

Research into the implementation of enhanced midwifery continuity of carer (eMCoC) pilot programme:

Summary of the findings

This is a short summary of a research project which explored the implementation of the ‘enhanced Midwifery Continuity of Carer’ pilot programme designed for members of the public. Further information is available at [here](#).

The NHS started the enhanced Midwifery Continuity of Carer (eMCoC) pilot programme in January 2023. The pilot programme was a small trial to test a new service aimed at improving NHS care for mothers and babies, particularly in the poorest parts of England.

The programme gave extra money to 58 teams of midwives who provide healthcare to mothers during pregnancy, birth and in the early post-birth period, and to their newborn babies. The money provided was to pay for an extra team member to help midwives with their work. The money was given to midwifery teams in the poorest areas of England, because women and families living in these areas may have additional health and social needs.

A team at the University of Manchester (REVAL), received money from the National Institute of Health Research to research how the eMCoC programme was carried out (‘implemented’) by the 58 teams who received this extra money. The research looked at how the teams spent the extra money, and how that affected the care given to mothers, babies and their families.

We found that most eMCoC teams spent the money on extra support staff, and usually this was a maternity support worker (MSW). A MSW is a team member who is not a midwife, but helps the midwives with looking after the women and babies, and with admin tasks. There were some teams who used the money to pay for different staff members (for example, an administrative assistant rather than an MSW) but much of the type of work done was similar. This included booking appointments for mothers with midwives, organising tests and test results, talking to mothers about their mental health and wellbeing, and giving information to mothers to get support beyond the NHS (e.g. help with money or housing, help with getting equipment for the baby etc).

The midwives we spoke to told us that the extra staff member was a huge help to them in carrying out their work. They felt that this additional support meant they were able to deliver more and better healthcare to women and babies.

We found that the teams we spoke to were delivering care to women living in the poorest areas. The midwives thought it was important to focus on these women and their babies because they tend to need some additional support and care. The teams also tried to reach more women who had additional needs, for example where English was not their first language, having mental health issues, or being a teenager or younger parent.

We also spoke to women who received care from these eMCoC teams. The women told us that they felt well supported by midwives and other staff, that their care was personalised to them, and often the midwives and MSWs gave them more appointments and saw them at home. The women said:

- they received useful information about being a mother and how to look after their newborn baby;
- they felt familiar with the different team members;
- they felt the team members knew about them as a person before they met them, which they valued; and
- the team members in the eMCoC teams went ‘above and beyond’ to provide care.

In summary, it was clear from this research that the extra team member funded by the eMCoC programme was an important part of the midwifery team providing care to women and babies. The extra staff member helped the midwives to provide additional care by freeing up the midwives’ time.

Many of the tasks undertaken by the MSW or other new staff members were similar. Our research found it positive that NHS England’s guidance to teams about how to spend the money was not too detailed and allowed for flexibility. This meant that midwifery teams were able to decide what extra resource they needed and could hire the extra team member based on that.

However, we also found that implementing the eMCoC programme also had challenges. The majority of the 58 teams who were awarded the money could not hire their extra staff member during the pilot period. This was because they did not get the money in time, or the midwifery teams were re-organised.

To help explain the eMCoC programme, the research team developed a “logic model”, which is a graphic that describes the eMCoC programme. Based on the research, it describes how the eMCoC programme may impact staff, and the experiences and health of women and babies. This graphic is provided in the full report, available [here](#). Further research is needed to understand whether health improvements have a positive impact over the longer-term.