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Enquiries: 0300 33 00 770
Press Office: 0870 7703238
Email: policyresearch@nct.org.uk
Website: www.nct.org.uk

NCT Document Summary: Maternity Matters: Choice, access and continuity of care in a safe service[1]

'Sets out the need for flexible services with a focus on the needs of the individual, especially those who are more vulnerable or disadvantaged. It also emphasises the need for all women to be supported and encouraged to have as normal a pregnancy and birth as possible'.

Published in April 2007, this is the latest maternity services policy document for England. It says more about how the maternity module of the *National Service Framework for Children, Young People and Maternity Services* is to be implemented, and specifically addresses the commitment made by the Government before the 2005 general election that:

'By 2009 all women will have choice over where and how they have their baby and what pain relief to use.' And

'We want every women to be supported by the same midwife throughout her pregnancy.'

Key messages

***Maternity Matters* makes four national 'choice guarantees':**

1. Choice of how to access maternity care
2. Choice of type of antenatal care
3. Choice of place of birth – Depending on their circumstances, women and their partners will be able to choose between three different options. These are:
    - a home birth
    - birth in a local facility, including a hospital, under the care of a midwife
    - birth in a hospital supported by a local maternity care team including midwives, anaesthetists and consultant obstetricians. For some women this will be the safest option
4. Choice of place of postnatal care.

As well as the choice of local options, a woman may choose to access maternity services outside her area with a provider that has available capacity. In addition, every woman will be supported by a midwife she knows and trusts throughout her pregnancy and after birth.

***Maternity Matters* also highlights the need for accessible, integrated services in community settings, and continuity of midwifery care. Maternity Services Liaison Committees (MSLCs) are to set objectives and the service specification for maternity services.**

How is this to be achieved locally?

Maternity Matters says women must have:

- access to accessible comprehensive information on choices – including in '*Your guide to local health services* and direct contact details for midwives, available form pharmacies, community centers and in pregnancy testing kits;
- direct access to midwives in early pregnancy – and, once developed by NICE, a 'standardised risk and needs assessment' to be carried out before the 12th week of pregnancy;
- an 'individualised, flexible care plan' midwife-led antenatal care in the community or by the 'maternity team' and for women with complex social needs 'in partnership with other agencies' such as children's services, domestic abuse teams, substance misuse services, drug and alcohol teams;
- youth and teenage pregnancy support services, learning disability services and mental health services;
- antenatal care services, including antenatal classes, provided in easily accessible community settings such as Sure Start Children's Centres;
- professional care for up to 6-8 weeks after birth, in the context of their families.

Maternity Matters says commissioners and providers must develop:

- stronger outreach midwifery support and breastfeeding services for vulnerable and disadvantaged families;
- maternity, neonatal and perinatal mental health networks to improve access to specialist services and appropriate response in emergencies;
- maternity services in easily accessible and visible community facilities such as Sure Start Children's Centres (3,500 planned for 2010 – one in every community);
- clear protocols for when, how and where to refer women for more specialist opinion or care, including women with socially complex needs;
- a system for offering appointments at times and places that are convenient to women and their partners;
- services and capacity to respond to the full range of choice options;
- all birth environments to offer 'a home-like comfortable environment with en-suite facilities, including equipment such as comfortable chairs, beanbags, mats, balls, baths and birth pools';
- sufficient staff, working flexibly across community and hospital settings, to provide high quality maternity care;
- training and mentoring for midwives to develop their skills and confidence in natural and normal birth;
- effective midwifery, health visiting and other outreach services for socially excluded groups, at home and in community settings, such as Sure Start Children's Centres.

Maternity Matters principles include:

- "all women will need a midwife and some need doctors too" – midwives are the experts in normal pregnancy and birth and have the skills to refer to and coordinate between any specialist services that may be required;
- midwives should have time to talk, engage and build a relationship with women and their partners;
- midwives should provide 'individual support to women throughout their labour and birth'.

Appendix A in *Maternity Matters* provides a practical action checklist.

Health reform agenda

The Government says that health reform agenda will help facilitate innovation through:

- the *Commissioning framework for health and well-being*[2] which requires health communities to undertake a Strategic Needs Assessment;
- emphasis on the importance of PCTs and local authorities working together;
- using Practice-based Commissioning (PbC) to improve quality and responsiveness.

Some of the key activities will include:

- using MSLCs[3] or similar fora to agree on a common set of objectives for maternity services, set the service specification for maternity services and to be the local voice in the production of the PCT prospectus;
- carrying out a comprehensive review of the current maternity workforce;
- ensuring that robust cost and activity data are available for all maternity services.

NCT comment

The choice guarantees and the strong, central role for MSLCs provide lobbyists and user representatives with strong levers for achieving change.

No doubt lack of funds and inadequate staffing levels will continue to be key factors driving reconfigurations of services and determining what existing and new services are provided and what is cut back or made a low priority for implementation. We have been assured that while PCTs do not have specific ring-fenced funds, they should have sufficient funds to implement the proposals over the next few years, starting immediately with their Strategic Needs Assessment to identify first priorities.

There is a renewed focus on preventing avoidable deaths (e.g. Healthcare Commission inquiries, the recent call from CEMACH for a greater focus on reducing the stillbirth rate through further public health initiatives and research, and the King's Fund Maternity Inquiry) and the Government places a strong emphasis on safety. (*Maternity Matters* says: Maternity care must be made as safe as possible and should be provided within the context of any relevant clinical guidance from NICE and other relevant national standards and local protocols.') So there may be tensions about the prioritising choice versus perceived safety locally.

References:

1. Department of Health. *Maternity matters: choice, access and continuity of care in a safe service.* London: Department of Health; 2007.
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   http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073312

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