AIMS For a better birth...

AIMS urges action as newly released analysis demonstrates better care when 'full pathway continuity of carer' is in place

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With new real-world evidence showing the positive difference it makes, AIMS calls for a full pathway 'continuity of carer' model of care to be a key plank of the new Government's renewed maternity transformation policy. We urge the new Government to recommit to a rollout strategy that prioritises those at most risk of poorer outcomes. Integrated Care Systems (ICSs) and local NHS trusts should also take note of the insight provided by this analysis, and ask not whether they should implement this new model of care but when.



By the AIMS Campaigns Team

On a range of measures related to key issues, this just published analysis of the Care Quality Commision (CQC) Maternity Survey 2023[1] demonstrates that 'full pathway continuity of carer'[2] is associated with improvements across multiple aspects of high quality maternity care. These issues include: confidence and trust, help and advice, the opportunity to ask questions, being given sufficient and relevant information, and healthcare professionals being aware of women's previous history (so they don't need to tell their story over and over again). With the maternity services under the spotlight for widespread failings across England, 'full pathway continuity of carer' is a model of care that the NHS urgently needs to get in place, for all women and families.

With current staff shortages, progress to deliver on the Better Births (2016) recommendation varies greatly across England. AIMS urges that implementation should proceed at pace, as the new Government recommits to this vital policy goal, ensuring that resource shortages are addressed and drawing on what we now know about implementation challenges.

As many women and families around the country will attest, and as Better Births predicted based on its widespread consultation, implementation progress to date has been widely welcomed by maternity service users. This partial implementation has allowed real-world data to be collected by the CQC on

what difference this model of care seems to make. **Earlier this month, additional analysis was released that offers ever greater insight, bridging the gap between what we hear women say - information that is too often brushed aside as poor quality (anecdotal) evidence - and what is now on the official record as statistically significant evidence from a robust survey.**

The main CQC 2023 maternity survey data was published in January 2024. The latest analysis, published by NHS England in November 2024, looks beneath the headlines exploring women's survey responses about different aspects of their care in relation to the model of care they had received. Importantly, it also considers this through an equity lens[3] in line with the CORE20PLUS5 national approach, which has called for a deliberate rollout strategy that targets action on women we know are likely to have the poorest maternity outcomes.

Key findings from newly published analysis

- A **targeting strategy** can be observed
    - Women living in the most deprived areas of England were most likely to report receiving full pathway continuity of carer (antenatal, intrapartum and postnatal).
    - Women from Arab and other groups, as well as Asian/British Asian women, were most likely to report receiving full pathway continuity of carer. White women were least likely to report receiving this model of care.
    - Effective targeting was not always in place for Black women and families. For example, Black and Black British women seem to have had least access to any form of continuity through to the postnatal period.
- There are significantly better reports of care for women reporting **full pathway continuity of carer**
    - Of 50 of the 51 measures analysed, women who experienced full pathway continuity of carer reported a better experience than those who received antenatal and postnatal continuity. They also reported a better experience than those who received no continuity at all.
- We can now see a significant **difference between women's maternity experiences, according to whether they have received full pathway continuity of carer or fragmented care** Here are some example comparisons between the experiences of those who report receiving full pathway

continuity of carer and those who report receiving none. Together, they speak powerfully to the issues of **listening to women, informed consent and high quality responsive and personalised care:**

- Was out of hours **support for baby feeding available?** 73% v 30% said 'yes, always'
- After the birth, **did you have an opportunity to ask questions about your labour and birth** ? 73% v 37% said 'yes, completely'.
- Did caregivers do everything they could to help manage **pain during labour and birth?** 82% v 54% said 'yes, definitely'
- **Were your concerns during labour and birth taken seriously**? 91% v 74% said 'yes'
- If you were induced, did you get **appropriate information and advice around the risks and benefits of induced labours?** About the benefits, 92% v 73% said 'yes'. About the risks, 87% v 58% said 'yes'.
- Were you given appropriate **advice and support at the start of labour**? 94% v 78% said 'yes, definitely'
- When making contact with midwives and doctors during pregnancy, did you get the **help and care you needed**? 88% v 59% said 'yes, always'
- During pregnancy, did you feel that **you were listened to**? 92% v 62% said 'yes, always'

We are fortunate to have the independent annual CQC Maternity Survey of women's experiences with the maternity services in England. These survey results form a key part of all maternity feedback collected, and contribute to an understanding of where the maternity services need to be improved. AIMS would like to thank the CQC for their work on this survey, and staff at NHS England for making this latest data analysis available.

With such real-world evidence showing the positive difference that it makes, AIMS calls for the full pathway 'continuity of carer' model of care to be a key plank of the new Government's renewed maternity transformation policy, and asks the new Government, ICSs and local NHS hospital trusts to recommit to a rollout strategy that prioritises those at most risk of poorer outcomes. This new analysis makes it clear to AIMS that we cannot deliver safe, personalised and equitable care without it.

AIMS Campaigns Team, November 2024

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1 Editor's note: The full NHS England data set (dated March 2024, and released in November 2024) is available in the Maternity and Neonatal Hub area of the NHS Futures website:FutureNHS Home - FutureNHS Collaboration Platform. Or click here for the downloaded document on the AIMS website.

2 Editor's note: **What is 'full pathway Continuity of Carer'?** In 2016, Better Births recommended a model of midwifery care called 'continuity of carer'. This is a relational model of care, where small teams of midwives and doctors - supported by the wider multidisciplinary team - work together so that each woman is supported by an individual midwife throughout her maternity journey, from antenatal care, during labour and birth, through to postnatal care. This is what we mean by full pathway, the pathway from first to final contact with the maternity services. To ensure maternity service provision that is safe, personalised and equitable, 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 continuity of carer will be the standard model of maternity care for all. We ask: What other approach will work to achieve the aspiration to become a maternity service that is truly able to 'listen to women'? For more information, please read theAIMS position paper.

3 Editor's note: An equity lens is a planned strategy within an organisation for looking at (the lens part) its values, policies, actions and impact, with the focus on equity and inclusion. The aim is to ensure that everyone can benefit equally from the work of the organisation even when their needs are different and need to be met in different ways.