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# Editorial: Implementing Better Births: working together to keep the Better Births Vision alive

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*By Jo Dagustun, Editor*

Welcome to this AIMS Journal, Implementing Better Births Part 2, where we continue to discuss the implementation, across England and beyond, of the **Better Births** vision. This issue presents further perspectives on this topical issue and I hope that there is something here to inspire everyone.

Long-standing birth activist **Mary Newburn** reflects on Better Births in the context of the broader NHS reform agenda and offers some 'top tips' for birth activists. In terms of ensuring the perspectives of service-users are heard, **Laura James** and **Ceri Durham** offer us an insight into the potential for the new Maternity Voices Partnerships to contribute to the Better Births transformation agenda. In the context of the need for all local areas to provide women with choice around place of birth, **Cassandra Yuill** reflects on the first ten years of an urban freestanding birth centre in London, the Barkentine. And **Lyanne Nicholl** writes about the need for a greater emphasis on women's physical well-being post-birth.

I hope that readers will also be interested to read the regular features, from our book reviews to conference reports, birth stories and research briefings. All have been written with the aim of informing, inspiring and supporting you, as birth activists, to get on and do what you like doing best: working in collaboration with others towards improvements in our maternity services. We also take the opportunity to remember Clare Fisher in this issue - a midwife who truly understood the need for maternity service improvement - through the **obituary** written for AIMS by Beverley Beech.

It has been a privilege to work with each of these authors in bringing you this issue: all have a distinctive and important contribution to make. But I must admit that I have been particularly heartened to work with some of the new generation of birth activists represented here by Cassandra, Lyanne, Kirsten and Amy. AIMS is keen to provide a space for mutual support for birth activists across the UK: please continue to take the opportunity to utilise this Journal to introduce yourselves to each other, so that together we can continue to be a strong movement for change.

But before you get started on reading the articles in this issue, what is your experience of how well the implementation of Better Births is progressing? In line with the Better Births vision, are you starting to see positive changes in the organisation and delivery of maternity services? Are initiatives to extend

women's choices, in line with existing national guidelines, panning out as you would hope? How are things looking locally in terms of the activity around meeting the key target of 20% of women being booked into a relational model of care by March 2019?

I would like to think that readers everywhere are seeing good progress. But maybe your local area, like mine, is at a rather wobbly stage, where early ideas about how to implement Better Births - and continuity models of care in particular - are looking increasingly difficult to pull off, and where fundamental questions are now surfacing about the affordability of Better Births? Or maybe you are in an area where service reconfigurations seem to be moving in a direction opposite to that intended by Better Births? Or perhaps you get the uneasy sense that nothing much is happening at all?

I was pulled up short recently when it was suggested to me that Better Births was indeed 'dead in the water'. I raised a quick auto-defence, based on the ongoing and clear commitment within NHS-England to deliver on this agenda, as well as the efforts to implement Better Births on the part of many committed teams and individuals across the country. But this throw-away remark also got me thinking: just how widespread is such a perspective? Against the backdrop of severe pressures on the NHS and on our wider public services more generally, it is perhaps reasonable to assume that an ongoing focus on maternity service transformation is unlikely. Especially if what is frequently discussed in birth circles as 'a crisis in the maternity services' is simply a taken-for-granted part of the more general squeeze on public services for those outside these circles. If this is the case, then where is the ongoing political motivation for a sustained focus on improving maternity services? Has the window of opportunity for achieving the Better Births vision already passed us by?

But that's exactly where organisations and individuals who have come to specialise - for the long term - in calling for improvements in the maternity services (and scrutinising improvement efforts) are key. We know that maternity service transformation, in its many different guises and as envisaged by Better Births, will take time to deliver, and that it holds the promise of widespread dividends, not just at the individual level, for individual women, babies and families, but also for society more generally. That is why it is so important. The improved outcomes - the improved lives - associated with the Better Births vision of transformed maternity services will surely relieve much pressure on wider public services, whether health, education or social care, and the nation's finances as well. As birth campaigners, we are thus uniquely placed to understand how important it is to ensure that the Better Births implementation agenda isn't simply written off as too hard but is sustained into the long-term.

We are now coming to a critical juncture for the implementation of Better Births. The next two or three years will be crucial. Reality is kicking in across the country about the sheer scale of the service transformation required, and commissioners and service leaders are becoming understandably nervous. Over the next few months, the implementation programme is likely to bring the leadership skills of Heads of Midwifery under the spotlight. How well will our current cohort of leaders, for example, be able to encourage and support our midwifery workforce to shift to a new way of working, one in which the offer of relational care for women is paramount? Will they be willing to give up traditional forms of management control, whilst implementing new models of team support, to enable new ways of working,

which may be essential for true continuity models to flourish? But more of that in our future issues. Meanwhile, do please get in touch with your views and comments, whether just a few lines, a letter to the editor, or an article offering your own perspective on any of these issues. AIMS looks forward to hearing from you!