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Content page

Element 1

Community Antenatal Midwifery Services

INTRODUCTION TO HEALTH AND SOCIAL CARE

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LCHS 4003

BRIEF HISTORY OF ANTENATAL SERVICES

Before modern health care, pregnancy and childbirth were managed, mainly by experienced woman but no formal education in local communities. Their traditional knowledge was passed down through generation. During the 18th and 19th centuries, as medical knowledge advanced, midwifery became recognised profession with formal training and regulation. The Midwives Act 1902 was the first law in the United Kingdom to regulate the practice of midwifery. Before the Act many women worked as midwives without formal training or supervision, which lead to inconsistent standards of care and increased risk for mothers and babies. The Act was introduced to improve the safety and quality of maternity care by ensuring that only trained midwives could legally practise. Soon the Central Midwives Board was established: (Midwives Act 1902,1902)

- Maintain a register of qualified midwives.
- Set standard for midwifery education and training
- Regulate the practice of midwifery.
- Investigate complaints and discipline midwives when necessary.

After World War 2 ends, The National Health Services was established in 1948 and the lives of the nation changed dramatically. Services include hospitals, dentistry, medicine and midwifery.

CURRENT FUNCTIONING OF THE SERVICE

- Early booking appointment
- Routine Antenatal check-ups
- Screening and Diagnosis test
- Health promotion
- Mental Health support
- Management of high-risk pregnancies
- Brth planning

YOUR CHOICE MATTERS: METHODS/LOCATION

- Assisted vaginal birth
- Caesarean section (C-section)
- Vaginal birth
- Water birth

- Hospital Obstetric Unit (labour ward)
- Midwife-led unit or birth labour
- Home birth

ANTENATAL CARE

Antenatal care is the healthcare and support given to women during pregnancy to promote the health of mother and baby.



WHO IS A MIDWIFE? OUR VALUES...

A midwife is a registered health professionals who supports women and families before, during and after birth. A compassionate care at every step of your journey.

- Respect
- Dignity
- Compassion
- Quality
- Safety
- Person-centred care

They worked with other care professional to ensure the best care for you. Midwives are with you through one of life's most important journeys and continue to support you beyond birth. "Experiencing the birth of a baby as part of your day job is incredible".

Healthy mum, Healthy baby, Healthy Family

BENEFITS OF MIDWIFERY CARE:

- Improves health outcomes for mothers and babies
- Promotes normal birth and positive birth experience
- Provide personalised, continuous and holistic care.

(National Health Service,2023)

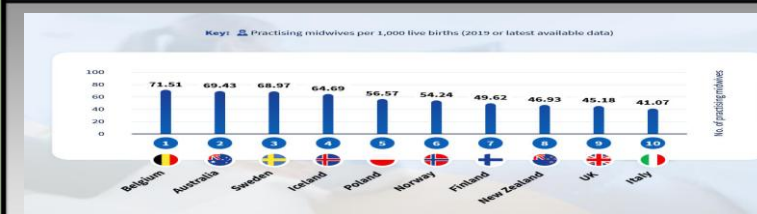
TWO CHALLENGES FACED OF THE SERVICE

Chronic Understaffing and Burnout-is a state of physical, emotional, and mental exhaustion caused by prolonged workplace stress. Impact to the services includes:

- Increased workload for midwives.
- Less time available for each pregnant woman.
- Delays in appointment and follow-up care
- Higher levels of stress and job dissatisfaction among staff.
- Increase risk of errors and reduced quality of care.
- Difficulty recruiting and retaining experienced midwives.
- Reduced continuity of care, making it harder for women to build trusting relationships with the same midwife. (Royal College of Midwives,2024; National Health Service,2023)

Increased Medical Complexities-refer to the growing number of pregnant women who have health conditions or risk factors that make pregnancy and childbirth more complicated that impacted the services like:

- More frequent antenatal appointment.
- Increased referrals to obstetricians and specialist clinic.
- More diagnostic test and monitoring.
- Higher healthcare costs.
- Greater demand on midwives and maternity services. (National Institute for Health and Care Excellence,2021)



This chart shows which country has the highest number of normal childbirths. Belgium has 71.51% live birth assisted by midwives. (NHS England,2019)

Element 2

ESSAY TOPIC: RESIDENTIAL CARE HOME

Looking back through history, care home originated from early form of community and charitable care for older people, individuals with disabilities, and those who were unable to care for themselves. The responsibility for caring for older or ill people lay mainly with their family and local community (Munson S.,2025). During the 16th and 17th centuries, churches and charities established alms-houses to provide accommodation and basic care for poor and elder people. Care home in the UK originated from religious and charitable efforts in the community. The lucky ones who reached old age, care would fall to their children and grandchildren. In the Middle Ages, illness was hardly understood at all. Care home was more likely to take prayers; they would use herbal remedies and superstitious rituals to do the best they could. These healers became targets for witch hunters. Until 1601, the Act of relief was passed, legislation which aided those who could not work, too old or ill. In the 19th century, The Poor Law Amendment act 1834 led to the creation of workhouses, where older people, people with disabilities and those living in poverty received food, shelter, and basic need. After the establishment of National Health Services in 1948, residential care services developed further. Local authorities and independent providers began offering more specialised care for older adults and people with long-term health conditions. Care homes shifted from institutional models to person-centred care, focusing on dignity, independence, choice, and quality of life.

Care homes are an essential part of the UK health and social care system, they provide 24-hour residential care, nursing care, personal care, nursing care, medication management, rehabilitation, and emotional support for older adults and individuals with disabilities or long-term health conditions. Their main purpose is to deliver person-centred care, uphold independence, promote dignity, ensuring residents' safety, and working collaboratively with GP, nurses, social workers physiotherapists, and with their families to guarantee residents receive coordinated and holistic care. Social activities, emotional support and continuous care can significantly improve residents' quality of life and wellbeing and reduce loneliness. However, care homes also face considerable challenges such as workforce shortages, staff burnout, financial constraints, and increasing and numbers of residents with complex condition such as Dementia. A person with dementia needs more care and support as their symptoms get worse over time. These issues can affect continuity of care, staff morale, and the amount of time for personalised support. Although the Care Quality Commission (CQC) regulates care homes to ensure they meet the fundamental Standards of quality and safety, inspection reports show that some providers continue to require improvement. Hence, while care homes provide an invaluable service and contribute greatly to the health and well-being of vulnerable people, ongoing investment in staffing, training, leadership and resources is essential to maintain high quality, safe, and compassionate care and meet the growing demands of ageing population.

Care homes play a significant role in enhancing the quality of life of service users by providing safe, person-centred, and holistic care to individuals who are unable to live independently because of age, disability, or has long-term conditions. They support residents with personal care, medication, nutrition, mobility and healthcare needs

while promoting dignity, respect, and independence. Furthermore, care homes offer opportunities for social interaction, recreational activities, and emotional support, which help reduce loneliness, social isolation, and depression. Staff work collaboratively with healthcare professionals and families to develop personalised care plans that reflect each resident's preferences and needs. This multidisciplinary approach improves continuity of care and contributes to better physical, mental and emotional wellbeing. Despite some challenges, well-managed care homes significantly improve service users' wellbeing by promoting independence, protecting their rights, supporting meaningful relationships, and ensuring compassionate, high-quality care throughout their life.

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