



RCM position in relation to Midwifery Continuity of Carer ongoing implementation Summer 2020

We are aware that governments in all four countries of the UK are beginning to set out their plans for the restoration of NHS services as we enter the next phase of the COVID-19 pandemic.

Plans for the restoration of pre-COVID maternity services are also underway at national, regional and local level.

A key part of these restoration plans will be decisions about when and how to restart the implementation of national maternity strategies – the Maternity Transformation Programme in England, Best Start in Scotland and the Vision in Wales.

A central element of these strategies, particularly in England and Scotland, is the implementation of full pathway Midwifery Continuity of Carer (MCOC) as the central model of maternity care. Both policies had developed targets or ‘stretch aims’ and timescales in relation to this implementation process before the pandemic.

The RCM’s position remains that MCOC should be the foundation of maternity care across the UK. We remain committed to supporting our members with the implementation of the model.

The RCM wishes to have a shared, coherent position on the next steps as we enter the next phase of the COVID-19 pandemic. This position can be summarised in five key points:

1. Time to recover

We wish to stress the need to be mindful of the huge physical and mental toll that the COVID-19 pandemic has had on the maternity workforce and is likely to continue to have for months to come. We believe it is vital that the mental health of the workforce is prioritised through proactive national and local work. We will highlight the need for services to provide restorative psychological support, encouraging the use of PMA and supervisor approaches, among other approaches.

Close monitoring of staffing levels will be needed before further implementation is introduced. There are likely to be ongoing staffing pressures over the coming months due to the continued need for some staff to be shielding or working in non-patient facing roles; it is not yet known whether the new Test and Trace/Protect policy will have a significant impact on staffing levels and a second wave may also take place.

2. Retain and restore what we can

In some areas MCOC services have continued to run or can be easily restored, with the support of the midwives involved. Where this is the case, the RCM is, of course, supportive of these continuing or being restored.

3. Locally appropriate pace

Different areas of the UK have experienced different levels of impact from the ongoing COVID-19 pandemic. Some maternity services will have had midwife led units that have been

requisitioned for use for COVID patients and some areas will have paused homebirth services. The restoration of these midwife led care settings will be needed to be carefully approached and achieved before developing further implementation of MCOC.

We will be supportive of a careful, phased approach towards further MCOC implementation, with revised targets/stretch aims or timescales, in both Scotland and England. The RCM will challenge if it becomes clear that the pace is being forced beyond current capacity.

Local maternity services should be supported to go at the pace that is right for them. Co-production of change with staff and women is vital. Appropriate consultation is still required before any service level change.

4. **RCM contribution at UK level**

We will continue to develop and publish our MCOC resources that were planned for this year – the second iLearn module on implementation and the What if? publication on coproduction will be published this summer. The What if? publications on the evidence base and on students' role in MCOC will also be ready for publication later this year. We will continue to work proactively with all four UK governments on developing and shaping implementation of the maternity strategies.

5. **Lessons from COVID**

There will be lessons for MCOC from the pandemic, as with other areas of the service. This learning represents a 'silver lining' and we will be keen to see what we can do to gather those lessons and see how they can inform the Maternity Transformation Programme in England, Best Start in Scotland, the Vision in Wales and the Northern Ireland strategy as it develops.

We would like to encourage members to continue to share and use the RCM publications on MCOC, which remain relevant:

The [RCM position statement](#), November 2018

The *Nuts and Bolts* publications by the RCM on employment relations issues raised by MCOC

- [England and Wales](#)
- [Scotland](#)

The What if? series of publications:

- [What if my midwifery continuity team is organising how we work?](#)
- [What if I am an MSW in MCOC?](#)
- [What if we need to change the way we work? \(co-production and staff engagement\)](#)

We will be reviewing the position of maternity services and the impact of the pandemic over the coming weeks and months and will adapt our position to reflect developments.