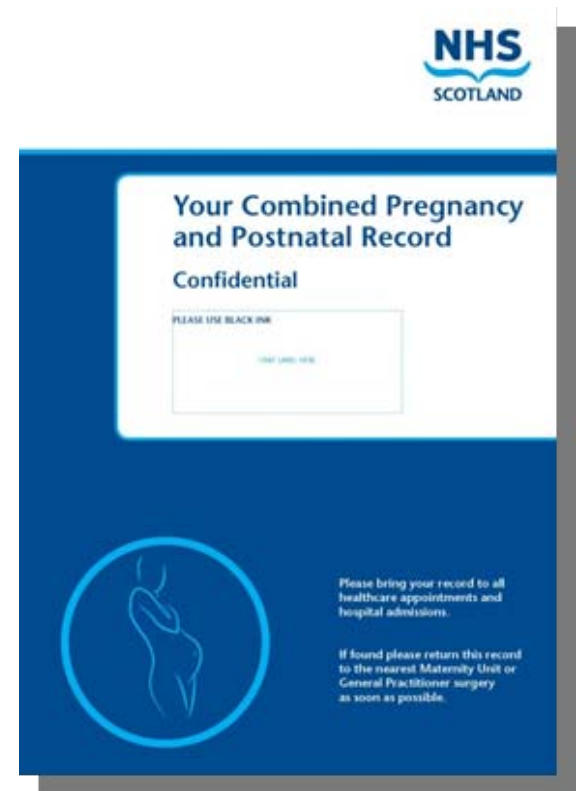


THE SCOTTISH WOMAN HELD MATERNITY RECORD

Ann Holmes
Scottish Government

Fiona Dagge-Bell
Healthcare Improvement Scotland



GRÜß GOTT!



HEALTH STRUCTURE



- Government level
 - Policy, strategy
- National organisations
 - Support service providers
 - Education, information, improvement, research
- 14 Health Boards
 - Service delivery
 - Urban, remote & rural settings

SOCIETY CONTEXT

742,300 people live in the 15% most deprived datazones
Of these, 266,500 (36%) are income deprived

[Scottish Index of Multiple Deprivation: 2009 General Report](#)

- Population 5 million
 - Significant deprivation
- Increasing diversity
 - Rising birthrate
 - Economic & social migration
- Increasing complexity
 - Maternal age, obesity, improved management of medical conditions



SERVICE PRINCIPLES



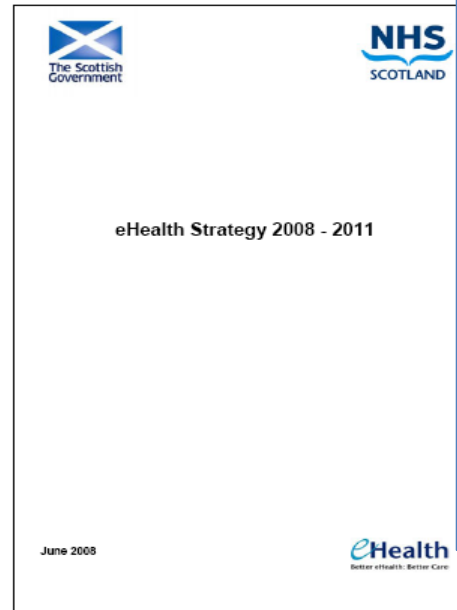
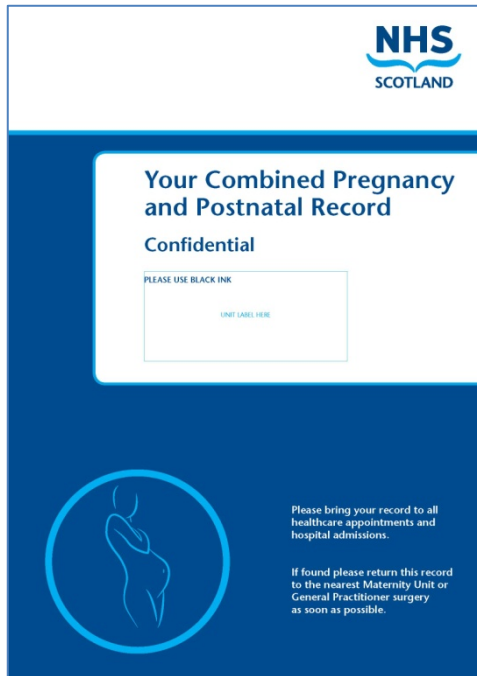
- National health service
 - Free at point of need
- Pregnancy & birth normal life events
- Holistic approach – social & medical context
 - Early identification of need, timely, appropriate intervention
- Most appropriate care & lead professional
 - Midwife led care for healthy women, maternity team for those with complexity
- Effective multi-professional and multi-agency team work

ORGANISATION OF SERVICES



- 60,000 births
- Variety of provision
 - Consultant led units
 - Large, full range of obstetric, neonatal, anaesthetic care, alongside midwife led units
 - Smaller, limited services
 - Community maternity units
 - Midwife led
 - Most women deliver in hospital
 - Homebirth rate around 1%

SUPPORTING CARE DELIVERY



REFLECTIONS



- What Austria wants to support re-orientation of the Parent & Child preventative programme – a national electronic record
- What we in NHSScotland have learnt over the last 8 years
 - Consistent government messages required
 - National electronic system commissioning preferable
 - Cycle of improvement – develop, implement, evaluate - follow through
 - Promote the benefits
 - Be honest about the challenges
 - Work with champions based locally to identify local solutions to issues

THE JOURNEY

A Framework for Maternity services in Scotland 2001 set out principles for maternity care and actions required -

A key principle was:

“High quality communication between professionals and women and their families, and between professionals and colleagues, must be central to the provision of excellent maternity care.”

A key action was that:

“There should be a national, unified and standardised woman-held maternity record that is available and accessible to both women and professionals.”

The refreshed Policy document – 2011 says a key gap is the lack of:

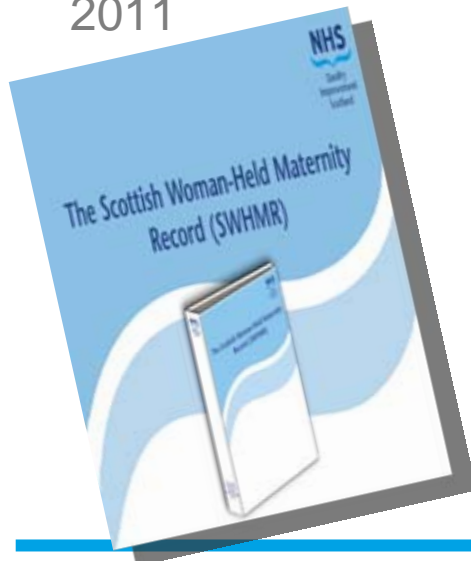
“The systematic use of electronic systems rather than paper based systems.”



2003 - 2011

- 6 versions / 3 consultations / 1 evaluation
- No national electronic record!

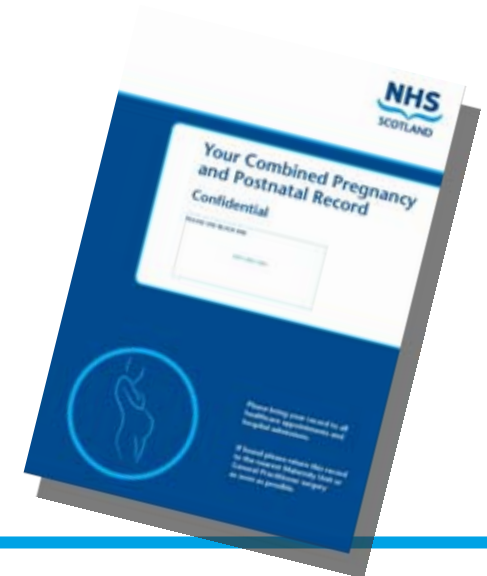
Version 2 – April 2004
2011



Version 4 January 2008



Version 6 – October



OPPORTUNITIES

- Real partnership with women and families
- Improved multi professional communication
- High quality record keeping
- Transparent shared care
- Safe transfer of care between professionals and across services and NHS Boards
- Support for best practice
- Excellent national data



CHALLENGES



- Resistance to change
- Consensus on content
- Consensus on layout
- Some duplication of documentation in the absence of a national eSWHMR
- Changes in government and political priorities
- Delayed implementation in some Board areas
- Finding local solutions to issues such as records reconciliation
- **Consult – Consult – Consult.....**

SUPPORTING DOCUMENTS

- SWHMR Guidance
- Best Practice Statement – Maternal History taking
- Best Practice Statement – Routine Examination of the Newborn
- Standards for Maternity Services in Scotland
- Keeping Childbirth Natural & Dynamic Pathways
- Maternal and Infant Nutrition Strategy
- Pregnancy and Newborn Screening Standards
- Reducing Antenatal Health Inequalities
- A Pathway of Care for Vulnerable Families



THE 2011 SWHMR – VERSION 6

Seven components:

- Combined antenatal & postnatal record – woman held
- Maternity summary record – hospital or named midwife held
- Labour & Birth – hospital record
- Elective caesarean section record (new) – hospital record
- Multiple birth summary (new) – hospital record
- Baby record – parent held
- Neonatal record – hospital record

www.healthcareimprovementscotland.org

PRINCIPLES

- Holistic approach
- Woman and family centred approach
- Focus on normality
- Make it easy to do the right thing
- Asset based approach
- Chronology of significant events



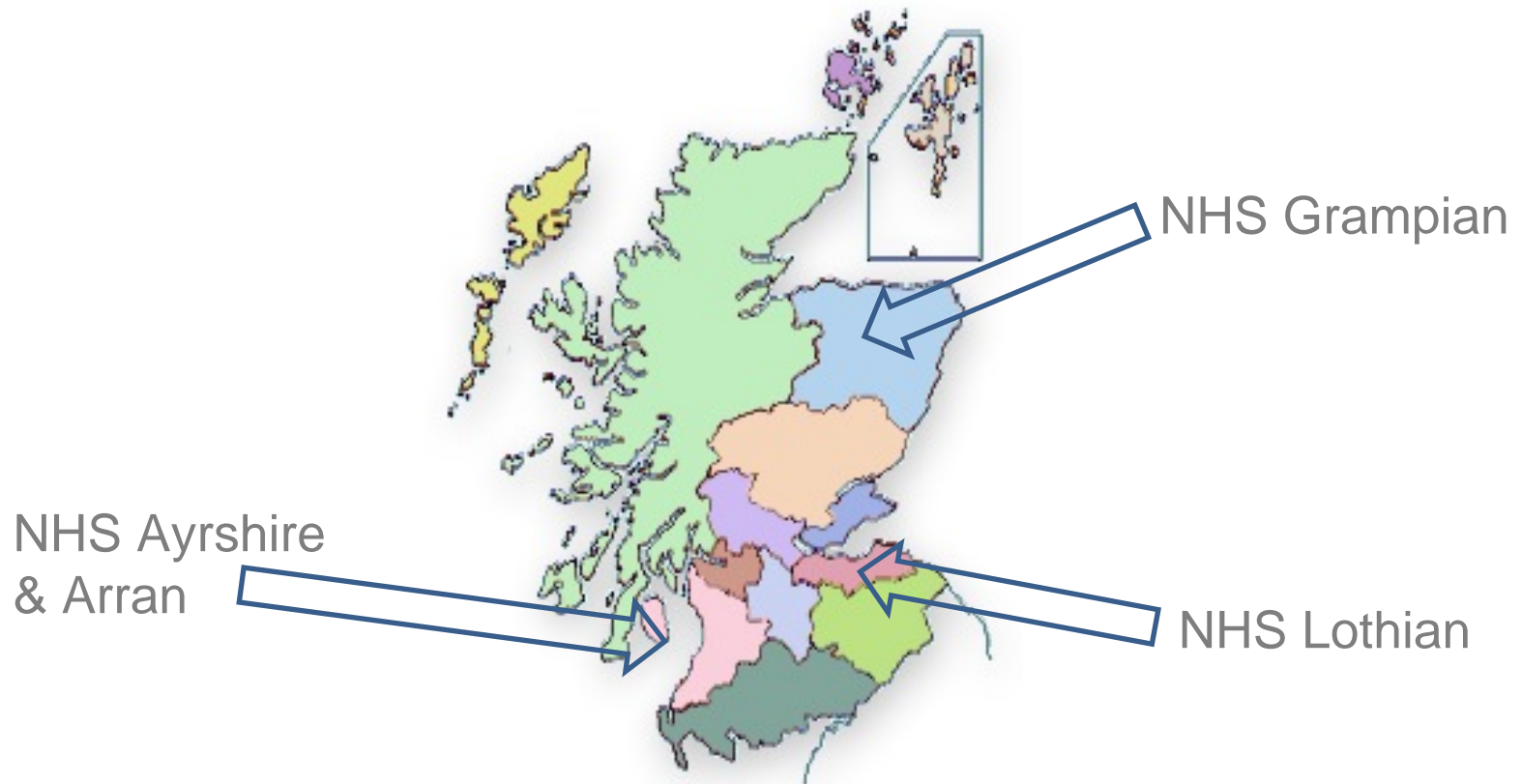
ESSENTIALS FOR ELECTRONIC RECORD

- Core dataset – all essential data items identified and agreed nationally
- Data standards for each data item
- Strong policy drivers
- Hooked into governments eHealth Strategy
- Patient safety drivers
- Central commissioning preferable otherwise need to ensure different systems can communicate effectively
- Must support partnership approach with women



ELECTRONIC SWHMR

3 NHS Boards implementing 3 different systems currently



CONCLUSION



- Worthwhile journey
- One record used by all professionals
- It takes time to achieve engagement across all disciplines
- Women have really welcomed it, feel ownership and partners in care
- Needed the core dataset and paper record before an electronic version would be possible
- Untapped potential in relation to data
- Policy makers and all relevant professionals need to work cohesively and champion the document

DANKE

Haben sie irgendwelche fragen?
(Bitte in Englisch!!)