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Continuity of Carer and Social Support Network: Working together

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By Anne Glover

As a doula, I am keen to embrace the ideology that women's chosen social support is important for the well-functioning of the maternity services, and also an integral part of a well-functioning continuity of carer model of care. I am writing this during a pandemic when birthing partners, doulas, friends and family are being prohibited from fully supporting women and birthing people during birth and postnatally. Some healthcare professionals are of the opinion that once Continuity of Carer is widely implemented across the maternity services, then there will be no need for doulas. In this article, I will explore why it is important for Continuity of Carer to work hand-in-hand with members of the social support network, which may include a doula.

Beyond the bounds of the maternity services, adequate social support is crucial to ensuring a positive transition to life with a new baby. Here, we explore how formal maternity services can work to facilitate beneficial social support networks, focussing on how the Continuity of Carer[1] model of care does this particularly well.

The Continuity of Carer model of care in maternity services places great emphasis on individualised care, to ensure that the midwife and her client can form an honest relationship allowing trust to develop, as dreams and vulnerabilities may be disclosed and discussed. It is a relationship that develops antenatally, during labour and birth, and extends into the postnatal period ensuring consistency and a sense of familiarity and respect. This is proven to be an effective way to improve health outcomes for both mother and baby. It is a professional relationship not only between a midwife and her client, but also with the client's chosen social support network, including family, friends and doulas, who may often attend medical appointments or consultations as a means of emotional support or as an advocate.

Social support network

Most of us thrive on being around other like-minded individuals, supporting each other in our life ventures and experiences, and this is no different when a family is preparing for the arrival of a new baby. As Maddie McMahon writes: 'Human beings are a tribal species, reliant on extended families and neighbours during times of extra work, upheaval, celebration and grief.'[2] Friends, family, neighbours and doulas all have different qualities and offer unique types of support. Ultimately, it is a woman's choice who she wants or needs to have around her during pregnancy and as she prepares for the birth and life with a new baby. However, informed choices are dependent on knowing the extent of choices available, and not everyone has access to a ready-made social support network. Social support is vital to help a family adjust to having a baby, to offer practical support but also to support the family emotionally and promote their mental well-being. It is reassuring in times of life-changing events to know that you are not on your own and that you have a social network to turn to for guidance, sharing knowledge and experience, as well as the professional medical care from your midwife.

How does this model of care impact on a woman's social support network?

Women and families are at the centre of Continuity of Carer[3] and as service users they are an important part of implementing change in the maternity services. For maternity services to function well, there needs to be great satisfaction between midwives and their clients. We already know the improved health outcomes for mother and baby[4], but there needs to be an appreciation that the Continuity of Carer model can benefit the well-being of the midwives and the team as well, so they can work to the best of their ability with great job satisfaction. Midwives cannot provide everything families need as some issues and needs are outside their remit, and this model of care will thrive if women have their own individualised social support network. For example, a postnatal doula can visit the family as often as they wish to assist with caring for the baby, caring for other siblings and pets, ensuring they all have nutritious meals, and perhaps sharing housework and laundry with the extended family. This can really help a family to adapt to having a new baby. If mother and baby are adapting well together with the support of a doula, then this will in turn ensure that the time spent postnatally with the midwife is more effective and successful for everyone involved. It's important to listen to the woman and trust her to know what she needs and who will best provide the support she needs as she prepares for birth and life with her baby.

Nowadays, there are even greater demands on fathers and partners, so why not have as much social support as you can get? Continuity of Carer is not just for the mother, but for her partner, children, doula and friends, her whole wider social network.

There has been some talk in the maternity world about this model of care eradicating the need for doulas [5], who provide continuity of emotional, physical and informational support to families throughout pregnancy, labour and birth, and postnatally. It really is a personal choice who should be in the support network. It could be family, friends and/or a doula. Doulas spend time getting to know everything about a family as they prepare for life with a newborn and offer hands-on support, as well as being there as an advocate if that is what the family wishes, building an intimate relationship. Evidence for doulas shows that the benefits of continuous support during labour and birth provide better outcomes for mothers and babies[6]. If more women are more satisfied with their birthing experience and outcomes, then there will be a reduction in the long-term cost to the NHS. It makes perfect sense, then, that continuity of care provided by both midwives and doulas working alongside each other, complementing each others' work, can only enhance the birthing experience for families.

An example of how a doula complements the Continuity of Carer model of maternity care

Sara Benetti, a doula from the North Coast in Northern Ireland, recently supported a first-time mum who opted for care from the Lotus Team[7]:

> I heard about the Lotus Team in the summer and was delighted to recommend it to my clients, as I thought the opportunity to be looked after by a small team of midwives through pregnancy, birth and postnatally was a wonderful idea. Pregnancy can be stressful enough at times for families, never mind the additional anxiety and stress around COVID! My last client opted for the Lotus Team, and I was lucky enough to have already met her named midwife before, through our local Positive Birth Movement group. I already knew she would support her with balanced discussions around her wishes, and there was a lot of uncertainty around COVID, about place of birth (home, large busy ward or smaller local unit?), general worries about pregnancy and birth any new parent may have. Her midwife always took the time to chat with her and her partner without any rush, occasionally with me too. When labour started, I went to my client's home to support her there. We kept in touch with her midwife by message and called her when my client was considering going into hospital. As a doula it was heart-breaking not to be able to walk into the labour ward with my client and her partner and continue to support them there, but at the same time, it was so reassuring to leave them at the door where they were met by their own midwife, who then not only looked after them until the baby was born, but also sent me updates so I knew they were doing well. I was confident that they would have been fully informed and supported in whatever decisions they needed to make and that she would have reminded

> them that they could always take the time to consider options and even call me to talk things through if they felt the need. I felt we were a team and my clients surely felt the same. They felt they had support at every step of the way and that they were the protagonists of their own journey, which makes such a big difference too when things are not entirely smooth.

AIMS is keen to see the extension of this respectful Continuity of Carer model of maternity care becoming standardised across the UK. AIMS is certain that the more emphasis is put on individualised care and acknowledgement of women's choices to have their own social network around during a life-changing event, the more it will optimise the professionalism and well-being of the maternity services, and ultimately alleviate stress on women and the NHS. Often it is a doula who highlights the maternity choices available, and she can then encourage women to demand the Continuity of Carer model of care.

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1 NHS England (2016) National Maternity Review: Better Births – Improving outcomes of maternity services in England – A Five Year Forward View for maternity care.www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

2 Maddie McMahon (2015) Splashing out on a doula.thebirthhub.co.uk/2015/07/21/splashing-out-on-a-doula

3 Kirstie Coxon and Hannah Jones (2016) Relationships: The pathway to safe, high-quality maternity care. Sheila Kitzinger symposium at Green Templeton College, Oxford: Summary report. www.rcm.org.uk/media/2962/skp_report.pdf

4 Midwifery Continuity of Carer (COC) page www.rcm.org.uk/promoting/professional-practice/continuity-of-carer

5 More information on the role of doulas can be found on the Doula UK website:doula.org.uk

6 See doula.org.uk/research

7 For more on the Lotus Team, see Anne Glover (2020) Campaign update: Continuity of Carer, Northern Ireland – Trying to do it properly! www.aims.org.uk/journal/item/campaign-update-continuity-carer