

Description

A Midwife of My Own: Public Support for Implementation of Midwifery Continuity of Carer

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Summary

Many service users and charities feel that implementing midwifery continuity of carer (MCoC), with linked consultant obstetricians in place, is a high priority for the NHS. A community of interest network has been set up for individuals and organisations representing women, parents, interest groups and communities who share this goal. We understand the current pressures on maternity services and want to support action to find solutions to those barriers that pose a challenge to implementation. Here, we introduce the network, our perspective on MCoC and the support we offer.

Introduction

We know that close and ongoing relationships matter to people and bring benefit, for example our relationship with our mum, our sister, our dad, our brother, a true friend at primary school, a love interest – someone who is always pleased to see us, who remembers us, knows what we've been through, gets what makes us tick and understands our values and priorities.

Having a baby involves emotional changes, new roles, different opportunities, restrictions and bodily challenges. Excitement, anxiety and questions are all part of the package.

During labour and planning for birth, things can turn in an instant. A new set of decisions may need to be made. In the postnatal weeks, sleep is disturbed and feelings are heightened. We may need to ask seemingly absurd questions without fear; we all need to be listened to. We may pick up signs that something isn't quite right, symptoms that need to be assessed and sometimes treated.

With all of this going on, we argue that relational care is important – care in which each individual and family gets a midwife of their own. Someone whom we can get to know and who knows us; a person who will advocate for us, who

will provide care and really be with us through the ups and the downs. We understand that ‘our midwife’ may not always be available, hence the importance to us of team working. We also understand that members of the wider multidisciplinary team will sometimes be better placed to offer specific care, and that should not undermine the relational continuity we have with ‘our midwife’. To have a midwife of our own is key, a midwife who walks beside us through our antenatal, birth and early postnatal journey.

We recognise the challenges faced by hard-working maternity staff and understand that this call for change might feel like an extra demand. We value and respect midwives’ commitment, around the clock, seven days a week. However, we feel that MCoC can be achieved and be as rewarding for midwives as it will be for families.[1,2,3,4]



Implementation of midwifery continuity of carer

Many charities and service users were heartened when Better Births (2016) set out a national ambition for MCoC to be ‘the default model of care for maternity services, and available to all pregnant women in England’.[5] We know that many midwives were too. Since then, various national targets have been in place to underpin the delivery of this ambition. However, due to immense post-pandemic pressures in NHS maternity services and severe problems with midwifery retention and recruitment, these national targets for the implementation of universal provision have been paused. It is now for individual maternity services to deliver on the national ambition according to their local circumstances. In this context, we feel that it is especially important not to lose sight of the longer-term goal, as articulated in Better Births, but rather consider what can be done at a local level to create the environment for universal implementation when conditions allow.

Meanwhile, the rollout of MCoC to priority populations continues – with extra funding provided – as part of the Core20PLUS5 strategy to reduce health inequalities.[6] This approach means that local maternity services should be ‘ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups’. We welcome this phased implementation strategy.

Additionally, a new programme of evaluation and research has been launched. There are five separate studies, including a review of published research on MCoC models to improve pregnancy outcomes for women with medical and obstetric complexity. The four primary studies are designed to answer priority questions about the process and outcomes of implementing MCoC in different NHS maternity units in England. One of these will evaluate the ‘impact on maternity services, the women who use them and any unintended consequences in trusts that have implemented MCoC’ since 2016.[7] We expect that these studies will inform planning for future rollout.

Members of our network want to see relational care as the default model of maternity care, not the ‘gold standard’ exception. We know many midwives share this vision. We are asking questions about the support and training that is needed to lead change at maternity unit level, and we would like to hear your questions and learning about MCoC. We see ourselves as ‘critical friends’ supporting those involved with implementation and its evaluation (e.g. midwives, regional teams, NHSE, researchers), so your insights are important to us.

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Background policy position

The government vision for maternity care in England was set out in Better Births, the report of the National Maternity Review, focusing on two complementary and closely linked goals: improved safety and personalisation of maternity care.[8] This is coupled with a programme to improve equity of access to services and of outcomes in maternity.[9] The depth of consultation that underpinned the Better Births vision and recommendations was considerable, including 15 regional drop-in events for service user stakeholders in the Northwest, Northeast, Midlands, Southwest and Southeast of England; 38 visits to maternity and related services; 5,192 responses to an online consultation; and two national BirthTank events with 300 key stakeholders.[8]

Continuity of carer and multi-disciplinary teamwork are central to the Better Births vision,[8] and fundamental to achieving the desired aim of maternity services that are 'safer, more personalised, kinder, professional and more family friendly'. All individuals, the policy says, should have a named midwife who is responsible for co-ordinating their care, and this midwife should be well-supported, working within a 'continuity of carer' midwifery team or group practice and the wider multi-disciplinary maternity team, with each midwifery continuity team linked to an obstetrician.

The charities and service users network

Charities and service users who feel that MCoC is important have been meeting together online as a 'community of interest' since January 2022.[10] Mary Newburn called the first meeting, bringing together interested charity leaders and maternity activists, including members of the Maternity Transformation Programme Stakeholder Council. While the immediate focus of our work relates to the implementation of Better Births policy in England, we also recognise and support work towards achieving continuity of care and carer in Scotland, Wales and Northern Ireland. The network includes organisations representing women, birthing people and parents across all UK countries.

The evidence

We believe the research evidence is compelling. Midwifery-led continuity models of care for mixed-risk caseloads of women is effective.[11] There is evidence of benefit for those with additional health needs[12] and social complexity,[13] and a growing number of studies suggesting that relational care improves health and saves lives.[14] In addition, Network members have lived-experience insights about the difference that a continuing relationship throughout the care journey can make.

Continuity matters to individuals and families

Women want to feel safe and cared for, with the knowledge that they have someone they can approach without feeling anxious about possible negative effects of initiating contact. Birthrights emphasises the importance of anti-racism and cultural safety training[15] for all staff alongside changes to enable relational care.[16] They state: "*Continuity of carer creates more opportunities for mutual sharing of information and supporting women and birthing people to make informed decisions. This is an essential element of maternity services that treat people with dignity and respect, which are fundamental human rights.*"

The recent, shocking report from East Kent maternity services shows how vulnerable and isolated women and their partners can feel[17] and how they can sometimes be in prolonged and traumatising pain and not listened to. One of the women quoted in the East Kent report (p56) explained: "*It was the treatment from the people, the way we were treated, the way we were spoken to, with no human decency whatsoever, no bedside manner, no consistency, no continuity of care, the list goes on and on. And I think that is the culture, that is the culture there. It is this conveyor belt, where they are so immune to it, they forget that the women are even there*."

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We suggest that continuity of carer is not only essential for a safer and more personalised service culture, but that it also creates positive opportunities. A key question is whether services have the capacity to make this transformational change, and if not, what needs to be done to make change possible? An experienced maternity advocate in our Network, working with maternity voices partnerships (MVPs), described her changing attitude: "*As a mother and an MVP chair, I've been listening to all the challenges our maternity systems are under and have been a bit reluctant about 'pushing' for continuity of carer as the response has been, 'We don't have the staff'. But now I feel we need to change this and start pushing for what women have wanted. I imagine other MVP chairs are feeling the same.*"

And a woman from our wider network of contacts who gave birth in 2022, shared her story with us:

"*My midwives were supportive and followed my birth plan perfectly… though I was disappointed they weren't the ones that I knew previously – something so vital when you have a complex medical and mental health history and sensory needs like mine. I'm not sure they understood my stimulating, sensory birth setting, with lights and music, which I had designed according to my personalised, idiosyncratic, autistic sensory needs… The removal of continuity of care is catastrophic for women and birthing people like me. The difficulties of navigating the system cause me to avoid seeking help; doing what I can to self-medicate with my collection of drug paraphernalia from previous illnesses where I can*." Tannice Hemming, personal correspondence (September 06, 2022)

We feel that too few lived-experience voices are heard as part of the implementation debate. Yet from all quarters there are arguments for MCoC and heartfelt pleas.

Ros Bragg, director of Maternity Action, said: "We are very aware of the benefits of continuity of carer, particularly for the very vulnerable migrant and asylum-seeking women we work with."

LGBT Mummies say that:

"*LGBT+ women and birthing people have poorer outcomes, especially trans and non-binary people, and therefore for us as a marginalised minority group, continuity of carer is crucial to ensure we feel better understood, supported & safe*." Personal correspondence (May 25, 2022)

Those who do receive MCoC are able to identify how it benefited them, including when, as in this case, birth does not go as originally planned and a transfer is required:

"*I received outstanding care from the Venus homebirth team. My main midwife (Michala) was kind, compassionate and incredibly knowledgeable. She enabled an incredibly trusting bond to form between us which helped me to feel utterly safe in her care and I honestly believe contributed hugely to my straightforward and positive birth. I will always be grateful for the amazing care I received from Michala and the positive impact it had on the birth of my daughter.*" Lizzy Grayson, personal correspondence (August 10, 2022)

Finally, as Amanda Pritchard, Chief Executive, NHS England, says: "*The public rightly have high expectations of the NHS. But equally they understand the challenges we face and want ways to be involved in finding solutions. They have knowledge, skills, experiences and ideas to develop solutions that best meet their needs and support their health and wellbeing. Without insight from people who use, or may use, services, it is impossible to make truly informed decisions about service design, delivery and improvement."*[18]

Conclusion

The Maternity Continuity Network acknowledges the deep- seated challenges that many maternity services and service users are facing. We are raising the voices of service users as we feel they are often a long-suffering whisper and easy to overlook. We want to acknowledge those midwives who are delivering MCoC, to encourage the whole maternity system to learn from them, and to recognise those managers and midwives who support innovation in relational careand cultural change. We look forward to more MCoC teams becoming established this year, and to the results of the commissioned research and evaluation. We are confident that these will lead to further learning and informed system change, with the goal of safer, more responsive maternity services that are both equitable and of consistent quality. **TPM**

Call to action

- Get involved with your local MVP and contact community groups about the #Core20PLUS5 priority, and consult with them, or co-design, local plans.
- Consider joining a continuity team as part of the Core20PLUS5 initiative, if you have the opportunity, and participate in studies if you are eligible.
- Find midwifery continuity news on social media. Post your own stories and use hashtags to get more involved in the conversation. (On Twitter, see #BetterBirths #MCOC #CofCer #ContinuityMatters)
- Contact us if you would like more information about the Network, or you have questions or want to give us feedback. ma**********@****ac.uk; jo*********@******rg.uk

Membership of the Maternity Continuity Network

Charities, campaign groups and networks include AIMS, Best Beginnings, Birthrights, First 1001 Days, LGBT Mummies, Make Birth Better, Maternity Action, Mummy's Day Out, NCT, the Pregnancy and Baby Charities Network, Sands, South London the Patient and Public Involvement and Engagement Group of the South London Applied Research Collaboration's Maternity and Perinatal Mental Health theme, The Motherhood Group, Tommy's, and White Ribbon Alliance UK. Individual service user members include Agnes Agyepong, Mo Ade, Zenab Barry, Rebecca Brione, Rachael Buabeng and Chaya Tagore, many of whom are involved with their local Maternity Voices Partnership (MVP) and NHSE working groups or regional roles.

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