

Community Antenatal Midwifery Services



In order to provide comprehensive, person-centred maternity care in the community, community prenatal midwives are essential. They assist women and their families during pregnancy, childbirth, and the early postpartum phase. Their main objective is to provide continuity of care, which means that women are frequently seen by the same midwife or small team during the course of their pregnancy, encouraging open communication, trust, and confidence. Community midwives make prenatal care more approachable, comfortable, and less clinical by working in community settings like general practitioners' offices, health centres, children's centres, and even visiting women in their homes. This is especially beneficial for women who might find it difficult to attend hospital appointments. (University Hospitals Coventry & Warwickshire, 2025)

First-time parents, those planning home deliveries, and those looking for continuity of care from a reliable midwifery team are among the many service consumers who use this service. With extra hospital support offered when needed, community-based prenatal care can be beneficial for both low-risk and high-risk pregnancies. To foster participation and a common knowledge of the pregnant process, partners and families are also invited to attend community prenatal checkups (clinical-services/maternity-services/wards-and-services/community-midwifery) Community antenatal care is crucial because it lessens the need for many hospital trips by giving expectant mothers access to routine checkups, guidance, and emotional support in their neighbourhood. By detecting and treating possible health problems early on, such as high blood pressure, gestational diabetes, or problems with foetal growth, complications later in pregnancy or at delivery can be avoided. Additionally, it encourages health education by providing advice on mental health, nutrition, birth readiness, and newborn care, all of which provide parents a sense of knowledge and assurance. Local ICB's fund these organisations as well as many others.

I FOUND A REPORT THAT SAID THE FOLLOWING - The 2022/23 State of Care report, examined the pressures on maternity staff and their impact on care. They found that, although staff were often doing their best under difficult conditions, many women did not always receive the support they needed and sometimes felt they were not a priority. Staff reported that pressures sometimes prevented them from providing the care they wanted. They also found that staffing levels were not always sufficient to meet demand. Some services used Birthrate Plus to assess needs, where staffing was monitored and adjusted effectively, care was safer and more consistent. However, delays in improving staffing meant that care could become task-focused rather than patient focused.

Challenges the service is facing :

The NHS has a well-documented shortage of community midwives, which contributes to the major difficulties faced by community midwives in the UK. This shortage leaves many teams understaffed and dealing with high workloads, longer hours, and burnout, which lowers morale, increases sick leave, and impedes continuity of care (Global Compassion Coalition. (2025) Stress is also increased by the expanding administrative and paperwork duties, including as electronic record-keeping, audits, and reporting, which take up more time than is needed for direct patient treatment. These elements, when coupled with the emotional toll of caring for women in need, put a great deal of strain on midwives' mental health and wellness.

Reference:

- University Hospitals Coventry & Warwickshire. (2025) *Community Midwifery*.
- Chester & Wirral Partnership NHS Foundation Trust. (2025) *Community Midwifery – Maternity Services*.
- Global Compassion Coalition. (2025) *The issues facing midwives and maternity systems*.
- <https://www.cqc.org.uk/publications/maternity-services-2022-2024/staffing>

NHS:

On July 5, 1948, the National Health Service (NHS) was established in the United Kingdom. It was designed to give everyone access to free healthcare at the point of need, allowing individuals to get care based on need rather than financial means. The goal was to make healthcare more equitable and available to everyone, particularly in light of the challenges and disparities revealed during World War II. The then-health minister, Aneurin Bevan, had a major role in creating the NHS. Prior to the NHS, there were numerous healthcare systems, such as private practices, voluntary hospitals, and local government hospitals. Bevan aimed to combine these systems into a single, well-coordinated system that could provide care for the whole population. Prior to 1948, many people were unable to pay for appropriate medical care since access to it sometimes depended on financial means or charitable donations. Hospital care, general practice and community health services are just a few of the many services that the NHS was intended to cover. Everyone could use it, but it was mostly financed by taxes, so everyone contributed. Because it ensured that everyone, regardless of wealth, could get medical care when they needed it, this was groundbreaking at the time. (The founding of the NHS, 13 July)

The NHS has Six guiding principles that influence how staff members engage with patients and one another as well as how care is provided. These values are: working together for patients, which emphasises the value of cooperation between services and with patients to deliver the best care possible; respect and dignity, which guarantees that each patient is treated as an individual and is valued; commitment to quality of care, which focusses on upholding high standards and continuously improving services; compassion, which demonstrates understanding and kindness in all interactions; improving lives, which aims to have a positive impact on the health and wellbeing of patients and communities; and everyone counts, which recognises the importance of fairness, inclusion, and valuing every individual equally. (Department of Health and Social Care (2023))

As of 2025, the Secretary of State for Health and Social Care is in charge of setting priorities and allocating funds for the NHS. The Department of Health and Social Care funds NHS agencies such as NHS England and Health Education England and develops health policy. March 2025 will see the end of NHS England, which oversees funding for Integrated Care Boards and NHS Trusts. (Structure of the NHS in 2025 – How The NHS in England Works, June 13)

The NHS is currently dealing with serious operational issues that are impairing its capacity to deliver efficient and timely care. Because productivity is still below pre-pandemic levels, workers and services are under more strain. A significant portion of patients are waiting longer than the four-hour target while in accident and emergency departments and for elective procedures. (long-read/structure-of-the-nhs) A backlog of patients accumulated during the COVID-19 epidemic, persistent personnel shortages, and high patient demand are some of the causes of these delays. Additionally, resources are under more strain and are unable to invest in new technology and infrastructure due to the NHS deficits, which doubled in the most recent fiscal year. The overall system is still overburdened even though the recent surge in flu vaccinations has helped lessen the pressures associated with seasonal illnesses. The NHS is going through major structural changes in response to these issues and to better serve the demands of an ageing population with more complicated medical illnesses. These changes include the end of NHS England and the growth of Integrated Care Boards to improve local care coordination. (British Medical Association (BMA) (2025))

In conclusion, the NHS, which offers free care to everyone based on need, has played a significant role in UK healthcare since 1948. Its basic principles guarantee that patients receive fair, considerate, and respectful treatment. In order to better manage finances and local services, the NHS has modified its organisational structure over time. Long wait times, a lack of employees, and financial strains persist despite these improvements. To ensure that the NHS continues to satisfy the population's health needs, ongoing reforms are being implemented to increase efficiency and make care more accessible.

Reference:

- Clement, M. (2023) 'The founding of the NHS: 75 years on', *History of government*, 13 July.
- Department of Health and Social Care (2023) *The NHS Constitution for England*. Available at:
<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>
- Sharma, T. (2024) 'Structure of the NHS in 2025 – How The NHS in England Works', *The UKCAT People*, 13 June.
- British Medical Association (BMA) (2025) *Reforms to the NHS – Summer 2025*, 3 September.
- <https://www.england.nhs.uk/long-read/structure-of-the-nhs/>