AIMS ASSOCIATION FOR IMPROVEMENTS IN THE MATERNITY SERVICES

Implementing Better Births: Continuity of Carer
Bringing the woman's perspective to the fore

Commissioners and providers across England, guided by their MVPs, are working across the country to implement sustainable Continuity of Carer models of care, initially for at least 20% of the women registering for maternity care from March 2019 onwards. To support this work, the AIMS Campaigns Team has developed a series of statements (below) to illustrate what AIMS believes the successful implementation of this initiative should feel like to women accessing maternity services. We hope that it will be useful in ensuring that women's experiences are kept at the centre of all ongoing implementation and evaluation efforts.

My local NHS maternity service offers me a Continuity of Carer model of care, and this is what it means for me:

1. **I have a midwife who is responsible for coordinating all of my pregnancy, birth and postnatal care.**
2. **I am able to contact my midwife directly.**
3. **My midwife provides the majority of my pregnancy, birth and postnatal care.**
4. **Any midwifery care that is not provided by my midwife will be provided by one of a small number of midwives who work closely with my midwife, and I will have the opportunity to meet these midwives during my pregnancy.**
5. **I can expect my midwife to attend all pregnancy-related appointments at my invitation, for example meetings and consultations with obstetricians, anaesthetists or other specialists.**
6. **My midwife will be with me during labour, at the birth and immediately afterwards, even if my midwife is not the only care provider present.**
7. **Any midwifery care during labour that is not provided by my midwife will be provided by a midwife who I know and have met before.**
8. **Where a large part of my care is undertaken by maternity care professionals other than a midwife, for example an obstetrician, I can expect to see the same professional at every appointment.**
9. **I have the option of changing my midwife or any other healthcare professional.**
10. **These statements hold true regardless of what is happening in my pregnancy and my chosen place of birth.**

AIMS hopes that these statements, written from the woman's perspective, will prove useful, as services across England develop their models of care and start to communicate to women what their expectations should be of a Continuity of Carer model of care. They should also be helpful as services seek to evaluate their service provision with respect to meeting the Better Births vision and the national Continuity of Carer expectations.

Background note

AIMS supports the 2016 Better Births vision and believes that a Continuity of Carer model of care for all women will be key to the successful implementation of the Better Births vision.

For AIMS, relational continuity is the touchstone of this model of care, within a broader holistic model of healthcare delivery in which Continuity of Care is a key element. Jane Sandall and Kirstie Coxon (2016, p2), in a report prepared for the Royal College of Midwives, offer some useful definitions:

> "Continuity of care is a means of delivering care in a way which acknowledges that a patient's health needs are not isolated events, and should be managed over time (Reid et al., 2002). This longitudinal aspect allows a relationship to cultivate between a patient and their providers of care, and contributes to the patient's perception of having a provider who has knowledge of their medical history, and similarly an expectation that a known provider will care for them in the future (Haggerty et al., 2003). Continuity refers to a 'coordinated and smooth progression of care from the patient's point of view' (Freeman et al., 2003) and therefore patient-centeredness is an important aspect in the delivery of continuity of care (Freeman et al., 2001, Haggerty et al., 2003, Gulliford et al., 2006)."

This paper is intended to offer an understanding of what the successful implementation of a Continuity of Carer model of care should look like from a woman's perspective, and offer a description of this model of care in a form that is meaningful to women.

AIMS suggests that the successful implementation of Continuity of Carer model of care will lead to women being able to **agree** with the nine statements above. On the contrary, AIMS suggests that feedback which suggests that women **cannot agree** to these statements as accurately describing their care experience should be used to highlight possible shortcomings in an organisation's implementation of a Continuity of Carer model of care.

Reference:

Sandall, Jane and Coxon, Kirstie (2016) A Brief Scoping of The Continuity of Care Evidence Base. Last accessed 9/11/18 at:
www.rcm.org.uk/sites/default/files/Brief%20scoping%20of%20the%20continuity%20of%20care%20evidence%20base.pdf

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