Position Statement

Midwifery Continuity of Carer (MCOC)

THE ROYAL COLLEGE OF MIDWIVES

Promoting • Supporting • Influencing

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RCM Position

The RCM supports the aim that midwifery continuity of carer across the maternity journey should be the central model of maternity care for women.

The definition of 'Midwifery continuity of carer' (MCOC) used by the RCM is continuity across the whole continuum: antenatal, intrapartum and postnatal.

The midwifery continuity of carer model should be the foundation of maternity care, in which women receive seamless care from a primary known midwife for the majority of their care.

A midwifery continuity model works within and alongside the multi-disciplinary maternity team. Some women will need care from a range of professionals in addition to their primary midwife. The opportunity for women to build relationships with their key maternity care providers should be built in to the design of maternity systems.

The development of midwifery continuity of carer as the central model of care requires a very significant shift in the way in which maternity services in the UK are delivered. In order to make the transition from the current model of care to a model based around MCOC safely and sustainably, the RCM believes that a number of key conditions must be in place:

- Ring fenced investment in implementation of MCOC
- Safe levels of midwifery and wider maternity team staffing
- Flexibility and self management for MCOC midwives and teams
- Respect for employment and working time regulations
- Enablement and co-production
- Team working and mutual respect
- Evaluation

The RCM believes that the potential benefits of MCOC for women, families and midwives, make it worth the effort of putting these conditions in place to support the implementation of a safe and sustainable MCOC maternity service.

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Introduction

Current Government maternity policies in England ('Better Births' 2016) and Scotland ('Best Start' 2017) recommend that continuity of carer should become the central model of maternity care over the next five years. In Wales, the new vision for maternity services includes a staged approach to developing continuity of carer. It is hoped that future policy in Northern Ireland will include recommendations around increasing levels of continuity of carer.

The RCM's definition of Midwifery Continuity of Carer (MCOC)

Midwifery continuity of carer is a model of maternity care that:

- Enables a pregnant woman to build a relationship with a midwife (and a small team of midwives) through her maternity journey,
- Provides a pregnant woman with a primary or named midwife who will give the majority of her antenatal, intrapartum and postnatal care,
- Enables midwives to build relationships with the women in their care.

The impact of Midwifery Continuity of Carer on outcomes

There is current, strong, high quality evidence for the positive impact that MCOC has on a range of outcomes for women and babies. The evidence is derived from the large number of randomised controlled trials (15) with more than 17,000 women, gathered together in a Cochrane Review (Sandall et al 2016).

This review found the following outcomes for women who received the intervention of midwife-led continuity models, compared to standard care:

More Likely

- To know the midwife that cares for them in labour
- Feel satisfied with their experience of maternity care
- To have a normal birth

Less Likely

- To experience a fetal loss
- To have a premature birth
- To have an instrumental birth
- To have an epidural, amniotomy or episiotomy

The evidence from randomised controlled trials is that MCOC is of benefit to women both at 'low' and 'higher' risk of complications.

There is emerging evidence that MCOC can have very significant benefits for vulnerable women living with a range of social and psychosocial complexity (Rayment-Jones, 2015; Homer et al 2017).

No adverse outcomes for mother or baby were found in any of the trials.

Evidence suggests that, if implemented correctly, MCOC models of care have the potential to improve job satisfaction and flexibility of working lives for midwives (Fleming 2006, Collins et al 2010, Newton et al 2014, Gilkison 2015, Dixon et al 2017, Fenwick et al 2017).

Antenatal and postnatal continuity of care and Midwifery Continuity of Carer

The evidence of the very significant positive effects of continuity on outcomes for women and babies is based on the intervention of midwifery continuity of carer across the whole maternity journey: that is, antenatally, intrapartum and postnatally.

Our interpretation of the evidence leads us to believe any amount of continuity is likely to be an improvement on no continuity; however, continuity across the whole continuum may be said to be the desired standard, given the strength of the current evidence base.

If current standard care in a maternity system provides no or very little continuity of care (that is, women are not given the opportunity to build relationships with any of their maternity care providers), the RCM believes that increasing the continuity of carer provided to women in the antenatal and postnatal period may be a good starting point.

If a service is currently able to provide good levels of antenatal and postnatal continuity for the majority of women, this should not be reduced or jeopardised in order to provide antenatal, intrapartum and postnatal continuity for a small number of women. MCOC should improve and add to levels of continuity, not undermine where good practice currently exists.

How Midwifery Continuity of Carer can be provided

The evidence from randomised controlled trials is that MCOC can be successful in improving outcomes for women and babies both in a one to one caseload model of care, a small team model and a hybrid of the two. Government policies in England and Scotland suggest a small team model with a named primary midwife providing the majority of care.

The RCM's position is that a MCOC team should be no less than 6 and no more than 8 midwives. This balances the need to ensure that any on call commitments are not too onerous, while ensuring that the level of continuity is not negatively impacted.

MCOC can be provided in hospital or community settings and across both. MCOC can and should be provided in conjunction with the wider multidisciplinary maternity team – the primary midwife coordinates and navigates care for women, whatever their level of need. Each MCOC team should have a named link obstetrician and will ideally be supported by a maternity support worker (MSW).

Necessary conditions for Midwifery Continuity of Carer to be implemented well and sustained

Moving from the current models of maternity care in the UK to a model based around midwifery continuity of carer is a very significant shift. Such a shift requires investment, leadership and careful planning.

The right conditions are needed for MCOC models to be successfully introduced and maintained for the long term:

- **Ring fenced investment in implementation of MCOC**
  Creating a new MCOC model of care across a maternity service requires significant investment to ensure that a safe service can continue to be provided during the period of transition. Investment should include funding to release staff for training and shadowing opportunities to be confident and competent to work in new ways. Investment should include the provision of the right equipment to all members of the maternity team to be able to work safely in new areas. Adequate finance should be provided to ensure that the appropriate physical environments are created to support MCOC . These 'community hubs' will need to include community based offices, clinical rooms and meeting spaces for continuity midwifery teams.
- **Safe levels of midwifery and wider maternity team staffing**
  Midwifery and wider team staff shortages must be addressed as the key priority by all maternity services. Services that are currently unable to provide safe staffing levels will not be able to safely introduce MCOC. Implementation will require at least a temporary increase in staffing to enable the transition to happen smoothly and safely – with dedicated project management and leadership roles and smaller caseloads as midwives become acclimatised to new ways of working. The RCM supports the use of the NICE-endorsed workforce planning tool Birthrate Plus to help services determine the number of midwives and MSWs they need. Evidence is so far limited about whether a MCOC model will lead to a need for increased staffing levels once established.
- **Flexibility and self management for MCOC midwives and teams**
  Continuity midwives need autonomy to develop their own working patterns. Individual midwives need control over their own diaries and to create rotas with their buddies or small teams that work for them. MCOC midwives should not be included in routine escalation policies when core services are busy.
- **Protection and assurance for midwives' and maternity support workers' working conditions, well-being and work life balance.**
  Any change to working practices and conditions must be undertaken with full partnership engagement. Employment regulations and Agenda for Change contracts must be adhered to. No midwife should experience detriment to her pay or conditions as a result of a change to providing midwifery continuity of carer. Flexible and part-time working opportunities must be respected in any system. Midwives must have clear protected time off, adequate periods for rest and breaks and time for training, administration and continuing professional development.
- **Enablement and co-production**
  Midwifery service leaders should co-produce the change process and new models of provision with maternity staff, staffside representatives and service users in their area. One size will not fit all.
- **Team working and mutual respect**
  Positive relationships within and between teams is essential for effective working. Continuity midwives must also work as part of the wider multi-disciplinary team, collaborating continually with colleagues from for example, obstetrics, general practice, mental health, anaesthetics, neonatology, physiotherapy, dietetics, radiology. Equally, it is important that the wider team positively support those undertaking this change and that there is multi-disciplinary buy-in. MCOC midwives need to work closely with MSWs and core midwifery colleagues.
- **Evaluation**
  All models of care need to be continually evaluated to ensure that they are providing high quality care – that is, that they are safe, reliable and person-centred. Evaluation should include clinical outcomes, women and families' experiences of care and the experience of staff working in the new model.

The role of the RCM in MCOC

The RCM has three key roles: promoting, supporting and influencing.

Promotion

The RCM promotes high quality maternity services and the implementation of evidence based models of care and practice.

Midwifery Continuity of Carer is supported by high quality, strong evidence.

The RCM therefore promotes and supports MCOC as the central model of maternity care across the UK.

Support

The RCM will continue to support our members in the transition towards MCOC and the maintenance of MCOC. This will include supporting managers to positively lead change and supporting members where they have challenges in changing the way they work.

Support will include monitoring working practices to ensure that midwives and MSWs have positive, safe working environments that protect their wellbeing and that working practices are in line with employment regulations and law.

Influence

The RCM will continue to influence at a national, strategic and local level to ensure that the implementation of MCOC is appropriately funded, adequately staffed and positively supported to be successful.

The RCM will work locally to influence working practices to ensure that all midwives and maternity support workers have appropriate pay and working conditions.

RCM resources and publications on MCOC

Evidence summary: 'The contribution of continuity of carer', Sandall J, 2017, RCM, https://www.rcm.org.uk/sites/default/files/Continuity of Care A5

Interactive workbook: 'Can Continuity work for us?' RCM, 2017, https://www.rcm.org.uk/.../RCM-Can-continuity-work-for-us-2017.pdf

Online learning module: 'Midwifery Continuity of carer: an introduction', RCM i-learn module, 2018, http://www.ilearn.rcm.org.uk/

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