Scottish woman held maternity record
Version 6

Guidance for professionals
1 Background

In February 2007 the fourth version of the Scottish Woman Held Maternity Record (SWHMR) was distributed to NHSScotland and HDL (2007) 7 was also circulated (http://www.sehd.scot.nhs.uk/mels/HDL2007_07.pdf). An action within the HDL was that an evaluation of the SWHMR would be commissioned. Therefore in December 2009 York Health Economics Consortium was awarded the contract to undertake an evaluation of the implementation of the SWHMR throughout Scotland and its impact on practice and professionals, the executive summary of this is available from www.healthcareimprovementscotland.org.

An evaluation report was completed in April 2010 and presented to the Scottish Governments’ Maternity Services Action Group who decided that a revision of the record was required and the Scottish Government asked NHS Quality Improvement Scotland (now Healthcare Improvement Scotland) to undertake this work on its behalf.

Version 5 – draft for consultation was produced in response to feedback from the service and changes in policy and practice. Input and guidance from an expert steering group and wide consultation of version 5 supported the development of version 6.

2 Introduction

The SWHMR currently contains the agreed minimum dataset for maternity services. Revisions have been made being mindful of the need to capture information to maintain the maternity datasets as collected by coders following the completion of care.

It should be noted that the SWHMR is used in partnership with women and families, often the record will be completed by staff providing care, but wherever possible staff should encourage women to use the record to record questions or to write down information relevant to her care or care providers. Sections to be completed by the women are easily identified by the presence of this symbol. Previous research programmes have found that women do not perceive this record as their own and therefore staff providing care should encourage this partnership approach.

It is essential that the SWHMR is completed with women; it is reliant on the care provider to obtain an accurate record of both medical and social history. Where it may be acceptable to ask some women to complete demographic details such as name, address and telephone number, it is essential that they are asked the remaining questions within the record by a member of the maternity team. The resulting answers will assist in the risk assessment process and therefore maintaining quality is essential. Whilst the SWHMR is a woman hand held record it remains part of the medical documentation detailing the plans for care and actual care received by the maternity team.
### 3 Combined Pregnancy and Postnatal Record

Version 6 of the SWHMR sees the combination of the pregnancy and postnatal record. This combined record provides access to information from the antenatal period to those staff providing care following labour and birth. This allows additional assurance in terms of clinical and child protection issues and will prove particularly beneficial where women deliver in a unit outwith their geographical location. Local measures may be required for the occasions where a clinical incident or clinical risk has been identified. This may result in greater use of the maternity summary record or in staff obtaining photocopies or scanned copies of the SWHMR prior to a woman being discharged from the hospital.

#### Table of Guidance to Support Changes

<table>
<thead>
<tr>
<th>Page</th>
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<tbody>
<tr>
<td>Outside cover</td>
<td>A note has been added to encourage women to bring their records with them to all appointments and hospital admissions</td>
</tr>
<tr>
<td>Page 2</td>
<td>The new records contain the national practice model for Getting It Right for Every Child (GIRFEC). GIRFEC is a national approach that aims to improve outcomes for all children and young people in Scotland. It seeks to do this by providing a framework for all services and agencies working with children and families to deliver a co-ordinated approach which is appropriate, proportionate and timely.</td>
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</tbody>
</table>

The principles of GIRFEC include well-being indicators. The well being indicators are safe, healthy, achieving, nurtured, active, respected, responsible and included. The GIRFEC practice model includes the use of the well being indicators as a prompt for assessment and the My World Triangle is how the assessment should be structured. Further principles include:-

- Early assessment, early support, early intervention, multi-agency input and avoidance of repetitions
- Considering the woman and families strengths and pressures
• Maternity team staff are also challenged to ask themselves 5 key questions whilst using the National Practice Model
  - What is getting in the way of this woman or baby’s well-being?
  - Do I have all the information I need to help this woman or baby?
  - What can I do now to help this woman or baby?
  - What can my service do to help this woman or baby?
  - What help if any may be needed from others?

Using the national practice model allows clinicians to demonstrate assessment, analysis and decision making by considering the strengths and pressures a woman faces during pregnancy, labour and birth and their potential impact. They can use the tool to communicate with the woman and family and others who either are or should be, involved in providing care.

Reference is made to the Health Plan Indicator (HPI) alongside the national practice model for GIRFEC. The HPI indicates the level of service required by the woman/family/child and is assessed as core or additional. The health visitor/public health nurse is responsible for allocation of the HPI. The maternity team can assist in this process by ensuring early communication and care planning for those families with complexity or identified vulnerabilities. The allocation of an HPI requires a structured approach to assessment, this approach ties in with the appropriate, proportionate and timely interventions approach. Any information around allocation of an HPI should be shared during the hand over from midwife to health visitor/public health nurse.

The following are examples of HPI allocation:

**Core**
- No risk factors or additional needs identified during ongoing risk assessment process
- Women and maternity team agree with proposed plan of care
- Good understanding of local support networks and agencies
- Proactive in managing health and wellbeing
- Good network of social support – family/friends

**Additional**
- Teenage parents
- Premature/low birth weight baby
- Mothers recovering from a difficult birth
- Previous history of postnatal depression/mood disorders or antenatal depression
- Poor social networks, isolation. Family breakdown
- Previous history of loss – child or other
- English as a second language/poor literacy/learning difficulties
- Housing difficulties or at risk of becoming homeless
- Asylum seeker or refugee
- Smoking or alcohol use in pregnancy
- Poverty
- Domestic abuse
- Drug and/or alcohol misuse
• Severe and enduring mental health issues
• Previous child protection issues
• Significant parental stress
• Congenital anomalies or chronically sick baby
• Severe deprivation
• Homeless families
• Learning disabilities or health issues that impact on parenting ability
• Woman or partner in criminal justice system.

For further information on GIRFEC please see www.scotland.gov.uk/gettingitright

Page 3
Information on the role of the supervisor of midwives and how to contact a supervisor of midwives has been added to the record.

Page 4
A record of the maternity care pathway and named caseload holder has been inserted in a table format. This should encourage clinical staff to identify the named caseload holder and allow an audit trail of risk status throughout pregnancy and the postnatal period. The current pathways provided are green for low risk midwife led care and red for higher risk women requiring maternity team care. There is no amber category; women allocated to amber require further assessment following which they should be allocated to either a green or a red pathway.

Page 5
A box has been inserted to allow auditing of discussion of planned place of birth and agreement of lead professional for care. This should be allocated in line with the Keeping Childbirth Natural and Dynamic Pathways for Maternity Care. Recording of BMI has been moved to this page.

Pages 6 & 7
The layout of the sections recording outcomes from previous pregnancies has been altered to provide "at a glance" information around mode of birth. Staff should note the impact that previous negative experiences may have on the mental health and wellbeing and parenting approaches of the mother. This should be handled sensitively.

Page 9
The ethnic origin information has been altered and now reflects the Family Origin Questionnaire (FOQ) used by the Pregnancy and Newborn Screening programme.

The TB questions have been altered in line with current best practice.

Pages 10 & 11
Information has been inserted into a table to assist in completion.

Questions have been altered to reflect an opportunity to work on a “strengths based” approach. This allows for discussion around the current level of knowledge around some key public health issues such as diet, smoking, alcohol and exercise. Reference is made to undertaking or recommending a brief intervention for some issues – mainly smoking and alcohol.

Space has been made available to record Carbon Monoxide level. This is in keeping with policy recommendations.

Reference is made to both Healthy Start Vitamins and Healthy Start vouchers. One aim is to ensure all women entitled to the vouchers are provided with information and
all women are informed that they may purchase Healthy Start vitamins if they are not entitled to free vitamins.

Reference is made to Vitamin D, in keeping with current policy recommendations.

<table>
<thead>
<tr>
<th>Pages 12 &amp; 13</th>
<th>Sections requiring signatures for consent have been co-located for ease. Space has been left to add in any future tests that may become available.</th>
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</thead>
<tbody>
<tr>
<td>Page 14</td>
<td>The section referring to Anti D has been altered to reflect the administration of a single dose of Anti-D at 28 weeks.</td>
</tr>
<tr>
<td>Page 15</td>
<td>The infant feeding antenatal checklist has been altered to allow for a generic discussion around “getting your baby off to a good start” and the first section reflects the benefits of skin to skin contact, baby-led feeding and rooming in which are relevant for all parent’s. The subsequent sections allow for a discussion about the benefits of breastfeeding. This section has been adapted following discussion with UNICEF representatives.</td>
</tr>
<tr>
<td>Pages 15 &amp; 48</td>
<td>Information has been inserted to remind maternity team staff of the availability of specialist resources for service users who have learning difficulties, specifically referring to “My Pregnancy, My Choice” and “You and Your Baby” both of which are available from NHS Health Scotland</td>
</tr>
<tr>
<td>Pages 16-21</td>
<td>The section monitoring the height of the uterus has been moved to sit alongside the area recording the outcome of the palpation of the uterus.</td>
</tr>
<tr>
<td>Page 29</td>
<td>Reference is made to issuing the FW8 maternity exemption form – whilst prescriptions are free in Scotland it is necessary for the FW8 to be issued, this enables the woman to claim free dental care during pregnancy and for the 1st year after birth, it also enables the provision of free prescriptions if travelling in England and acts as proof of pregnancy.</td>
</tr>
<tr>
<td>Page 36</td>
<td>The beginning of the postnatal care section is highlighted with a blue flash at the side of the page to enable speedy location. The postnatal care section includes some key messages for woman around detecting any possible signs of complications. It would be helpful if maternity team staff could encourage women to read this section of the notes and answer any questions that may arise.</td>
</tr>
<tr>
<td>Page 38</td>
<td>Prompts for the healthcare professional to record temperature, pulse, blood pressure and respiratory rate every day for the first 3 days, have been added in keeping with the Keeping Childbirth Natural and Dynamic Pathways For Maternity Care. Clinicians should use their own clinical judgement after the first 3 days.</td>
</tr>
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</table>
| Page 46       | As part of the breastfeeding assessment women should receive information about drinking alcohol whilst lactating. Ready Steady Baby provides the following advice:- Breastfeeding gives your baby the best possible start in life and it’s unlikely that an occasional drink will harm either of you. We know that very small amounts of alcohol pass into your breast milk therefore it is best to keep your drinking to no more than 1-2 units once or twice a week. If you regularly drink more than this amount it can affect your baby’s development and reduce your milk supply. Small amounts of alcohol pass into breast milk, making
it smell different, which may affect your baby’s feeding, sleeping or digestion. If it’s a special occasion and you know you are going to be having a drink, consider expressing your milk in advance. To be on the safe side you may want to avoid alcohol altogether while you are breastfeeding.

This information should be shared with women.

Page 46  Contact details for breastfeeding support have been added to the postnatal section of the record.

Other If new pages require to be added to the record it would be good practice to number these accordingly, such as 26a, 26b, 26c. Local agreements as to how to manage inserts should be made.

4 Maternity Summary Record

NHS Boards in Scotland use the maternity summary in different ways. The maternity summary record is not intended to be “hand-held” and should remain at the base hospital within the case notes. It should be used throughout the pregnancy, labour and postnatal period to summarise any significant events.

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<td>Page 3</td>
<td>The maternity summary record now includes a chronology of significant events. This type of recording of significant events is common practice amongst general practitioners and health visitors/public health nurses but may seem a new concept to maternity team staff. The purpose of the chronology is to identify a pattern of behaviours. It should be used to record significant events that may impact on the child. These may include:</td>
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<tr>
<td></td>
<td>• the mother’s non attendance at appointments</td>
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<td></td>
<td>• contact with out of hours services</td>
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<tr>
<td></td>
<td>• attendance at accident and emergency services</td>
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<td></td>
<td>• information shared from other sources such as police or social services</td>
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<tr>
<td></td>
<td>• outcomes of case conferences</td>
</tr>
<tr>
<td></td>
<td>• or any other risks or issues that can identify the mother/family/child as vulnerable.</td>
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<tr>
<td></td>
<td>The chronology may also be used to identify strengths within the family – such as:</td>
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<td></td>
<td>• support from relative(s)</td>
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<td></td>
<td>• attendance at health education classes or</td>
</tr>
<tr>
<td></td>
<td>• engagement with support workers.</td>
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<tr>
<td></td>
<td>Information from the chronology may be shared with the health visitor/public health nurse and may be used to inform the decision making around which Health Plan Indicator (HPI) should be allocated to the child – core or additional.</td>
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<tr>
<td></td>
<td>A clear decision was made to keep the chronology within the base record to ensure that all people involved in providing care could have access to information. It may be that those working in remote and rural locations may have to agree how to insert key pieces of information into the chronology.</td>
</tr>
</tbody>
</table>
5 Labour and Birth Record

The labour and birth record has been increased to A4 size. This change provides additional space for record keeping.

The flow of the labour and birth record has been altered with a focus on normality. Information has been included to encourage practitioners to allocate pathways in line with the Keeping Childbirth Natural and Dynamic Pathways for Maternity Care.

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<tr>
<td>Pages 4 - 6</td>
<td>The sections for recording induction/augmentation have been improved to assist in assessing progress.</td>
</tr>
<tr>
<td>Pages 8 &amp; 9</td>
<td>The partogram has been extended to fill the space made available by the increase in size of the record.</td>
</tr>
<tr>
<td>Page 11</td>
<td>A note has been added to encourage staff to consider the need to undertake a risk assessment in relation to pressure area care in women who have been immobile for a period in excess of 5 hours. Further information is available from <a href="http://www.healthcareimprovementscotland.org">www.healthcareimprovementscotland.org</a></td>
</tr>
<tr>
<td>Page 21</td>
<td>A dedicated space has been provided to insert instrument tracking labels.</td>
</tr>
<tr>
<td>Pages 22, 26 &amp; 30</td>
<td>The recording of swabs/needles/instruments has been separated out in each section.</td>
</tr>
<tr>
<td>Page 32</td>
<td>The management of post partum haemorrhage has been altered in keeping with the RCOG green top guidelines and the information taught at the Scottish Multi Professional Maternity Development Programme (SMMDP)</td>
</tr>
<tr>
<td>Page 39</td>
<td>A “Whose Signature” page has been inserted at the back of the record, with reminders placed throughout the record to encourage clinicians to print, sign and add their job title to the records.</td>
</tr>
</tbody>
</table>
6 Elective Lower Uterine Segment Caesarean Section (LUSCS) Record

There is a large amount of waste when commencing a labour and birth record for a woman having an elective LUSCS. Therefore a separate LUSCS record has been developed. Whilst this record is only suitable for use for women receiving elective LUSCS it may be beneficial for the larger NHS Boards to use this in place of the labour and birth record. Smaller boards may wish to explore the costs of purchasing this separate record or they may decide to buy in bulk with neighbouring board areas.

The elective LUSCS record contains space to record the pre-assessment appointment including the opportunity to identify any anaesthetic concerns. It includes the consent form recommended by the Royal College of Obstetricians and Gynaecologists (no nationally agreed consent form is available at this time) and the World Health Organisation (WHO) surgical safety checklist for maternity cases.

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<tr>
<td>5</td>
<td>The routine surveillance of infection care bundle has been included within the record and will be beneficial for monitoring and audit purposes.</td>
</tr>
<tr>
<td>12</td>
<td>A “Whose signature” section has been included within the record in keeping with all the other sections of the record.</td>
</tr>
</tbody>
</table>

7 Multiple Births Record

This record provides the opportunity to record multiple births with greater clarity and is available for NHS Boards who wish to implement it.

8 Baby Record

Duplication within the baby record has been reduced. The consent for Newborn Blood Spot Screening has been moved to the front of the record and the opportunity to add additional tests in the future has been built in to the record.

A section has been added to record, and gain consent for, the newborn hearing screening alongside the Newborn Blood Spot Screening.

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<tbody>
<tr>
<td>4-7</td>
<td>The recording of information on “Your baby’s progress” has been rotated from landscape to portrait to increase the space for recording information and to make completion of the records simpler.</td>
</tr>
<tr>
<td>4-5</td>
<td>A reminder has been included into the record to encourage staff to complete a breast feeding assessment form at or around day 5. This form is approved by UNICEF</td>
</tr>
<tr>
<td>15</td>
<td>The national practice model for GIRFEC has been included within the baby record (see page 4 for further information)</td>
</tr>
</tbody>
</table>
9 Neonatal Record

Minor changes have been made to the neonatal record; it is another section of the record that remains within the hospital setting.

10 Other Factors For Consideration

Modified Early Obstetric Warning System (MEOWS)

Due to the necessity to print this in colour a MEOWS has not been included due to cost implications. Currently a nationally agreed MEOWS is unavailable.

Stillbirths, neonatal deaths and deaths in childhood

There is an opportunity to write this information freehand into both the combined pregnancy and postnatal record and the maternity summary.

Any parent, who has previously lost a child to cot death, still-birth or neonatal death should be provided with information about the three main support organisations including how to contact them for help during subsequent pregnancies. These organisations can all offer the extra support many parents need when they have subsequent pregnancies and children.

Scottish Cot Death Trust  www.scottishcotdeathtrust.org  0141 357 3946
SANDS  www.uk-sands.org  020 7436 5881
Bliss Scotland  www.bliss.org.uk  0500 618 140

Parents with learning disabilities

NHS Fife has developed accessible information around screening for women and families with learning disabilities. Whilst this has not been included in the record it is worth noting.

Healthy Eating Checklist and Obesity Programme

A Healthy Eating Checklist and obesity programme has been developed in response to CEL 36 by NHS Lanarkshire, whilst this information was too bulky for inclusion within the record, and is awaiting the outcome of an evaluation, it appeared very helpful in assisting women to recognise their strengths and opportunities around diet in pregnancy.
References and supporting literature


National Services Division (2009) Pregnancy and Newborn Screening Timeline NHS Scotland

NHS Health Scotland (2009) Ready Steady Baby NHS Health Scotland

NHS Health Scotland (2010) Family Origin Questionnaire, Pregnancy and Newborn Screening Edinburgh


Scottish Executive (2002) Implementing a Framework for Maternity services in Scotland: Overview report of the expert group on acute maternity services Edinburgh HMSO


Scottish Government (2011) A New Look at Hall 4 – The Early Years Edinburgh Scottish Government

Scottish Government (2011) A Pathway of Care for Vulnerable Families (0-3) Edinburgh Scottish Government
