



Position Paper

Continuity of Carer

AIMS position

To ensure maternity service provision that is personalised and safe, AIMS believes that a robust and sustainable model of relational care (or Continuity of Carer) should underpin all maternity service provision, for all service users, across the UK.

AIMS looks forward to a time when we can reduce our conversation around the implementation of the continuity of carer model as it will be the standard model of care.

What is the issue?

AIMS has long campaigned, alongside others, for a model of maternity care firmly based on relational midwifery care, in which a relationship based on mutual trust and respect can develop between midwife and service user, enabling clear and accurate communication - essential for safety - and a highly focused attention on individual needs and the autonomy of the service user.

This means that there should be continuity in who a service user mainly deals with when accessing the maternity services. They should have an individual midwife who supports them across all of their interactions with the service, throughout the whole maternity experience. This is also known as Midwifery Continuity of Carer.

When care is provided by a doctor or other specialist, there should also be continuity of the person providing that care.

Whilst the need for such a model of care is currently well understood and supported in national policy, there remain differences across the UK in terms of the availability of and access to this model of care.

What is needed?

- AIMS calls for clear demonstration that there is a sufficient **leadership and management** capacity focussed on implementing the agreed transformational shift towards a relational model of care across the whole of the maternity services, at national, regional and local level.
- AIMS further calls for the **implementation** to be skillfully planned and executed, in order that new models of care are robust, sustainable and deliver the personal and safe care expected. The plans must include ensuring that midwives are supported and trained for this way of working, and that the whole service works together coherently to enable a smooth transition.
- AIMS calls for more **transparency** around implementation progress, both to help us as stakeholders understand how the rollout of the initiative is proceeding and to ensure that leaders and managers have the **information and insight** they need to support the implementation and ongoing development of this model of care in all areas of the UK.
- AIMS calls for all providers of maternity care to be the subject of **regular and robust inspections** to verify that they have implemented, or have a robust plan in place to implement, a relational model of care for everyone using their services. The **minimum requirements for this model of care** should be well-defined and agreed by all stakeholders. The outcomes of these inspections should be publicly available in a national hub as well as locally, on each provider's website.
- AIMS calls for a **whole-service approach** to this transformation, with learning and development at its heart. Each midwife working in a frontline #ContinuityofCarer role needs to be both skilled in that role and have the support of a well-resourced and skilled wider team (including the #ContinuityofCarer team they belong to and the wider multidisciplinary team).
- AIMS supports a **targeted approach to rollout**, to ensure that the benefits of this model of care are overwhelmingly received first by those who we know are most likely to have poorer maternity outcomes.

Why does AIMS believe this?

- AIMS is frequently told by service users that a Continuity of Carer model of maternity care has, or would have, made a substantial positive difference to their care in terms of physical and psychological outcomes. These benefits have been fully documented in national maternity improvement plans for the four nations of the UK^{1,2,3,4}.

What is AIMS doing?

- AIMS has created a set of statements to describe how a Continuity of Carer model of care should feel to the maternity service user here: www.aims.org.uk/campaigning/item/implementingbetterbirthscontinuityofcarer
- AIMS will continue to campaign for the model of relational care to be implemented robustly and sustainably across the UK. You can read more about what we are doing on the AIMS website.
- The key stakeholders AIMS seeks to influence are the national leaders of the implementation and policy maintenance effort in all four nations of the UK, including relevant politicians. We also seek to build alliances with others across the maternity services improvement community, to ensure that the benefits and importance of relational models of care are well-understood.
- We are calling on birth activists to encourage the full implementation of Continuity of Carer in their local areas.

Call to action: what can you do?

Local birth activists have a really important role to play to ensure that access to #ContinuityofCarer doesn't become a postcode lottery:

- Check that your local providers are offering, or have a clear plan to offer, #ContinuityofCarer to all service users. Keep checking back to ensure that progress is being made.
- Ensure that this issue is on the agenda of your local MVP/MSLC: ask them for an update on how the rollout is going locally, and get involved if their answer is unclear or unsatisfactory.
- You can do all this as an individual, as a member of your MVP/MSLC and/or as a member and volunteer of AIMS.
- You can access AIMS resources to support you as you work for Continuity of Carer in your local area here: www.aims.org.uk/journal/item/continuity-of-carer-incentives.

References

1. National Maternity Review - [Better Births. Improving outcome of Maternity Services in England](#)
2. [The best start: five-year plan for maternity and neonatal care](#)
3. [Maternity Care in Wales: a five year vision for the future \(2019-2024\)](#)
4. [Review of Strategy for Maternity Care in Northern Ireland, 2012-18, March 2017](#)

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