



WEST NORTH EAST CUMBRIA

Maternity Voices

Working in partnership to improve maternity services

Your Q&A session on Continuity of Carer 14th August 2020

A virtual Q&A session was held with MVP, and service users. Amanda Kennett, Associate Director of Midwifery, Christina Cuncarr deputy Head of Midwifery, Nicola Jackson, Programme Lead for Better Births answered questions from service users. Thank you to those Mums who sent in questions to ask.

What is Continuity of Carer?

Better Births Definition:

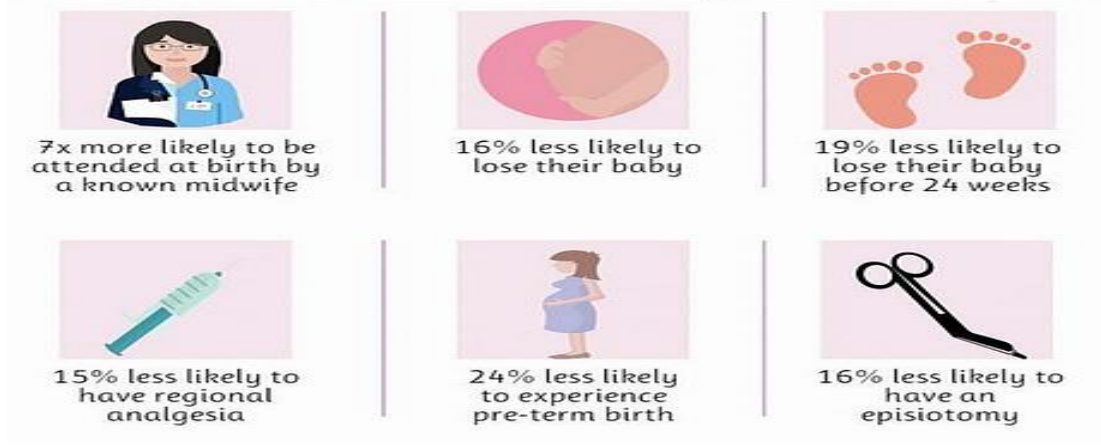
- Consistency in midwife or clinical team providing hands on care during pregnancy, labour and the postnatal period.
- Enables the Co-ordination of a woman's care, as a named individual is responsible for ensuring the needs of a woman and her baby are met in the right time and place.
- Enables the relationship between woman and the person caring for her to develop over time.

Continuity of Carer is a key part of maternity transformation in England

Does Continuity of Carer provide safer care?

- Yes, there is strong evidence that shows Midwife led Continuity models of care provide safer care for women (further information on evidence can be found at [Cochrane Library web site](#)).
- This infographic shows that midwife led continuity of care models are more personal, with women attended at birth by a known midwife reporting higher levels of satisfaction and safer outcomes for mothers and babies.

Women who received models of midwife-led continuity of care



Women's Experience



To implement Continuity of Carer in North Cumbria requires midwives to work differently. This is a significant change in working for them. We need a local model here that will work both for women/birthing people and staff.

What models are being looked at locally?

A team model of providing Continuity of Carer is being developed in north Cumbria.

Each team will comprise up to 8 midwives. Community midwives and some hospital-based midwives will form the teams (There will still be some core midwives on labour ward, antenatal and postnatal). Women will still have a named midwife who, and that midwife will also have a 'buddy' midwife to cover for annual leave etc. Through her pregnancy the woman will have opportunity to meet the other midwives in the team. Midwives in Continuity of Carer teams will have a lower caseload of women to care for than currently, this will make a big difference and allow more time to develop personalised care, and ensure development of stronger relationships with women. Each midwife has more opportunity to understand what is important to each woman in her care and form trusting relationships.

Each team of midwives will meet and share information about the women they care for. A team member on call will provide the care to the woman during labour and birth. When a woman goes into labour, she will still call the labour suite of the maternity unit she has booked. There is a chance that person she speaks to on phone is a member of her continuity of carer team, but regardless the labour suite will call in the on-call member of your team to support your birth. This isn't a perfect model, but it should ensure that most women are cared for in labour by a midwife that they know.

The Gold standard of care is a case loading model of care where each woman has a dedicated midwife providing all her care. But it is necessary to develop a model of care from where we are now, taking account of the needs of women and midwives. This is a significant change in current working practice for midwives. There are a high number of part time midwives so in the odd case there may be 9 midwives in a Continuity of Carer team.

Will it be available for all women booking-in?

There will be a staged development of Continuity of Carer. The first team to launch may be in the Carlisle area, this is being planned currently, and a second team is being established to follow. There will be time and support for both community and hospital-based midwives to ensure their respective skill sets meet the needs of delivering Continuity of Carer teamwork with women.

There will be careful monitoring of the outcomes for women both clinical and experiential. Eventually the plan is that all women will receive continuity of carer in North Cumbria. It will reach a stage where additional midwives will need recruiting to deliver this model of care. Improving outcomes should justify this. These outcomes would be expected to include: higher numbers of standard vaginal births (less operative births) reduced pre term labour (fewer days in Special Care for babies), reduced still birth (less trauma and improved well-being for women and partners) reduced need for pain relief; more positive experience of care; more time for midwives to provide and signpost to support needed whether that is for smoking prevention, weight management, perinatal mental health support, or breastfeeding support; all will reap benefits for women and families.

Will I see a different midwife at each appointment?

You should see your named midwife or buddy at most appointments and if they are not available you will see another member of the team. You will also have other opportunities to meet the other midwives in the team

Will I have to repeat what is important to me and my medical history to different people?

With reduced midwifery caseloads there will be less likelihood of this happening as your named midwife, buddy midwife and team will know you better, and what is important to you. Continuity of Carer Team meetings to share information and use of digital maternity notes will support this. There is plan to involve Obstetricians with each Continuity of Carer team.

How will the Continuity of Carer Team meet the needs of the most vulnerable groups?

Teams will be targeted from an early stage to reach the areas where there are greater number of vulnerable groups, these are where inequalities of outcomes are most pronounced, and this model of care will benefit most

How will it feel to be cared for in a Continuity of Carer team?

You should feel that you are receiving more personalised attention and support. You should feel that you have shared understanding and a trusted relationship with your midwife and midwife team. You should feel supported in making decisions about your maternity care that meets your needs best. You should feel safe and able to disclose any concerns. You should feel more satisfied in your maternity care experience

How will it work if I am a woman with complex needs?

Your midwife will have a reduced caseload. This will enable her to focus more on your individual needs. For example, if you had underlying mental health issues your midwife would identify if you needed signposting for more specialised support

Will Continuity of Carer make a difference for partners & family too?

Yes, the benefits of Continuity of Carer should be felt by partners/ family too. The midwife will have more time to get to know you and what is important to you. You may have appointments at home.

Will continuity of carer models help me to make choices about my maternity care?

Yes, this should be enabled through Continuity of Carer, as your midwife/ midwifery team will know you better, conversations can happen over time, so that decisions don't need to be made early on and can be reviewed as your pregnancy progresses. More open trusting relationships will enable good conversations and understanding. Your midwife will have a closer understanding of you and be able to support you more as a result

Why we are asked on multiple occasions to take blood test to check for Down's? If we say no & it is on our notes that we have said No.... It feels like being pushed to have it, not choice.

Under a continuity of carer model this situation should occur less often due to the lower caseload and improved quality of relationships and understanding that develops between Mum/birthing person and midwife. There will be greater understanding of what is important to every individual, and less checking and repeating of questions where a clear preference has already been indicated.

How does Continuity of Carer work in with home birth, staffing levels and crossover with labour ward and community staff?

Under continuity of carer more midwives will be working in continuity of carer models and will cover mothers in their team for community and hospital births. There should be reduction in scenario where labour unit is short staffed as women are being attended by their continuity of carer team midwife for birth in home or hospital.

I'm particularly interested in whether services in Cumbria could look to other areas where Home Birth is more widely promoted - in Leeds when I gave birth to my first child, I was part of a pilot scheme that had a dedicated home birth team & I found the support provided invaluable

How will introduction of Continuity of Carer models locally support choice of home birth as a birthplace?

In other areas where Continuity of Carer introduced the Home birth rate has gone up. Having continuity of carer teams will support your choice of birthplace as staff are working in teams to support you wherever you give birth. Positive relationships increase confidence in birthplace choices.

Midwives will be given opportunity to build up their skill portfolio so that they are confident in delivering care in either community or hospital environments. There will still be some core midwifery staff on labour ward, antenatal and postnatal wards/clinic.

How will Continuity of Carer outcomes be measured from team perspective and from woman 's perspective?

This is currently being worked on. There will be close monitoring of outcomes and it will include clinical and experiential outcomes