



Module: Introduction to Health and Social Care

Module code: LCHS4003

Assignment Title: Portfolio – Task 1 & 2

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Task 1: Poster

COMMUNITY ANTENATAL MIDWIFERY SERVICES

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1. What are Community Antenatal Midwifery Services?

Community antenatal midwifery services refer to a model of care where midwives provide prenatal and postnatal care in the community, often at women's homes or local clinics, rather than in hospitals (Bastien et al., 2025). These services aim to offer personalized, continuous care for women throughout their pregnancy and the early postpartum period. Community midwifery emphasizes building relationships between midwives and women, encouraging informed decision-making, and fostering a supportive environment for both physical and emotional well-being.

Core services provided:

- Routine check-ups:** Monitoring fetal development, maternal health, blood pressure, and detecting potential risks early.
- Health education:** Providing advice on nutrition, exercise, mental health, and preparation for childbirth.
- Labor support:** Offering guidance on birth plans, and if applicable, assisting in home births.
- Postpartum care:** Helping mothers adjust to life after birth, supporting breastfeeding, and ensuring maternal recovery.



Evolution of Community-Based Midwifery Services



2. History of the Service

The concept of community-based midwifery services dates back centuries when childbirth predominantly occurred at home with the help of midwives. Over time, medical advancements and hospital-based births became the norm, especially after the early 20th century (NHS England, 2024). However, in the latter half of the 20th century, research and evidence started to highlight the benefits of midwifery care in the community setting, particularly in reducing unnecessary medical interventions and improving maternal satisfaction.

- Early Beginnings:** Before the advent of hospitals, midwives were the primary caregivers during childbirth. They provided all antenatal, delivery, and postnatal care (Health Education England, 2019).
- Post-World War II:** With hospital births becoming more common, midwives' roles were largely confined to hospital settings, diminishing community-based care.
- 1970s-1980s:** A movement toward home births and community midwifery care grew in popularity as research revealed positive outcomes, such as lower intervention rates and improved patient satisfaction (Office for National Statistics, 2020).
- 1990s-Present:** In response to the demand for more personalized care, midwifery services have been reintegrated into communities, with governments and health systems recognizing their value in promoting maternal health and reducing hospital overcrowding.

3. Current Function of the Service

Community antenatal midwifery services are now widely recognized for their ability to provide high-quality, personalized care. The role of midwives is comprehensive, encompassing the full spectrum of maternity care from pregnancy to postnatal support.

- Service Delivery:** Midwives conduct home visits, offer local clinic care, and provide 24/7 phone support, integrated into NHS or equivalent systems (World Health Organisation, 2019).
- Hospital Integration:** Midwives manage most care but collaborate with hospitals for high-risk pregnancies, ensuring smooth transitions for medical intervention (Office for National Statistics, 2020).
- Personalization:** Care is tailored to each woman's needs, ensuring individualized maternity support.
- Strategic Support:** Policies like the Midwifery 2020 Strategy and NHS Maternity Services Framework enhance integration, training, and workforce development, improving care quality, reducing hospital admissions, and promoting better maternal and neonatal outcomes.



- UK:** According to a 2024 NHS survey, 60% of pregnant women in England have access to community midwifery services, with the service being particularly popular in rural areas where hospital access may be more limited.
- Global Reach:** Community midwifery models are gaining traction globally, with over 70% of births in New Zealand and Denmark being attended by midwives, many in community settings.

4. Challenges Faced by the Service

Challenge 1: Workforce Shortages

- Data:** A 2024 NHS report revealed that over 30% of midwifery positions in community services remain vacant, causing delays in care and overburdening existing staff.
- Impact:** This shortage leads to increased workloads for midwives, affecting the quality of care, especially in busy regions. It can result in midwives managing more patients than ideal, which compromises the level of personalized care they can provide.

Challenge 2: Geographic and Social Barriers

- Data:** A 2019 survey indicated that 25% of rural women in the UK have to travel over 30 miles to access antenatal services due to limited community midwifery options (Health Education England, 2019).
- Impact:** This lack of accessibility can result in late-stage care, missed appointments, or women opting for hospital-based services, which are more costly and less personalized. Additionally, social factors such as economic inequality can limit some women's ability to utilize these services, especially in lower-income communities.

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Task 2: Essay

The Origins of the National Health Service (NHS) and its Current Structure

The United Kingdom has the National Health Service (NHS) which was established in 1948 and offers healthcare services without any charges at point of consumption to all residents of the country (Rivett, 2024). This essay will discuss the history of the NHS, how it came to be, and the main principles of the organization. It will also look at the present-day structure and operation of the NHS and discuss the challenges experienced by it.

Historical Context and Key Principles

In the UK, previously, healthcare was a fragmented system, prior to the NHS. The wealthy were provided with private health care, and the poor were left with charity hospitals or were impoverished to the extent of not even being able to ensure health care. NHS was a reaction to these disparities due to the social reform agenda of Labour party through the post war period. The Beveridge Report published in 1942 that conceived of disease as one of the giants of social inequality gave rise to the concept of the welfare state that would solve these problems and be achieved through universal healthcare (King's Fund, 2024).

Universal coverage, free at point of use and taxation are the three main principles used to achieve the NHS. This was very much meant to make sure that even the poor citizens had healthcare made to them as a right. In 1948, NHS Act of 1946 brought revolutionary changes to the healthcare system since its universal healthcare became free (NHS, 2021).

Current Structure and Functioning

The NHS today functions within four distinct systems that provide healthcare in their jurisdictions; they are called as NHS England, NHS Scotland, NHS Wales, and NHS Northern Ireland. Healthcare is easily available and free at the point of use since the NHS is mainly financed by the general taxation and contributions to the National Insurance (WHO, 2019).

The NHS is, however, under considerable pressure with the growing demand, older population as well as the rising healthcare prices. In England, NHS budget is strained which contributes to the long wait and cutdown of services. Although there is a wide range of services, including

GP services and specialist interventions, growing demand and funding pressures have raised concerns about the long-term financial sustainability of the system (The King's Fund, 2023).

The pressures have been further worsened by staff shortages especially in nursing and general practitioners. In 2020, the NHS workforce needed an excess of more than 100,000 employees, which created an increased number of working cases and burnout (Office for National Statistics, 2020). Besides, gaps in service access, in most cases rural locations continue to be disadvantaged. Indicatively, more than 25 per cent of rural women in the UK have to travel over 30 miles to get ante-natal attention (Jefferies and Wickens, 2025).

Challenges and Future Directions

In spite of these, the NHS is still an important institution. Nevertheless, it is in dire need of reform in order to carry on delivering quality care. The solution to the spectre of staffing shortage, greater investment and examination of alternate care models like digital health are essential challenges to the future of the NHS (Jefferies and Wickens, 2025).

Conclusion

NHS came to be a universal healthcare system whereby free medical services were offered to all citizens of the UK. Although it has managed to enhance the wellbeing of the populations, it continues to suffer threats of poverty, labour market crises and the lack of healthcare. Resolution of these problems can be crucial in making sure that the NHS serves the population in accordance with its original value of equality and accessibility.

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