



## Better Births six years on: the implementation programme continues

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*By the AIMS Campaigns Team*

*In this commentary, the AIMS Campaigns Team reflects on why the successful implementation of Better Births across England - to deliver personal, safe and equitable maternity services - is more important than ever. In doing so, we recommit AIMS to playing our part as a 'guardian of Better Births implementation' and we encourage others to do the same.*

Over the last two years, two issues have perhaps dominated the landscape of maternity service campaigning in England. First, the increased exposure of the stark statistics concerning the inequalities in maternity outcomes for mothers and babies - epitomised in the well-founded and shocking FIVEXMORE [1] phrase - has galvanised a raft of campaigning activity, as the maternity service improvement community seeks to better understand what's going on and carry out the vital work necessary to eradicate inequalities. Second, changes to maternity services, introduced in response to the global COVID-19 pandemic, have driven calls on NHS Trusts to (a) reverse what seem to be damaging and at times ill-judged restrictions and (b) ensure that a broad view of what constitutes safety in the maternity services informs necessary service changes. These two agendas overlap. For example, we know that the presence of a support person for many people dealing with the medical system, whatever speciality, is not just 'nice to have' but a key component of mental wellbeing and physical safety. It is no surprise, therefore, that discussions around the importance of the inclusion of support people feature highly both in campaigns for eradicating inequalities and in campaigns calling for COVID-19 service restrictions to be reviewed.

Besides those two campaigns, there has been the hugely troubling ongoing rumble of news about the unsatisfactory quality of some maternity service provision, most notably brought to the fore when the stories of families hit by near-unspeakable tragedy, or the names of the relevant NHS Trusts, are thrust into the headlines by way of legal cases, [Care Quality Commission reports](#)<sup>[2]</sup> or other investigations. It is impossible to minimise the impact of this news stream on confidence in the maternity services as a whole. Why is it that similar failings seem to be revealed time and time again? More recently, the Covid-19 pandemic has exacerbated the pressures on maternity staff to the extent that a public conversation was necessary, with action to draw attention to the [maternity staffing crisis](#)<sup>[3]</sup> taking place around the UK in November 2021, mainly through the impressive efforts of the March With Midwives campaign. This conversation revealed unsustainable working conditions that must be addressed. Again, these two agendas surely overlap.

It may sound glib, but in the face of each of these separate but interconnected challenges it is the view of the AIMS Campaigns Team that it has never been more important to refocus our attention on the implementation of Better Births, as represented by the ongoing and evolving Maternity Services Transformation Programme. [Better Births \(2016\)](#)<sup>[4]</sup> laid out a blueprint not for 'just another initiative' but for a radical shift in the way that maternity services are organised. Only such a radical shift will effect the change we need, to ensure that maternity services become truly personal, safe and equitable.

As part of the Better Births implementation work to date, there has been a welcome emphasis on strengthening leadership and management capacity within the maternity services, including the development of key national and regional leadership teams. AIMS is optimistic that this new structure will play a critical role as we move ahead with further implementation. The many challenges of transforming the traditional maternity model of care into one based on the important principle of 'continuity of carer' have also been identified. There is now updated [guidance](#)<sup>[5]</sup> based on listening to experiences of, and learning from, the implementation efforts to date: there is now much greater clarity in the guidance about the implementation challenges, recognising that this transformation requires a radically different way of organising staff and impacts on both the working lives of many midwives as well as how they understand their role. In that context, the updated guidance reiterates why this transformation is so important and how it can best be achieved. That said, there still remains much work to be done in winning over the 'hearts and minds' of a workforce who have organised their lives and professional identities around the old ways of working. That's where the new leadership teams will need to come into their own, to unravel ways of working that for decades now have served neither service users nor staff well.

So AIMS looks ahead with cautious optimism. We are grateful for the work done since Better Births to lay the foundations for an overhauled maternity service. Notwithstanding the recent severe shock that is COVID-19, and the ongoing revelations of severe weaknesses in parts of the current maternity service, AIMS notes [the determination at a national level to press ahead with this much-needed transformation of our maternity services](#)<sup>[6]</sup>.

In 2022, amidst the many individual maternity service improvement issues on the agenda, AIMS is clear that [the Better Births vision remains a powerful one](#)<sup>[7]</sup>. It is - importantly - a whole system approach. At its heart, it calls for a maternity service that treats its staff well and enables them to do their work effectively, so that all service users may benefit from a service that is personal, safe and equitable. And that, surely, is a call that we can all get behind. As a member of the [Maternity Transformation Programme's Stakeholder Council](#)<sup>[8]</sup>, we pledge to play our part.

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[1] [www.fivexmore.com](https://www.fivexmore.com)

[2] [www.cqc.org.uk/publications/themes-care/safety-equity-engagement-maternity-services](https://www.cqc.org.uk/publications/themes-care/safety-equity-engagement-maternity-services)

[3] [www.aims.org.uk/campaigning/item/march-with-midwives](https://www.aims.org.uk/campaigning/item/march-with-midwives)

[4] [www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf](https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf)

[5] [www.england.nhs.uk/publication/delivering-midwifery-continuity-of-carer-at-full-scale-guidance-21-22](https://www.england.nhs.uk/publication/delivering-midwifery-continuity-of-carer-at-full-scale-guidance-21-22)

[6] [www.england.nhs.uk/publication/2022-23-priorities-and-operational-planning-guidance](https://www.england.nhs.uk/publication/2022-23-priorities-and-operational-planning-guidance)

[7] [www.aims.org.uk/journal/item/better-births-policy-implementation](https://www.aims.org.uk/journal/item/better-births-policy-implementation)

[8] [www.england.nhs.uk/mat-transformation/council](https://www.england.nhs.uk/mat-transformation/council)