



We support all maternity service users to navigate the system as it exists, and campaign for a system which truly meets the needs of all

AIMS Campaigns Team
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Wes Streeting
Secretary of State for Health and Social Care

Dear Wes

Improving Maternity Care: what's needed to listen to women and improve outcomes

AIMS (the Association for Improvements in the Maternity Services) welcomes you and your ministerial team to the Department for Health and Social Care. We know that you are keenly aware that maternity services are desperately in need of improvement. AIMS has been highlighting this for many years and we agree with you that “the issues we’ve seen raised in relation to Nottingham and Kent... are a risk factor right across the NHS”. This is why AIMS is calling for a transformational change in the way our maternity services are organised.

In maternity, there is a model of care that has long been understood as essential for the delivery of safe, respectful, high quality and human rights respecting maternity services, but which remains to be fully implemented. It is a model of care that gives every pregnant woman the assurance of having a ‘key account holder’ working alongside her as she navigates the sometimes tricky territory of her maternity journey and the maternity services. This relational model of midwifery care has come to be known as Continuity of Carer, a way of delivering services that sits within, and is supported by, both the full range of professional and peer support services that should be available to families in every local community, as well as by the clinical services offered at the hospital level.

Continuity of Carer was the most sought-after improvement demanded by public respondents to the National Maternity Review, published in 2016 under the name of Better Births: women asked for a midwife they knew who could be with them throughout their maternity service journey. This review team thus recommended that **every woman should have a single midwife to take responsibility for her care throughout her maternity journey, backed up by the support of a multi-professional team, including close liaison with an obstetrician.**

AIMS sees this model of care as critical to quality improvement in the maternity services, not least in the way it allows a large and unwieldy service to listen to women, and understand the service from the perspective of the service-user. This a key component of safety that has been overlooked for too long, and which has been responsible for contributing to much patient safety failure, including during the postnatal period. And whilst Continuity of Carer is a model of care that will benefit every family, we would also like to highlight the importance of prioritising this model of care for the most deprived and vulnerable communities and service users, where the worst maternity-related outcomes are currently experienced. We welcome work to date to deliver on that latter priority, but progress has been far too slow, with little sense of urgency.

Since 2016, many individuals and teams, across the country as well as at regional and national level, have worked tirelessly to make continuity of midwifery carer a reality for pregnant women. But they have faced too many barriers to progress, as explained in the recent [Midwifery Continuity of Carer evaluation report](#) from City, University of London.

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The severe staffing crisis has led some to call for the implementation of Continuity of Carer schemes to be halted until staffing issues are resolved. Whilst the staffing crisis surely undermines the system's capacity for transformative change, it is important to recognise that resistance to this agenda has been strong since the adoption of [Better Births](#) recommendations in 2016. As Professor McCourt says in the City report "A lack of understanding of the evidence, lack of institutional support for change, and services implementing variations of the model which don't work in the same way in practice, compounded by a national shortage of midwives, has stifled implementation in many NHS Trusts."

Eight years on from Better Births, resistance to change means that maternity services across the country remain structured in a way that makes it impossible for women to be properly heard and impossible to offer a truly safe, personalised and equitable service.

It is time for local Trust Boards and CEOs to recognise Continuity of Carer as an essential component of local maternity service improvement and understand that it is in their interests to commit to implementing it as local capacity allows, supported by their Integrated Care Systems. Trusts will not achieve high quality maternity services - that are structured to listen well to women and act on our concerns - without it. But for this, national vision and leadership is key, and that's where we are keen to see your ministerial team step in.

From witnessing implementation efforts since the publication of Better Births, we would suggest that a well-resourced NHS England team will also play a key supportive role in this ongoing work, in particular by (a) ensuring that any structural barriers at the national level are reviewed and dismantled, and (b) by their provision of inspirational policy and professional leadership, both at the national and regional level.

More generally, AIMS looks forward to a time when we no longer talk much about a continuity of carer model of care, because this will be the standard model of care offered to all women and families. We would be grateful for reassurance that the Government will support this key maternity policy. It represents a huge shift in the way that maternity services are delivered, but not a significant change in resources beyond a transitional period. It represents a patient-focussed prevention-first strategy and is essential for a high quality maternity service. It must be delivered as soon as possible.

The AIMS Campaigns Team

Attachment: AIMS Position Paper on Continuity of Carer

cc MoS Karin Smyth - health portfolio karin.smyth.mp@parliament.uk
MoS Stephen Kinnock - community health portfolio stephen.kinnock.mp@parliament.uk
PuSS Baroness Merron - maternity and patient voice/safety portfolio.merron@parliament.uk
PuSS Andrew Gwynne - prevention and inequalities portfolio.gwynnea@parliament.uk

Who is AIMS?

Since 1960, AIMS has been a leading advocate for improvements in UK maternity care. We are a lay-led organisation with national and international links, and a membership that includes health and care professionals as well as lay people. Collectively, our volunteers have decades of experience researching, advocating and campaigning for improvements in UK maternity care.

We run an email and telephone helpline for women as they seek to navigate the maternity services, and we offer a range of information resources. We have a large network of people, via our volunteers and members, who engage regularly with mothers, health care providers and others. We use our knowledge, influence and experience to work collaboratively with others to support policy change at local and national level.

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