AIMS For a better birth...

Celebrating continuity

One Year On

Thackray Medical Museum, Leeds, 8 April 2017

AIMS Journal 2017 Vol 29 No 2

This collaboratively-organised conference provided a long-awaited opportunity for birth activists in the North of England (and anyone else who finds Leeds a more accessible venue than London) to gather together following the publication of Better Births (NHS England, 2016). Perhaps most importantly, it provided a space to draw strength and inspiration from each other, ably guided by the chair for the day, Sheena Byrom, in preparation for what will likely be a tough and gruelling effort as we seek to get our local commissioners and maternity services to embrace and deliver the recommendations of Better Births.

A particular challenge will be how to convince commissioners of the value of an approach to services which sees a relational model of care (continuity of carer) as key to achieving improved outcomes for all women and babies. In that context, the event was rather exquisitely timed, coming just a few weeks after the outstandingly positive endorsement of the Albany's model of care in an influential scientific journal (Homer et al, 2017), a model which has the principle of relationship midwifery at its heart. This positioned the conference very nicely indeed. For us activists working at the local level, we surely need the answer to one question above all others: how do we get our local commissioners to say to our local maternity service providers:'yes thank you, we'll fund the Albany model here'?

But back to the conference itself ... If anyone still needed convincing, Julia Cumberledge's opening presentation persuasively outlined the incredible amount of dedicated consultation and effort that sits behind the 2016 Better Births report and its recommendations. She is a dedicated and long-standing birth activist, and it was very good to have her at the conference in person. Unfortunately, Julia was unable to stay for questions. That was a real shame, as I'd have really liked to hear her speak to what was, for me, the huge elephant in the room. Some readers will recall how her 1993 Changing Childbirth report (Department of Health, 1993) was similarly welcomed, but how its delivery over the following 20 years left much to be desired. So in line with the conference's strapline, Rhetoric into Reality, Policy into Practice', what is the likelihood of this latest report making a lasting difference?

One answer to that question, of course, was in the conference hall itself. The likelihood of Better Births becoming reality at least in part depends on the dedication and commitment of birth activists and birth

workers across England and Wales to keep focussed, to work diligently, to regularly scrutinise local plans, drawing on all of our collective resources, to encourage our local commissioners to follow the national agenda clearly set out in Better Births. Yes, every area will have its differences and local challenges, but Better Births is now THE national plan that should help us all, in our local efforts, to achieve an improved maternity service for all women. Thankfully, too, we don't need to do it on our own of course: the attendees at this conference represented just the tip of the iceberg in terms of the people who are ready and able to get stuck in to this task.

Every presentation that followed offered much inspiration and motivation. From Cate Langley's enthusiastic presentation on the challenges of offering women continuity of carer in rural areas, via an energising demonstration of how oneYorkshire NHS team has recently embraced the opportunity to work more closely with their independent midwife colleagues, to One to One's heart-warming explanation of how they gladly offer continuity of carer where they are contracted to do so by the NHS, one presentation after another offered a vision of improved services for women and their families. To hear about the way that Airedale Hospital has supported independent midwives following the recent NMC decision to stop midwives relying on the IMUK indemnity scheme from practicing intrapartum care was particularly positive. Airedale has shown what strong midwifery leadership can achieve. The Trust will benefit hugely from the skills and experience of the independent midwives who will be working with the Trust midwives to share knowledge, and the women in the care of IMs will continue to be able to receive their care from them.

In the wide range of workshops that followed, participants were able to focus on further crucial components of the long-overdue transformation of maternity services, including how to engage with commissioners, how midwives might be best prepared to provide continuity, how we can lead change, whether from within or outside of the maternity services. The Voices workshop was particularly strong in reminding us of the importance of ensuring the full participation of service-users in the much-needed transformation of maternity services.

AIMS has argued for many years that service-users hold a wealth of skill and knowledge about birth. This workshop underscored this vital truth. The discussions that took place throughout the day were not, of course, without some controversy. There was a useful debate on what was really important about the notion of continuity of carer, where it will be important to ensure that this focus doesn't turn into a useless tick-box exercise. There was also some discomfort about the notion of contracting out NHS services, even to 'friendly midwife- led organisations' such as One to One and Neighbourhood Midwives. These are tricky issues indeed, as we are all feeling our way in how best to progress from where we begin. Our starting point – and the need to move forward – was reinforced by the two afternoon presentations from Lisa Common and Helen Shallow, based on their recent PhD research into, respectively, the organisational context of maternity service delivery and the deficiencies of early labour 'care' organisation.

A huge thanks to everyone who contributed to making this conference happen (and in the North of

England too!). It certainly highlighted how there is plenty of work for birth activists in the years ahead, to turn the policy recommendations of Better Births into reality. I would be pleased if this conference led to an ongoing series of annual gatherings, with the aim of providing an energising and nurturing space in which birth activists can come together to compare notes and provide mutual support, to ensure that the hard-earned recommendations of Better Births don't fall by the wayside. The 2018 National Birth Activist Conference anyone?

Jo Dagustun

References

1. Department of Health (1993) Changing Childbirth: Report of the Expert Maternity Group (Cumberlege Report) London: HMSO
2. Homer, Caroline, Nicky Leap, Nadine Edwards and Jane Sandall (2017) Midwifery continuity of carer in an area of high socio-economic disadvantage in London: A retrospective analysis of Albany Midwifery Practice outcomes using routine data (1997-2009) Midwifery 48:1-10
3. NHS England (2016) National Maternity Review: Better Births – Improving outcomes of maternity services in England – A Five Year Forward View for maternity care Available at: https://www.england.nhs.uk/wp-content/uploads/2016/02/national- maternity-review-report.pdf