AIMS For a better birth...

Interview with Professor Jacqueline Dunkley-Bent

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Interview by Jo Dagustun

For this issue, as we mark the 4th anniversary of Better Births, the AIMS Campaigns team were keen to invite Jacqui Dunkley-Bent to introduce herself to our readers. Whilst in post as Head of Maternity, Children and Young People at NHS England, 2019 saw Jacqui appointed as England's first Chief Midwifery Officer, a move widely welcomed by birth campaigners. Since then, Jacqui has been playing a key role in the Maternity Transformation Programme across the country, as well as dealing most recently with the latest maternity scandal to hit the headlines, the sadly avoidable deaths of babies in East Kent.

We invited Jacqui to tell us a bit about herself, to share with us her ambitions as England's first Chief Midwifery Officer, and to offer us an update on progress on a key AIMS campaign priority, the implementation of a relational model of maternity care for all women across England. Here are her written replies.

1. When did you first know you wanted to get involved in birth issues, and why?

I think I was very young, in my pre-teenage years. There was no particular trigger or influence. A seed was sown in my mind. I trained as a nurse and then a midwife and here we are today.

2. What are you most proud of in your career to date?

Where can I start? There are so many great things that give me a sense of pride. In no particular order, I

am proud of the student midwives, student nurses and medical students whom I have taught and encouraged over the years; so many mums/partners that I have supported through their pregnancy, childbirth and postnatal experiences; and the fact that I have never forgotten - or lost my determination and ambition - to do what's right, to treat everyone as how I would like to be treated and to champion those whose voices are seldom heard, including women, midwives, support staff and doctors. I am also proud of my achievements in clinical practice, education, research, leadership, management and healthcare policy. As a clinical midwife, becoming expert in waterbirth, fetal surveillance, perineal repair and pelvic floor integrity, caseload midwifery for women pregnant as a result of rape, who had experienced domestic abuse and mental ill health, aqua natal instructor and therapeutic holistic masseur practitioner. As a midwifery lecturer, I am proud of having developed and led on student midwife simulation for obstetric emergencies, and the development of midwifery curricula. As a manager in a new organisation, I'm proud of having met with 70% of midwives, nurses, doctors and support staff who worked in the directorate I managed, and women and children who used NHS services, to seek their views about the future of their service, and of having led two large teaching hospitals through CQC inspections.

3. What is one of the most difficult things you have ever done?

There are so many things that have been difficult but I would describe my journey as relatively easy, because I am more courageous when I am driven by a moral imperative to do what's right - frequently a lonely place to be. But to be specific, developing a maternity triage service with no budget is something that I would put on the difficult, but achieved, list, and also successfully completing my doctorate at a time when my father was dying.

4. You hold the post of England's first Chief Midwifery Officer – congratulations from all of us at AIMS! Can you tell us something about what you have achieved in your first year in this role and about your ambition for the future?

I am proud to be England's Chief Midwifery Officer and I have 3 key ambitions. First, for England to be one of the safest places in the world to be pregnant, birth and transition in to parenthood, giving children the best start in life. Second, to lead by example, whilst developing a leadership structure for the midwifery profession that is credible and safe. This includes increasing midwifery numbers. Third, to influence perceptions of midwifery, so that midwifery is a career of choice for children and young people, creating a culture that encourages midwives to remain in the profession, and influencing the perceptions of the public and the media so that the contribution that midwives make to improving outcomes for mums and babies is commonly known and understood.

5. Given the focus on the need for effective multidisciplinary team working, do we also need a Chief Maternity Officer in England?

The national clinical director fulfils this role and we work closely together to improve outcomes for mums and babies.

6. For many years now, AIMS has been campaigning for all women to benefit from a relational model of maternity care (where every woman has a midwife who she can get to know and trust, and who can support her through her pregnancy, birth and beyond, regardless of her circumstances or where her baby is to be born). How far do you think that the Maternity Transformation Programme will meet that ambition and what do you think are the key challenges ahead?

I am the national lead for this policy ambition. Together with the policy team and progressive midwives and leaders, we are gaining momentum with the ambition for most women to have continuity of carer by 2021 and for 75% of BAME women and women who are socioeconomically disadvantaged to have continuity of carer by 2024. This way of working requires transformation of services and how we provide midwifery care. We have developed a plethora of initiatives, guidance, tools and frameworks, offered one-on-one support, created policy levers through the NHS contract and planning guidance, and - most recently - incentivisation through the NHS Resolution maternity incentive scheme, all to support the implementation of continuity of carer. The RCM has been supportive and has developed an amazing continuity of carer game and an i-learn module. I remain optimistic!

7. AIMS is celebrating its 60th birthday this year. Looking forward, how do you think that the service user community, AIMS included, can most effectively contribute to ensuring that the maternity services in the UK are as good as they can possibly be?

My biggest ask is for AIMS and the wider service user community to support the implementation of national maternity policy. Better Births, the report of the National Maternity Review, is approaching its 4th Birthday in 2020, and 2021 will see this programme transition into the NHS Long Term Plan. I am proud of the maternity chapter in the Long Term Plan and we can all play a part in making our maternity services world class.

AIMS Comment

AIMS hopes that Jacqui's optimism that "we are gaining momentum with the ambition for most women to have continuity of carer by 2021 and for 75% of BAME women and women who are socioeconomically disadvantaged to have continuity of carer by 2024" proves well-founded. Many people have been confused about what is meant by "most" but it seems to be being interpreted as over 50%.

AIMS has previously reported concerns about the lack of transparency surrounding implementation and progress to date, which makes it difficult to judge whether we are truly on track to meet this goal.

According to the latest National Maternity Survey by the Care Quality Commission (CQC) www.cqc.org.uk/sites/default/files/20200128_mat19_qualitymethodology.pdffor example, in February 2019 'Fewer than one in six women (16%) said that any of the midwives who cared for them during

labour had been involved in their antenatal care' and and only 9% 'said that at least one of the midwives who cared for them postnatally had also been involved in both their labour and antenatal care'. Four years on from the publication of Better Births, it is clear that much remains to be done and increased momentum is essential if we are to meet the 2021 and 2024 ambitions. Beyond these ambitions, AIMS will continue to press for a truly relational model of maternity care for all women.

Memo:

The ambition to achieve a higher proportion (75%) of Continuity of Carer for certain groups of service-users goes beyond the plans discussed in the context of the Maternity Transformation Programme, and first appeared in the NHS Long Term Plan. This section of the NHS Long Term Plan can be foundhere (www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/stronger-nhs-action-on-health-inequalities, paragraph 2.28 and has been discussed in the AIMS Campaign update here (www.aims.org.uk/journal/item/coc-campaign-update). The new ambition set out in the Long Term Plan followed the publication of the MBRRACE report in 2018 (www.npeu.ox.ac.uk/mbrrace-uk/reports). AIMS supports this new ambition as part of a wider initiative to address the health inequalities in outcomes for both mothers and babies in these groups. For more on this, see "MBRRACE and the disproportionate number of BAME deaths: Why is this happening and how?" (www.aims.org.uk/journal/item/mbrrace-bame).