AIMS For a better birth...

AIMS Campaigns Update - Continuity of Carer Implementation: always seeking to move forward

AIMS Journal, 2022, Vol 34, No 2

To read or download this Journal in a magazine format on ISSUU, please clickhere.

By the AIMS Campaigns Team

In this update, the AIMS Campaigns Team explains how we have been working with others this year to support the implementation of Continuity of Carer. 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 take the opportunity here to summarise why this is so important for us.

AIMS has been campaigning for 'continuity of carer' for many years now, but since the beginning of 2022, we have been working with other charities and service user advocates[1] to bring focus to this most important of maternity services improvement topics. AIMS believes that the focused care of 'a midwife for me and my baby' is an essential foundation for truly safe, personalised and equitable maternity care. This midwife is the 'key account holder' for each of us seeking to access and navigate what can sometimes feel like extremely complex modern maternity services.

As our pregnancy, birth and postnatal journey unfolds, it is in the context of our relationship with this midwife that our decisions about the care we wish to receive will be best informed and best made. This highly-trained midwife, with an excellent ability to signpost us to the information we need, should have the autonomy to work in a way that recognises our individuality and all that we bring, with the full support of a multi-professional team and wider organisation. You can see what this model of care looks like from a service-user perspective here. This, for AIMS, is the crux - the foundation of each of the maternity transformation programmes underway across the UK, in England, Scotland, Wales and Northern Ireland. ***It is only by offering someone to walk alongside us, for our whole journey, that a safe service can be truly received, based on the best possible understanding of us and our needs.***

AIMS recognises that this transformation is not a light undertaking. It requires a commitment to radical organisational change, and a significant shift in the way, for example, some midwives understand their role and professional identity. But we insist on full spectrum continuity of carer as our transformation goal.

So for AIMS, it's not the why, it's the how. That's what we need to focus on now. That's what we're willing to help with. Wherever we can be of assistance, we relish the opportunity to be involved in conversations aimed at supporting this implementation journey - however hard that journey may be.

It has therefore been a privilege to be able to spend some structured time with others in the lay maternity improvement community this year, at a regular series of meetings, to share our perspectives and understandings on this key issue. This in itself provides a great opportunity for learning. For example, we shared our understanding that this policy - that we all support - is far from being implemented, six years on from the publication of Better Births, and that our role in this implementation programme might be crucial. We discussed how there remain key barriers to implementation, barriers that we can and need to better understand and - ideally - help to tackle together. We discussed how the good evidence for this model of care could be better communicated.

We have made a good start as a newly formed informal group, already having liaised deeply with the policy implementation team at NHS-England, with academic researchers, with senior midwives, and with the Royal College of Midwives. We have begun to engage with MSLCs (Maternity Services Liaison Committees) and MVPs (Maternity Voices Partnerships). We have recognised the need to build links to key decision-makers across the UK, as each nation goes forward with a slightly different implementation plan. We are already well linked in to England's Maternity Transformation Programme (MTP), as some of us in the group - including AIMS - sit on the MTP's Stakeholder Council.

From a service-user perspective, AIMS has been carefully observing and providing critical appraisal of the maternity services for over 60 years, and - in solidarity with those providing the services - we continue to do so, seeking to understand and inform discussions about necessary improvements. AIMS is heartened that we are joined in our call for the careful implementation of the Continuity of Carer model of care by so many other service-user led maternity service improvement organisations.

As the implementation proceeds, there will doubtless be rocky moments along the way. We trust that this new network will offer support as we seek together to understand and resolve such moments. As with maternity care, our maternity service improvement work is made all the more secure with ongoing trusting relationships in place.

The AIMS Campaigns Team thank Mary Newburn, long-time birth activist, for stepping forward to convene this group, in close collaboration with AIMS Volunteer and Campaigns Team facilitator Jo Dagustun.

---

[1] This is a recently convened group of charities and individuals who support the implementation of midwifery continuity of care and carer (MCoC) in England - the only such umbrella grouping in the UK taking this as their primary focus of attention. The group is convened by Mary Newburn, who wrote a piece on Better Births implementation for AIMS in 2018:www.aims.org.uk/journal/item/the-chance-of-better-births

.