselling, practical self-care resources, dietary interventions, smoking cessation, antenatal perineal massage, secondary prevention.



Streamlined outpatient maternity care

Long and repeated journeys unduly disrupt women and birthing people's family and work lives and harm the planet.

Examples: rationalisation of duplicate appointments, increased use of community hubs, virtual appointments, support for safe active and low-carbon transport.



Better care for hyperemesis gravidarum

Gaps in the provision of care and conflicting advice result in inefficiencies, preventable hospital visits and hours of wasted time for women and pregnant people.

Examples: Simplified referral pathways, home treatment, ambulatory care, joint training and closer working relationships across teams.



Straightforward pathways for complex pregnancies

Additional appointments, travel and the manufacture of pharmaceuticals have a high carbon footprint.

Examples: Lean clinical pathways, home monitoring, optimised medical management, shared decision making.

Green labour and birth

N₂O/O₂ (Entonox®), birthplace energy consumption, and the use of disposable packs and instruments have large environmental impacts. We must expand choice and improve experience whilst addressing systems wastage and inefficiency.

Examples: Improved access to all forms of pain relief in labour (including non-pharmacological), Entonox® waste reduction, reusable instruments, drapes and gowns, energy efficiency.



Improved infant feeding support

Formula feeding has a high carbon footprint due to the emissions associated with dairy farming. We must better support the feeding needs of all women and birthing people, including those who struggle to breastfeed due to a lack of meaningful support.

Examples: feeding support groups, improved access to specialist infant feeding teams, high quality feeding information free from the influence of formula marketing.

Start making changes



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- » Pick one of our examples or design your own green maternity project.
- » Start improving your local services for women, birthing people, their families and the planet.
- » Measure the clinical, social, experiential, environmental and financial outcomes.



Read the CSH
step-by-step
guide to SusQI



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The views expressed in the publication are those of the authors and not necessarily those of SBRI Healthcare or its stakeholders.



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