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Module: LCHS4003 – Introduction to Health and Social Care

Component 1 task1: poster outline

Service community antenatal midwifery service

What is this service?

Community Antenatal Midwifery is a primary care service delivered outside hospitals, in home local clinics, health centers. For children's centers, it provides care, advice and support from early pregnancy through to birth and the first weeks after (NHS England 2023)

- **AIM** support normal pregnancy, reduce unnecessary hospital visits, improve health outcomes and give women choice over their care location. (RCM,2025)
- **Care includes** health checks, blood tests and scan referrals. Lifestyle advice, mental health support, and signposting to other services.
- **UK provision** is mostly run by the NHS with support from charities such as the National Childbirth Trust (NCH) (DHSC 2022).

2 brief history of community antenatal midwifery services

For centuries, pregnancy and birth were managed entirely within the community, but the role and regulation of midwives have changed dramatically over time,

before 1900, most births took place at home and care was provided by women with practical. There was no official registration or legal framework, which meant standards varied widely. While many provided safe care, there was little consistency and complications often led to poor outcomes

1902 The Midwives Act This was a major turning point the Act introduced. Legal registration sets minimum training requirements and established supervision systems. In England and Wales, it meant only qualified midwives to practice improving safety and professionalism.

1920s to 1950s. As medicine advanced, attitudes shifted. There was growing belief that hospital settings offered better safety for mothers and babies. Morbidity moved into hospitals, and community based antenatal care began to decline. Midwives increasingly worked in wards rather than visiting women in their local areas.

1993 The Clanging Childbirth Report

This report marked a return to community care. It stated clearly that care should be woman centered with choice. Trol and continuity of carer as core principles. It recognized that normal pregnancy does not always require a hospital environment and brought antenatal care back into clinics, health centers, and homes.

2004 National Service framework for Children, young people, and Maternity services;

This policy formalized community antenatal care as a standard. Amount of NHS provision It's set national standards ensuring all women had access to local services, advice and support throughout their pregnancy.

2019 to present better births.

The current strategy focuses on reducing waiting times, improving staffing and ensuring women see the same midwifery team throughout their pregnancy and birth. Aims to make community care accessible to everyone, including those in deprived areas or with additional needs. (NHS England 2023, RCM 2025)

3 How it works Today

modern community midwifery is organized around the principle of providing care in the most appropriate setting rather than hospital (NMC,2024). Women are usually referred by their GP or self-referred directly to the local maternity service. Early in pregnancy, (RCM 2024) care is delivered by a team of registered midwives supported by maternity. Support workers and the goal is to give the same team of professionals throughout pregnancy, birth, and the 1st 10 days after birth. Known as continuity of care, (NHS England 2025) this model is used mainly for women with low-risk pregnancies. If complications or risks develop, care is shared or transferred to hospital obstetric teams (RCOG,2023). Midwives carry out routine checks and provide health education. Screened for conditions such as high blood pressure or gestational diabetes and offer support for mental health, domestic abuse or social needs. Signposting to other services when required (DHSC 2022).

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2 main challenges challenge

1 workforce shortages and staff pressure.

One of the biggest ongoing issues is a national shortage of qualified midwives across England and Wales(NMC 2024). Recent reports show vacancy rates remain high with many staff leaving. The profession due to heavy workloads, long hours and emotional exhaustion(RCM 2025). This shortage means midwives often have large caseloads, leaving less time for each individual woman.

The impact is reduced continuity of care, longer waiting times for appointments and a higher risk of important details being missed, which can affect outcomes for both mother and baby(NHS england 2023).

Challenge 2 health inequalities and access barriers

Not all women are able to access the same standard of care easily(MBRRACE-UK 2024). Women living in deprived areas, those from minority ethnic backgrounds, refugees or those with language barriers often face difficulties in understanding information or getting appointments(NHS ENLAND 2023). This leads to lower uptake of antenatal checks. Which means problems may be found later rather than early, increasing the risk of complications(MBRRACE UK 2024). Factors such as transport costs, lack of childcare and cultural differences also contribute to these gaps in care (DHSC 2022).

Reference list

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Essay (600 words)

Title The role and function of domiciliary care services in the community.

Introduction

Domiciliary care refers to support and assistance provided to individuals in their own homes rather than in hospitals or residential settings. This essay explores its origins. Historical development, current function challenges and significance for service users. It is a vital part of UK health and social care, supporting independence and reducing reliance on institutional care.

Origins and historical development

Before the 1940s, care for vulnerable people was largely informal. Or provided in workhouses and long stay hospitals. The National Health Service act 1946 and national assistance Act 1948 marked a major shift establishing local authority responsibility for community care services. The care in the community Act 1990 accelerated this, moving people out of large. Institutions and into home based support. Later, the Care Act 2014 updated the law to focus on well-being, choice and personalization. Shaping domiciliary care as we know it today.

Current function

Today domiciliary care is delivered by local authorities, private agencies and voluntary organizations. Services include personal care, medication support, meal preparation, household tasks and companionship. It operates under strict regulations from the Care Quality Commission, which ensures safety, effectiveness and person centered practice if the service is flexible, tailored to individual needs and supports people of all ages, including. These are adults, those with disabilities, and people recovering from illness.

Challenges and Critical Evaluations

2 Key challenges affect delivery

1 **workforce shortages**, low pay, high workload, and high turnover make it hard to maintain consistent care. This can reduce continuity and quality of support

2 **Funding constraints** Local authority budgets have been squeezed, limiting how many hours of care can be provided and increasing waiting lists.

Despite these issues, domiciliary care remains highly valued. It helps people stay in familiar surroundings, preserves dignity and is often more cost effective than residential care. It also reduces pressure on NHS beds. Supporting joined up health and social care.

Conclusion

Domiciliary care has evolved from basic welfare provision to a professional person centered service shaped by decades of policy change. While workforce and funding challenges persist, its role in improving quality of life, independence and community well-being is essential.

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