AIMS For a better birth...

Campaign Update: Continuity of Carer and Better Births Implementation

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By the AIMS Campaign Team

AIMS is highly supportive of Government policy to ensure that women and families receive continuity in the person caring for them in the maternity context. This was a key recommendation of Better Births[1], the National Maternity Review (2016), and is a highly welcome policy commitment – one which builds solidly on the campaigning work carried out by AIMS and other organisations over many years, most recently in the form of our "A midwife for me and my baby" campaign.

What we hear from women is that continuity in the person caring for you improves the quality of maternity care and there is also evidence that it saves babies lives, reduces the risk of premature birth and increases the chances of mothers having a spontaneous vaginal birth[2]. AIMS particularly welcomes the fact that this policy is an important focus in the NHS Long Term Plan (2018)[3], and that its implementation will benefit from extra resources in that context.

AIMS does not underestimate the enormity of this planned transformation, to a maternity service which is solidly rooted in a continuity of carer model of care. We are keen to support the implementation programme in whatever way we can, including through our role on the Maternity Transformation Programme's Stakeholder Council. **At the current stage of the implementation programme, three years on from the publication of Better Births, we would draw particular attention to the need to maintain implementation momentum, within a clear framework of social justice, to the need for robust quality assurance mechanisms, and to the utmost importance of transparency and accountability as this programme is implemented.**

A: Maintaining Momentum

AIMS recognises that this policy represents a transformational programme of change, one which will take many years to deliver in full. AIMS is pleased to see that a steady pace of transformation is now being encouraged by the adoption of specific interim targets across the country: these targets set a welcome pace, which should ensure that implementation momentum is both encouraged and sustained. To organise the roll-out of this programme, AIMS is pleased to see that stepped targets for midwifery continuity of carer have been set. These targets are for 20% of all women booked onto maternity care to be booked onto a continuity of carer model of care by March 2019; this target rises to 35% by March 2020, and again to the majority of women by 2021 (NHS England, 2018)[4].

- AIMS calls for regular reporting of progress against each of these targets in every area of the country, including at the level of individual Trusts providing maternity care.

In addition, there is a parallel target for continuity models of care to be provided to 75% of BAME women by 2024, with a similar target to be reached in respect of women from deprived groups (NHS 2018)[5]. AIMS is keen to see co-produced local plans in place that provide priority groups of women with continuity of carer as the roll-out progresses. These should be well-considered and in line with the Government's priority targets. Continuity of carer should NOT be offered on an opt-in basis.

- AIMS calls on every Local Maternity System (LMS) to evidence how the local roll-out strategy has been developed with equity in mind, and to analyse and publish data on which groups of women have been moved onto a continuity of carer model of care as the roll-out of this policy proceeds.

B: Quality of implementation

AIMS believes that it is of utmost importance that new configurations of care are implemented sustainably and that robust quality assurance mechanisms are in place.

- AIMS calls for the development of clear national standards for continuity of carer models of care, against which the quality of local implementation can be assessed.

AIMS is keen to see evidence that the models of care that are being developed and delivered offer authentic continuity of carer. In particular:

- AIMS insists on all continuity of carer models of care having, at their core, a clear expectation that a named midwife will deliver all of a woman's midwifery care wherever possible, with occasional support from one colleague or a small team of colleagues as necessary.
- Where women are offered ongoing care from other healthcare professionals as part of the wider maternity care team, AIMS is keen to increasingly see continuity of the person caring for them (eg an obstetrician) becoming part of standard care.

AIMS has exemplified what we understand to be women's expectations of this model of care in the AIMS 'I' statements here (AIMS, 2018).

C: Accountability and Transparency

As with any quality improvement programme, AIMS calls for this programme to be taken forward within a positive culture of transparency and data sharing:

- AIMS calls for published reports on the quantitative progress being made against the annual targets, at the national, regional, LMS and Trust level;
- at the LMS level, in advance of national quality standards being implemented, AIMS calls for six-monthly published reports which descriptively review local implementation progress and offer forward-looking plans, including a clear statement of any additional resources needed;
- AIMS calls for all local implementation reports to be co-produced with local MVPs/ in collaboration with local service-users.

Conclusion

AIMS is certain that the successful implementation of this policy will mark a hugely important step forward. It will improve the ability of the many extremely hard-working and highly valued staff in our maternity services to offer individualised care to each woman and her family, making a real difference to the lives of women and families. AIMS looks forward to a time when we no longer talk much about a continuity of carer model of care, because this will be the standard model of care offered to all women and families. For this to become reality, let us work together now to ensure that this implementation programme is a success!

If you have any comments or suggestions for the AIMS Campaigns team, or want to get involved in our campaigning work, please get in touch with us at campaigns@aims.org.uk.

References

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