AIMS For a better birth...

Making the Most of Change

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Two pieces of research have been published recently that provide yet more evidence that midwifery based care from a known midwife results in excellent outcomes for all mothers and babies.

A Cochrane Review of midwife-led continuity models versus other models of care for childbearing women was published in August and shows continuity of care improves outcomes for both mothers and babies.[1] This was followed in September by a study by the University of Sydney which shows that for women of any risk caseload midwifery is safe and cost effective.[2]

Midwives and women alike are pressing for continuity of care and caseloading midwifery to be the cornerstone of maternity services (for example, www.m4m.org.uk/petition.html). This common cause to secure midwifery care from a known and trusted midwife for all women, whatever their financial or health status, has led to initiatives such as Neighbourhood Midwives,[3] One-to-One[4] and IMUK.[5]

These initiatives are being developed in the context of changes to commissioning and fragmentation of the NHS, amid compelling calls to stop privatisation and fears about where this will lead[6] – as seen from the reports below. We urgently need to understand what this will mean for maternity care in the future. Because the healthcare landscape is changing fast, we need to think carefully about how we can now best campaign to secure good midwifery care for ALL women.

Insurance for Independent Midwives

News has recently come out that IMUK has identified a suitable insurance provider which, if successful, will provide Professional Indemnity Insurance cover allowing Independent Midwives to practise after 25 October this year, when all health practitioners will be required by law to have PII. However, they now need to raise £72,000 for this insurance. Currently the IMUK website is saying that it has raised £15,000 and is making a range of suggestions for raising the rest of the money.

Neighbourhood Midwives (NM)

This employee-owned, midwifery social enterprise, launched in July, is now offering a community-based caseload midwifery service across London and the surrounding areas, with a plan to establish practices across England in the coming months and years. NM is fully insured and registered with the CQC. Care packages currently cost £4500 for a fully insured home birth, £600 for 10 days of postnatal care and £1,100 for 6 weeks of postnatal care.

NM states that providing a private service will enable it to build a track record and prove that the model is viable and sustainable, providing eligibility to bid for NHS contracts via CCGs (Clinical Commissioning

Groups).

RCM Pressure Points Survey and Campaign for Better Postnatal Care

RCM is inviting midwives, maternity support workers, student midwives and mothers to let it know their experiences of postnatal care in a series of questionnaires. RCM says that services are stretched, mothers are sent home too early and aren't getting enough help with caring for themselves and feeding and caring for their babies. It states that midwives and maternity teams feel frustrated and helpless under the increasing pressure. RCM also reminds us that these early weeks are crucial and that the suppor t of midwives has a huge impact on women's long-term physical and emotional wellbeing.

RCM says that there are not enough midwives and it is pushing for better funding and more resources to relieve the pressures. However, it does not currently seem to acknowledge the difference that a known and trusted midwife can make for women struggling postnatally.

Please do complete the surveys that are relevant to you and let RCM know what you think.

Midwives: www.surveymonkey.com/s/9HQ7V85

Maternity support workers: www.surveymonkey.com/s/88DG3GS

Student midwives: www.surveymonkey.com/s/G9VVMSK

Mothers: www.surveymonkey.com/s/RCMpostnatalcare

Maternity Services put out to Tender

Wiltshire Maternity Services are being put out to tender (to a value of £63 million). This tendering is compulsory under the new Health and Social Care Act. Jon Skewes, director for policy, employment relations and communications at the RCM, said:

'I am deeply disappointed with the government because they seem to have promised one thing and delivered the opposite.

'We were repeatedly assured by ministers that compulsory competitive tendering would not be imposed on organisations commissioning maternity services. The regulations as they stand will mean that this is exactly what will happen.

'I call upon Peers and MPs to look at these regulations very carefully. Continuity of care is vital in maternity services if we are to have safe and high quality care.

'I fear that the fragmented service that these regulations could lead to will mean poorer care for women, babies and their families.'7

We need to hear from our members about all of these issues and carefully consider future action.

Debbie Chippington Derrick

References

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