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# Better Births Basics #3: Some key national targets

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*By the AIMS Campaign Team*

Within the wide-ranging Maternity Transformation Programme, there are inevitably a large number of individual areas for improvement. Indeed the many different areas of work, and targets in place, can become rather bewildering. But whatever your particular interest in an improved maternity service, there are a number of key targets that are both easy to remember and worth keeping in mind as your Local Maternity System develops and starts to implement its plans.

**1. First, there are the key targets for reducing (certain) major adverse outcomes**

At the core of the Programme is the Government's national ambition to ensure that the safety of maternity care is improved, as measured by a number of major adverse outcomes indicators. The measures that have been chosen for this activity focus are: the rate of stillbirth, the rate of neonatal death, the rate of maternal death and the rate of brain injury that occurs during or soon after birth.

The Government's ambition, updated in November 2017, is that the rates of each of these outcomes (measured against the 2015 baseline provided by the RCOG Every Baby Counts programme) should be **reduced by *20% by the end of 2020/21 and by 50% by 2025***.

**2.This is underpinned, inter alia, by targets that seek to encourage increases in women's access to continuity of carer**

One of the key enablers of a safer maternity care system has been identified as an increase in the number of women receiving continuity of the person caring for them during pregnancy, birth and postnatally. This will usually, but not always, be the woman's named midwife. The national targets are: *20% by March 2019 and the majority of women by 2021.*

Thus by March 2019, at least 20% of women booking for maternity care should be booked onto a model of care that is effectively planned to deliver on the ambition that***services should be organised to ensure that a woman can expect to be cared for during pregnancy, birth and postnatally by the same midwife***(unless the woman chooses otherwise), with that midwife working in close partnership with other healthcare professionals to deliver an appropriately personalised package of care. The majority of women (ie a minimum of 50% of women) should be receiving this model of care by 2021.

**3. And personalised care, including a woman's right to choose her place of birth, is also central**

Women's calls for personalised care, including choice over when, how and where they give birth, are key to the Better Births agenda. With that in mind, NHS-England has introduced new headline measures to monitor the delivery of the Maternity Transformation Programme, including the national ***'4/4/20 by 2020'*** target. This target encourages Local Maternity Systems to focus on how they will increase their support for women to give birth at home, to give birth at a freestanding birth centre, and to give birth at an alongside birth centre (ie a birth centre that is co-located with an obstetric unit).

Based firmly on evidence that some women say that they do not recall being offered a choice of place of birth, the national ***'4/4/20 by 2020'*** target builds on the expectation that a more personalised approach to maternity care, and the availability of more choice with respect to local birth place options, will result in more women giving birth outside of an obstetric-led unit. By 2020, the national expectation is that 4% of women will birth at home (up from 2%), 4% of women at a free-standing birth centre (up from 2%) and 20% of women will birth at an alongside birth centre (up from 9%).