AIMS For a better birth...

Editorial: Mission Better Births. But just how do we do it?

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I'm going to start with an assumption: that everyone readingthis Journal is already convinced that we can do far better by women and families in terms of improving the support available for them to make an effective and healthy transition to parenthood. For many of us, this is because we sit and listen to their stories. Or maybe we accompany them in some way through their maternity journey. And - based on those experiences - we are determined to do what we can to ensure that every woman and family has access to improved support, in the hope that the birth stories of the future will be very different indeed.

But that leaves us with a key question: Collectively and individually, just what can we do to ensure that all women are better supported when pregnant, giving birth and adjusting to life post-birth? What can we do that is going to make a real difference?

Each reader will have their own answer to this question, reflecting the incredibly diverse range of activities that go on across the UK, day in day out, all intended to make birth better. These activities take place in a diverse range of settings, and are led by diverse groups of committed individuals. It is potentially made better in every meeting where people come together to grapple with a core agenda of maternity service improvement, whether they are focussing on research, policy or practice (or - even better - a combination of all three). It is made better when the service user voice is truly welcomed and respected as a crucial contribution to the debate. And it is made better daily with every competent and caring action on the part of skilled and compassionate health care professionals, working well together as a team.

With such diversity of activity it is easy to feel overwhelmed and wonder about one's own role. But if there's one message I'd like you to take from this Journal, it is to underscore that change for the better

can be supported by every one of us, and indeed needs every one of us to be involved. We are all truly in it together. No longer can we be satisfied to rely on 'the establishment' to deliver a system that works for all. And nor can we sit back and simply expect compelling research findings, scrutiny reports or policy initiatives to be translated into frontline action.

In 2016, a report was published in England that was called Better Births. This report did not set out the full range of detailed improvement activity necessary to ensure better births for all; it focussed instead on offering a transformation agenda that would radically shift the way in which maternity services are organised, to underpin a safer and more personalised approach fit for the 21st century. It was a well-prepared report, drawing on a huge programme of work. But what do we traditionally do in the light of such maternity policy statements? After the fanfare, and a short period of implementation fervour, what then? In England, we are currently halfway through the proposed five-year transformation programme. Yet in many areas, a conversation that is truly open to the benefits of the Better Births transformation agenda is only just commencing.

Reflecting on the implementation of the 2007 report Maternity Matters, the National Audit Office (2013) stated that:

"The Department [of Health] did not fully consider the implications of delivering the ambitions set out in its strategy. The Department has failed to demonstrate that it satisfactorily considered the achievability and affordability of implementing the strategy, and it has not regularly or comprehensively monitored national progress against it."

That was a damning indictment indeed. And it could be argued that the implementation landscape for Better Births is even more challenging: the financial pressures on our health service are intense, devolution has since progressed further (which offers key opportunities for local progress, of course, but also allows little national oversight of more poorly performing areas), and we now also have the intense demands and uncertainties of Brexit to contend with. So it is surely reasonable to ask: Is the proper implementation of Better Births even possible against this backdrop?

What we can be sure about is that the evidential base for Better Births is far stronger than that of its predecessor reports. Better Births reflects the quality improvement agenda across the NHS more generally. The transformation called for in Better Births - intended to deliver safer care and better outcomes for mother and babies - is highly congruent with the current political focus on improving safety across the health service. It is also notable that, at this time, we have a strong team at NHS-England, led by highly effective leaders such as Sarah-Jane Marsh and Jacqui Dunkley-Bent, who are determined to push forward this Maternity Transformation Programme.

On that basis, I would urge everyone reading this Journal to ask themselves what they can do to support this effort. I very much hope that the articles in this Journal will offer you new ideas and inspiration. This is such an important topic for AIMS that we are also devoting our next Journal to this theme (look out for Implementing Better Births Part 2 shortly). But for now, please find out how Better Births is being implemented in your area. Get involved in making it happen. I recognise that this is not always

straightforward: we are each committed to specific initiatives, all important in their own right, and we each only have so much time to devote to improving birth. But so many specific initiatives would be much better served, I believe, in the context of a transformed service as envisaged by Better Births.