AIMS

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

July 28, 2026

Open letter of welcome from AIMS to the Rt Hon Yvette Cooper MP, on her appointment as Secretary of State for Health and Social Care

Dear Yvette,

We offer you a warm welcome to your new role at the Department for Health and Social Care. We know that you are keenly aware that our maternity services are in need of transformational improvement. We look forward to your leadership of the Maternity and Neonatal Services Taskforce, and will be supporting you in that role via our membership of the Charities and Third Sector Expert Reference Group (ERG). In particular, we are keen to support an effective process as we work together to develop the Maternity and Neonatal Modern Service Framework. In that context, we would like to offer you some thoughts on what we see as important components of the work in the months ahead.

First, we would stress the importance of **woman-, baby- and family-centred services.** Whilst that sounds obvious, we find that this is something that is too often forgotten. The maternity services are funded by taxpayers for taxpayers, and we look to you to ensure that they meet our expectations. Women expect to be treated with dignity and respect, by compassionate and competent staff. Women expect staff to understand their human rights, which includes their right to decide how, when and where they engage with the maternity services and what care they do or do not wish to receive. Women expect their decisions to be respected and supported. They do not expect to be coerced into compliance by staff, or harmed by the services that are there to support them. We do not expect women, babies and families to be treated less favourably - and suffer poorer outcomes - depending on who they are or if they are less aware of the options that should be available to them.

Second, **prevention matters.** Again, this might seem obvious. But we find too often that this has not been a high priority in the maternity services. Please don't overlook the importance of 'upstream'. Too often we have witnessed initiatives intended to reduce harm that is very narrowly focussed on 'rescue' situations, when there will likely have often been earlier opportunities to step in and prevent harm. We need to focus on improving system capacity for both, and acknowledge that the impact of upstream activities - including the universal offer of full pathway community-based midwifery continuity of carer (see more on this below) - may well offer most progress in terms of improved outcomes (even if they appear less immediately powerful).

Third, and linked to these points, **maternity services in the community matter**. It is time to re-evaluate the cost of the current structure which - since 1974 - has embedded power, leadership and decision-making for all elements of the maternity services in the acute care hospital, when we know that much of its value plays out in the community. Better Births (2016) called for a 'community hub approach'. The 10 Year Plan (2025) called for a 'hospital to community' shift. Yet it is currently difficult to properly integrate maternity services into neighbourhood health service planning, and we have seen how attempts to do so fail. If we want to strengthen maternity services overall, we must understand that structural barriers to integrating the primary care element of the maternity services into neighbourhood plans systematically undermine its potential. We hope to see this addressed in the Maternity and Neonatal Modern National Service Framework (eta 2026/7). There is much that we must learn on this from successful local initiatives, such as LEAP in South London: LEAP - The Story of LEAP. The two short videos on that page - where women and midwives share their experiences of well-designed maternity care that is properly integrated into other local services - are well worth a watch.

Fourth, there's something about the maternity services currently that seems to make them particularly resistant to sustained change, and any new plans must address this reality. What are we not currently getting right about **the ask, implementation, delivery oversight and regulation**?

- To make effective plans for change, we suggest that there first needs to be **absolute clarity and transparency about what's currently being asked at a national level of service provider organisations**. The 'asks' need to be gathered in one place and kept up to date, and accessible not just to those delivering the service but also to service users, to those charged with overseeing and regulating the services, and to all stakeholders. AIMS has called this 'a compendium'. Then, and only then, can any different or additional asks be identified and assessed, and woven effectively into - or indeed replace - the existing ones. Without sticking to that discipline, we will continue to grow a dysfunctional maternity service with many overlapping, ineffective, costly and time-consuming initiatives that serve no-one well. The sorry part of this tale is that each of these additive elements was likely in itself a well-intentioned improvement initiative, but context was sadly overlooked. Indeed, what additive elements are we designing right now that fall into this category?
- Following that, there is a need to **focus on implementation**: how will individual parts of the system make the transition from where they are now to where we need them to be? We should not ignore the fact that true transformation will require major organisational and cultural change at all levels. Do the individual parts of the system all have the capacity and skills for effective change management, and how can that ability be developed if not? How long is it reasonable to wait for system change, and what are the interim markers to help us understand if things are still moving in the right direction?

- It also goes without saying that the current system of **oversight and regulation** is too complex and doesn't seem to serve anyone particularly well. Attending to this will be an important part of your task ahead, and we look forward to seeing how you approach this.

Fifth, we must attend to the sense that the maternity services seem to be effectively ungovernable, and here we would highlight issues of **power, accountability and public scrutiny.**

- Before drawing up a plan of action, perhaps the most fundamental question for the Taskforce is **who actually has the power to make sustainable quality improvement? Who can reasonably be held to account for doing so, and for maintaining the delivery of improved services? Where will the [public] scrutiny opportunities be?** In a devolved service, with over 120 Trusts providing maternity services, and where the actions of each member of staff can make a vital difference to user experience and outcomes, the question of who holds the power to effect change is not straightforward, and that successful reform will likely require some structural change (as well as a hefty dose of transparency as the Taskforce attempts to hold the system to account once the Plan has been agreed).
- We would recommend that the Taskforce looks closely at the scope for effective Trust-level ownership of/ accountability for maternity service improvement and performance, given the many other organisations currently involved in this task, including at national, regional and integrated care system (ICS) level. The taskforce might also wish to better understand operational accountability at Trust level. There is currently no requirement for a single person, below Chair/Chief Executive level, to lead and be accountable for local Trust maternity services: does this serve us well?
- And how can citizen scrutiny best be enabled below the national level? Our experience is that local level scrutiny is really important for understanding whether national reforms are making the intended difference, but that it is also really challenging to implement effectively.

Sixth, **when the Taskforce and Expert Reference Groups came together in early July, there was some focus on shared vision.** Our sense is that this one isn't as straightforward as some would think, and demands some work. Maternity service improvement involves many stakeholders, each with specific and overlapping interests. We suggest that it is worth having an honest early conversation to develop a unifying vision for comprehensive reform. We suggest that the Better Births Vision would be a good place to start, and will be interested to see how the Taskforce, supported by the ERGs, might build upon that. As part of this work, we think it will be vital to define safety in the maternity service context. There has historically been some disagreement over **what constitutes safety** (and who gets to decide what's safe/ what constitutes an improvement), including in terms of 'which metrics count'. It is our view that services need to be designed with a focus on holistic safety and the avoidance of iatrogenic harm as well as reducing the risks of mortality and short-term physical harm. This means working to promote the long-term physical, mental and emotional well-being of women, babies and families. This has key implications for the redesign of a resource-constrained maternity service.

Seventh, **learning from previous efforts at maternity system reform is surely a vital component of the work ahead.** Creating a shared account of what happened with previous attempts at whole system maternity service reform would seem a vital underpinning for the work ahead. What were the barriers and facilitators for change? We suggest that Taskforce could usefully consider the barriers to the full implementation of Better Births (2016), and how it is envisaged that the implementation of new plans will be more straightforward. It seems to us very important that all Taskforce members reach a consensus about the impact of, and learning from, the huge range of improvement-focussed activities that came under the Three Year Maternity and Neonatal Delivery Plan (2023-26). These were collectively intended to lay the foundations for more fundamental reforms, and it's going to be really important to understand what difference that work has made, what of that work is still ongoing, and where we are now, in terms of the system's readiness and capacity for change.

Finally, we suggest that you would be well-advised to ask for **a full briefing on the benefits of committing to implement a relational model of care as a foundation stone of a safe, personalised and equitable maternity service**: by this we mean a full-pathway community based continuity of carer model of care. There is so much evidence - including real-world evidence - to suggest that this model of care is what is needed if we are truly committed to a maternity service that has the ability to listen to women. This is a short briefing that we presented to Baroness Amos and Wes Streeting MP. We would be happy to expand on this if required, but we would rather be assured that the Department has briefed you well on this issue.

We thank you in advance for your work on defining the way forward for the maternity services. We stand ready to lend support in whatever way we can.

Yours sincerely

Jo Dagustun
On behalf of the AIMS Campaigns Team

cc: Michelle Welsh MP and Maternity Advisor

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.