

# Charities' and Service Users' Maternity Continuity of Carer Network

## Terms of Reference

### **Purpose**

We are a group of leaders and representatives from the charity sector, individual service users, social network leaders and individual members of Maternity Voices Partnerships who support the implementation of continuity of care and carer to become the universal model in maternity services.

As a community of interest, we support the *Better Births* vision for improved safety and personalisation of maternity care (NHS England, 2016), and work for equity of access to services and of outcomes in maternity. The depth of consultation that underpinned the National Maternity Review, which resulted in the *Better Births* vision and recommendations, was considerable and we have confidence in the methodology. This included 15 regional drop-in events for service user stakeholders in the Northwest, Northeast, Midlands, Southwest and Southeast of England; 38 visits to maternity and related services; 5192 responses to an online consultation, two national BirthTank events with 300 key stakeholders, and more (see Annex B of the report).

Continuity of carer<sup>1</sup> and multi-disciplinary teamwork are central to the *Better Births* vision, and fundamental to achieving the desired aim of maternity services that are 'safer, more personalised, kinder, professional and more family friendly'.

The *Better Births* ambition, which we share, includes the idea that '...all staff [should] be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries'.

The *Better Births*' model is that all individuals should have a named midwife who is responsible for co-ordinating their care, and that this midwife should be well-supported both by working within a 'continuity of carer' midwife team (or midwifery continuity team) and the wider multi-disciplinary maternity team, and each midwifery continuity team should have a linked obstetrician.

We support the NHSE approach to the implementation of this model set out in *Delivering Midwifery Continuity of Carer at full scale* (Version 1, October 2021), and Appendix A: The building blocks: readiness to implement and sustain MCoC assessment framework which states explicitly that safe staffing, and other 'building blocks' are put in place as part of formal planning for change.

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<sup>1</sup> The *Better Births* vision included: **Continuity of carer**, to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions. i. Every woman should have a midwife, who is part of a small team of 4 to 6 midwives, based in the community who knows the women and family, and can provide continuity throughout the pregnancy, birth and postnatally. ii. Each team of midwives should have an identified obstetrician who can get to know and understand their service and can advise on issues as appropriate. iii. The woman's midwife should liaise closely with obstetric, neonatal and other services ensuring that she gets the care she needs and that it is joined up with the care she is receiving in the community.

## What we do

We are a network of organisations and individuals that does the following:

- publicly champion the benefits of continuity of care and carer,
- draw attention to the evidence about relational care,
- assist in sharing best practice to help Trusts overcome any barriers to implementing maternity continuity of carer,
- work to keep up the momentum of change and maintain a broad commitment to implementing continuity of care as soon as possible, to improve health outcomes and experiences of maternity care.

Members of the network cooperate actively and constructively with each other, and with other groups and organisations, to support implementation of midwifery continuity of care and carer. As a community of interest our members have different interests but share commitment to relational care. We can provide advice from service user and family perspectives, as 'critical friends'.

The network includes organisations representing women, birthing people and service users across all UK countries. The immediate focus of our work relates to the implementation of *Better Births* policy in England but we also recognise and support work towards achieving continuity of care and carer in Scotland, Wales and Northern Ireland.

## Membership

Membership is open to charities and individual service users, social network leaders and Maternity Voices Partnership members with a direct interest in maternity services and midwifery continuity of carer and support of holistic continuity throughout the maternity journey.

Those wishing to join the group should apply to the convenor.

Members include:

1. AIMS
2. Birthrights
3. First 100 Days
4. Make Birth Better
5. March with Midwives
6. Mummy's Day Out
7. NCT
8. Pregnancy and Babies Charities Network
9. Sands
10. LGBT Mummies
11. The Motherhood Group
12. Tommy's
13. White Ribbon Alliance
14. Individual service users and MVP service user members/chairs including Mo Ade, Zenab Barry, Rebecca Brione, Rachael Buabeng and Chaya Tagore.

## Meetings

Full meetings are held online, usually for 90 minutes, 3-4 times per year, according to need. Smaller planning meetings are convened as required.

The aim of the meetings is to share intelligence e.g. on developing policy and evidence on maternity continuity of carer, identify relevant interest groups, share members' related plans and actions, and co-ordinate lobbying and public awareness.

Individual members may agree to take forward an action following a meeting or to form part of a working group undertaking a specific piece of work.

### **Convenor**

There will be a convenor for six-monthly periods. The group was first convened by Mary Newburn, service user advocate, patient and public involvement and engagement (PPIE) lead in maternity research, and member of the Maternity Transformation Stakeholder Council. Asked to continue in the role for a second period, Mary has agreed.

The convenor will ensure that a date, time and link for the meeting and an agenda are circulated in advance of meetings. Those wanting to contribute an agenda item should apply to the convenor.

### **Administration**

Calendar invitations shall be sent, using Teams, at least one month ahead of the meeting.

The group decided how notes are to be taken at each meeting.

There may be a volunteer administrator/secretary arranged by the convenor or she may do the administration herself.

### **Sharing and confidentiality**

The group is a forum for sharing of intelligence and ideas. Minutes will not be shared outside of membership of the group. Anything not to be recorded in the minutes shall be expressly stated.

### **Contact**

For information contact [mary.1.newburn](mailto:mary.1.newburn) or [jo.dagustun@aims.org.uk](mailto:jo.dagustun@aims.org.uk)