

CAF/25/NM/56 - Reframing midwifery continuity of carer implementation in Scotland: Exploring the role and influence of the Scottish Government and of senior Health Board leadership

Background:

Midwifery continuity of carer (MCoC) is a model of maternity care where women are cared for by the same primary named midwife, or by a small team of midwives, aiming to develop a partnership between the woman and midwife over time. The primary midwife is the lead professional in planning, organising, and providing care to a woman from booking, during pregnancy, during birth and into the postnatal period working alongside different health care teams and providers.

In 2017, the Scottish Government published The Best Start review, a new plan for maternity services with MCoC at its heart. Five health boards were chosen as early adopter boards to implement the MCoC model. Full roll out of the model has not yet happened.

Aim:

This research project will consider MCoC implementation from a fresh perspective. There has been limited research around moving to the MCoC model of care. Where research has taken place, it shows that there are gaps in our understanding of how the Scottish Government (macro level) or how individual health boards senior leadership (meso level), influence the implementation of MCoC.

The meso level is made up of the board of directors and senior level management in maternity services. There is a blind spot in what we know about how and what very senior level management do in each health board. They have an important responsibility for strategic planning of the future of healthcare and they play a significant role in implementation of service change, such as a new model of maternity care.

Plan:

The research project will be undertaken in three phases:-

Phase 1:

- Document review and analysis of relevant policy documents relating to MCoC, maternity care provision and models of maternity.
- Interviews with the Cabinet Secretary for Health and Social Care and the Chief Midwifery Officer for Scotland.

The review and interviews will help to understand current government policy position.

Phase 2:

- A case study will explore the attempted role out of The Best Start review at one health board – NHS Lothian.
- Interviews with the identified senior NHS Lothian management, midwives that took part in the Best Start teams, women cared for by Best Start teams and the Maternity Voice Partnership Chair.

Phase 3:

- Review and analysis of the interview findings.
- Identify ideas for the Scottish Government and senior management in healthcare to improve implementation going forward.

Patient and Public Involvement

Women and their families are the experts in knowing how they want their maternity care delivered. An advisory group of maternity service users will take an active role throughout the research project with five meetings as an advisory board.

This group will:

- Meet at the start of the project to discuss their aims and hopes for the project.
- Discuss what I find from reviewing the policy and government documents and interviews with Scottish government.
- Help review and identify important topics and questions to be covered in the interviews with NHS Lothian staff.
- Read and comment on participant information sheets to make sure the language is clear and easily understood, for the women included in the interview process.

How will research be shared?

- Findings will be shared in relevant peer reviewed journals and for midwives and academics.
- Through posters and presentations at conferences to share findings with colleagues.
- Sharing findings with policy makers will aim to inform local and national policy.
- Findings will also be shared with the advisory board at a final meeting and discussed how best to share wider for all to access.