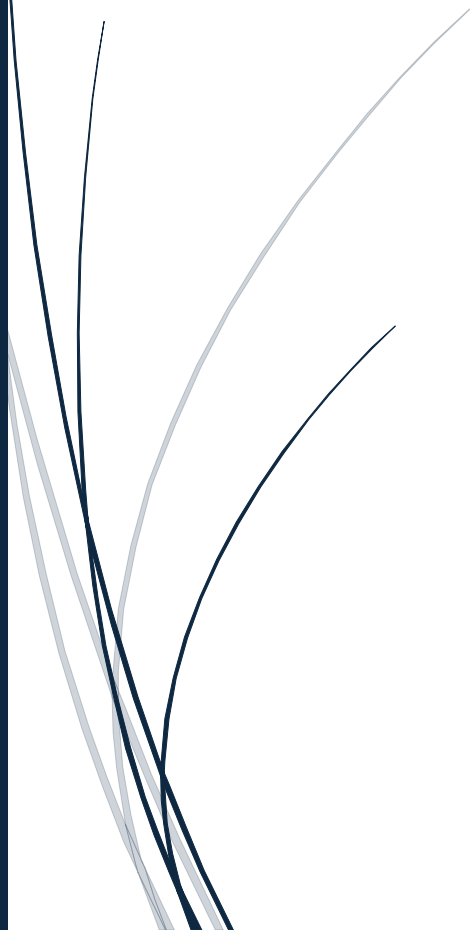




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Module Name: introduction to Health and Social Care

Module Code: LCHS4003



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LECTURE: DANIEL HARUNA

Community Antenatal Midwifery Services

Brief History of Community Antenatal Midwifery Services

Midwifery has existed in the United Kingdom for centuries, but the profession became formally regulated following the Midwives Act 1902. This legislation established standards for training and registration, helping to improve the safety of maternity care.

During the twentieth century, maternity services increasingly moved into hospitals. However, concerns emerged that women were receiving fragmented care from multiple professionals. As a result, maternity policies began promoting community-based and continuity models of care. Modern community antenatal services focus on delivering care closer to home and enabling women to build trusting relationships with their midwives (Green et al., 2015).

Recent maternity strategies have continued to emphasise continuity of care, recognising that women who receive consistent support from the same midwife or small team of midwives experience improved outcomes and greater satisfaction with their care (Royal College of Midwives, 2025).

Benefits of Community Antenatal Midwifery

Community antenatal midwifery services provide several important benefits for women, babies and families.

Firstly, they improve access to maternity care by offering appointments within local communities, reducing travel barriers and increasing convenience. Secondly, regular contact with midwives enables early identification of pregnancy complications, helping women receive timely treatment and specialist support (CHFT, 2025).

Another major benefit is the development of trusting relationships between women and midwives. Continuity of care improves communication and encourages women to discuss concerns openly. Research has shown that women receiving midwife-led continuity models report higher levels of satisfaction and better experiences of pregnancy and childbirth (Sandall et al., 2016).

Community antenatal services also contribute to health promotion by providing education on healthy lifestyles, infant feeding, mental health and preparation for parenthood. These interventions can positively influence both maternal and neonatal outcomes (Green et al., 2015).

Challenge 1: workforce shortages

One of the greatest challenges facing community antenatal midwifery services is workforce shortages. The Royal College of Midwives estimates that England continues to experience a significant shortage of midwives, resulting in increased workloads and staffing pressures (RCM, 2024).

Staff shortages can affect the availability of appointments, increase waiting times and reduce opportunities for continuity of care. Midwives often report working additional unpaid hours to maintain safe services, highlighting the ongoing pressures faced by maternity teams (RCM, 2024).

These workforce challenges may affect staff wellbeing, increase burnout and make it more difficult to deliver personalised care to every woman. Ensuring adequate staffing levels remains essential for maintaining safe, high-quality maternity services (CQC, 2025).

Challenge 2: Maintaining Continuity of care

Although continuity of care is widely recognised as beneficial, maintaining this model can be difficult in practice. Staff shortages, sickness absence, annual leave and increasing service demands can result in women seeing multiple professionals during pregnancy rather than one consistent midwife (Green et al., 2015).

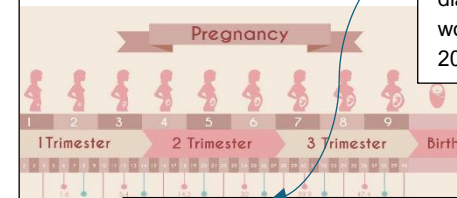
Research suggests that continuity of care supports stronger relationships, improved communication and greater trust between women and healthcare professionals. However, organisational pressures can make it challenging for services to consistently provide this level of personalised support (Royal College of Midwives, 2025).

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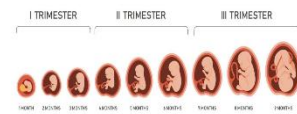
What are Community Antenatal Midwifery services?

Community Antenatal Midwifery services provide care and support to women throughout pregnancy within community settings such as GP surgeries, health centres, children's centres and patients homes. Community midwives are usually the first healthcare professionals contacted after a pregnancy is confirmed. They monitor maternal and fetal health, provide health education, offer screening and diagnostic information, identify risk factors and refer women to specialist services when required (CHFT, 2025).



The service aims to promote safe pregnancies, improve maternal and infant health outcomes and provide personalised, women-centred care. Community midwives work collaboratively with obstetricians, health visitors, GPs and other healthcare professionals and the postnatal period (Sandall et al., 2016).

EMBRYONIC DEVELOPMENT



Current Functioning of the Service

Community antenatal midwives provide comprehensive care from early pregnancy until shortly after birth. Following a pregnancy referral, women attend a booking appointment where medical history, lifestyle factors and individual needs are assessed. Midwives arrange blood tests, screening procedures and ultrasound scans while providing information about nutrition, smoking cessation, mental health and birth planning (CHFT, 2025).

Throughout pregnancy, regular antenatal appointments are conducted to monitor blood pressure, fetal growth, maternal wellbeing and any developing complications. Midwives also provide emotional support and health promotion advice. Women with complex medical, social or obstetric needs are referred to specialist maternity teams when necessary.

A key feature of modern community midwifery is continuity of care. This approach enables women to see the same midwife or small team throughout pregnancy, helping to build trust and improve communication. Research suggests continuity models improve maternal satisfaction, reduce interventions and enhance the overall quality of maternity care (Sandall et al., 2016; Royal College of Midwives, 2025).

Task 2- Community Disability Services

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Community Disability Services: Historical Development, Contemporary Practice and Their Impact on Quality of Life

Community disability services are a key component of modern social care, providing support that enables people with physical, sensory, learning and intellectual disabilities to live independently and participate actively within society. These services include supported living, advocacy, employment support, personal assistance, respite care and community-based rehabilitation. Their development reflects a significant transformation in how disability is understood and addressed within social policy. This essay explores the historical origins of community disability services, critically evaluates their current function, and discusses their importance in improving the quality of life of service users.

Historically, support for disabled individuals in the United Kingdom was dominated by institutional care. Throughout much of the nineteenth and twentieth centuries, people with disabilities were often placed in long-stay hospitals and residential institutions where decisions were made on their behalf. This approach reflected the medical model of disability, which viewed disability primarily as an individual's impairment requiring treatment and supervision. However, growing criticism from disability rights activists during the 1970s and 1980s challenged this perspective. The development of the social model of disability argued that societal barriers, discrimination and inaccessible environments are often the primary causes of disadvantage experienced by disabled people. Contemporary social work literature continues to support this perspective, emphasising the importance of removing social barriers and promoting autonomy, rights and inclusion within community settings (Brown, 2024). This ideological change influenced the development of community-based support and laid the foundation for contemporary disability services.

The transition towards community care was further strengthened by legislation and policy reforms. The Care Act 2014 established a legal framework centred on wellbeing, personal choice and independence, while the Equality Act 2010 reinforced protection against discrimination. Together, these policies promoted a person-centred approach, encouraging service providers to support individuals in achieving outcomes that matter to them rather than simply addressing their impairments. As a result, community disability services increasingly focus on empowerment, inclusion and self-determination.

Today, community disability services operate through partnerships between local authorities, healthcare professionals, voluntary organisations and community groups. Their primary aim is to enable disabled people to live within their communities while maintaining independence and social participation. Research demonstrates that individuals receiving person-centred support often experience improved autonomy, greater satisfaction with services and enhanced wellbeing (Idrees et al., 2024). Furthermore, community-based living arrangements have been associated with higher levels of choice, social engagement and personal development compared with institutional settings (Esteban et al., 2023).

Despite these positive outcomes, the effectiveness of community disability services remains subject to debate. A key challenge is the ongoing pressure on social care funding. Local authorities continue to face increasing demand for services while operating within limited budgets. Consequently, some individuals experience long waiting times, reduced support packages or difficulties accessing specialist services. The Care Quality Commission (2024) reported significant variation in service quality across England, suggesting that access to effective support can depend heavily on geographical location. This raises concerns regarding equity and consistency within service provision.

Additionally, while policy promotes independence and inclusion, many disabled individuals continue to encounter barriers within employment, education and public spaces. Critics argue that community disability services alone cannot overcome structural inequalities without wider societal change. Although support services may enhance individual opportunities, genuine inclusion requires accessible environments, adequate housing, inclusive employment practices and positive public attitudes towards disability. Therefore, the success of community disability services should be evaluated not only by the support they provide but also by their ability to facilitate meaningful participation within society.

Nevertheless, community disability services remain essential in enhancing quality of life. Evidence from adult social care outcome measures indicates that individuals who receive effective community support report higher levels of wellbeing, greater control over daily life and reduced social isolation (Department of Health and Social Care, 2024). By promoting

independence, safeguarding rights and facilitating community engagement, these services contribute significantly to physical, emotional and social wellbeing.

In conclusion, community disability services have evolved considerably from the institutional approaches that once dominated disability care. Influenced by disability rights movements, the social model of disability and contemporary legislation, they now emphasise person-centred support, independence and inclusion. While challenges relating to funding, service consistency and social inequalities remain, community disability services continue to play a crucial role in improving quality of life and promoting equal participation within society. Their future effectiveness will depend on sustained investment and a continued commitment to disability rights and social justice.

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