The Scottish Woman-Held Maternity Record (SWHMR) Project

Final Report to the
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EXECUTIVE SUMMARY
The Scottish Woman-Held Maternity Record (SWHMR) Project was established as part of the implementation of ‘A Framework for Maternity Services in Scotland’ (SEHD, 2001). The Project commenced in November 2002 within the former Nursing and Midwifery Practice Development Unit (NMPDU), now a part of the Special Health Board, NHS Quality Improvement Scotland (NHS QIS). The SWHMR Project received core funding from the Chief Nursing Officer.

This ambitious initiative set out to develop a national, standardised woman-held maternity record for women and maternity care staff in NHSScotland. The main activities undertaken in the SWHMR Project were to:

- design a draft SWHMR and draft guidance document
- refine the draft SWHMR and draft guidance by means of a national consultation
- collaborate with the sister project to develop an electronic version of the SWHMR (the eSWHMR).

Stakeholder involvement was an essential component of the SWHMR Project. This was achieved by:

- establishing a Reference Group with representation from a wide range of lay and professional groups with interests in maternity services
- engaging staff at maternity units via a survey and request for current (blank) maternity records in NHSScotland
- targeting a broad range of lay and professional representatives with interests in maternity services during the national consultation.

From the outset, the prospect of a unified woman-held maternity record for NHSScotland attracted considerable interest and enthusiasm. Responses to national consultation were positive, and the majority of comments focused on specific content within the draft record, rather than questioning the overall concept.

The SWHMR has been created in four parts, supplemented with inserts and continuation sheets as appropriate. The parts are:

- Pregnancy Record (woman-held)
- Labour and Birth inserts (added to the Pregnancy Record during labour and birth, and retained within the relevant maternity unit following birth)
- Postnatal Record (woman-held)
- Maternity Summary Record (held by a maternity care professional)

Following publication of the SWHMR, prompt national implementation is expected. From the enquiries received by the Project team, interest in, and demand for, the SWHMR is high. Many maternity units report delaying local plans to improve their maternity records whilst awaiting the publication of this document.

Implementation will inevitably create challenges as well as opportunities, and these are reflected in the recommendations generated by the SWHMR Project:
Recommendation 1: The Scottish Woman-Held Maternity Record (SWHMR) should be adopted by all NHS Boards.

Recommendation 2: NHS Boards must ensure that there are mechanisms in place for reconstituting information in patient-held health records such as the SWHMR.

Recommendation 3: The SWHMR should be reviewed and revised periodically and updated versions introduced to ensure its status as a current and relevant tool for NHSScotland.

Recommendation 4: A working group linking with the Maternal and Child Health Information Strategy Group should be established to facilitate the ongoing development of the SWHMR within NHSScotland.

Recommendation 5: An ‘Infant Feeding – Antenatal Checklist’ should be included with the SWHMR Pregnancy Record when implemented within NHSScotland. If agreed by UNICEF, its template could be adopted.

Recommendation 6: A website featuring the SWHMR should be established and maintained.

Recommendation 7: The SWHMR and development of a fully functional clinical maternity system should remain as priority initiatives within the Maternal and Child Health Information Strategy Group.

Recommendation 8: The data items within the SWHMR should be reviewed by the ISD National Clinical Dataset Development Programme. This will assist the development of a national maternity dataset and associated data standards.

Recommendation 9: Once the SWHMR has been introduced across NHSScotland, firm links should be made with cross-border counties to promote seamless care for women who give birth in maternity units in England.
1. INTRODUCTION
This report presents the work and outcomes of the Scottish Woman-Held Maternity Record (SWHMR) Project. It commences with an exploration of the impetus for developing a unified, national maternity record for Scotland, followed by a description of how the SWHMR Project was established. The Project aims and objectives are then outlined, and subsequent sections describe how these have been achieved.

The main activities undertaken in this project were to:
- design a draft SWHMR and draft guidance document
- refine the draft SWHMR and draft guidance by means of a national consultation
- collaborate with the sister project to develop an electronic version of the SWHMR (the eSWHMR)

Stakeholder involvement has been a fundamental part of these activities, and the nature and role of stakeholders in the SWHMR Project are outlined in this report.

The chief outputs of the SWHMR Project are two products:
- the SWHMR – consisting of:
  - Pregnancy Record
  - Labour and Birth inserts
  - Postnatal Record
  - Maternity Summary Record
  - relevant inserts
- a guidance document which accompanies the SWHMR

A copy of the SWHMR and the guidance document ‘Using the Scottish Woman-Held Maternity Record – Guidance for Maternity Professionals’ can be found at the end of this report.

The final section of this report considers the way ahead for implementing the SWHMR within NHSScotland.

2. BACKGROUND TO THE SWHMR PROJECT: THE NEED FOR A NATIONAL MATERNITY RECORD
A unified maternity record for Scotland has been an aspiration for women, service providers and clinicians for many years (Clinical Resource and Audit Group(CRAG)/Scottish Health Management Efficiency Group (SCOTMEG)), Working Group on Maternity Services, 1995; Scottish Programme for Clinical Effectiveness in Reproductive Health (SPCERH), 1999). This goal has been underpinned by evidence from randomised controlled trials on the beneficial consequences of women holding their own maternity records (Elbourne et al, 1987; Lovell et al, 1987). It is also supported by women’s wishes to have access to maternity records that they understand (The Scottish Office Home and Health Department, 1993). Recent research undertaken into the use of Electronic Patient Records (EPRs) in maternity services in England has indicated that client held-records remain highly valued by NHS staff and women (Jones et al, 2003).

Successive reports on the Confidential Enquiries into Maternal Deaths (CEMD) have also emphasised the need for systematic and comprehensive assessments of women’s health and social needs, effective communication of information and appropriate planning between women and professionals and accurate record keeping.
(CEMD, 2001; Confidential Enquiry into Maternal and Child Health (CEMACH), 2004).

In 2001, the Scottish Executive Health Department (SEHD) published ‘A Framework for Maternity Services in Scotland.’ This document reiterated the case for a comprehensive and inclusive maternity record for Scotland. It also made the development of such a record a priority through Principle 27:

‘There should be a national, unified and standardised woman-held maternity record that is available and accessible to both women and professionals.’ (SEHD, 2001: 71)

This principle was further elaborated through the inclusion of several local actions:

- a unified, multi-professional, woman-held maternity record should be developed and implemented throughout Scotland
- a standardised national record should incorporate result reporting and discharge information
- NHS Trusts should encourage women to contribute to their notes if they so wish
- NHS Trusts must make sure that record-keeping is an integral part of care. Documentation of every episode of care must be recorded by the professional in good time, and dated and signed with a legible signature
- NHS Trusts should make sure that clear information is given to women locally about how they can obtain a copy of their maternity record.

(SEHD, 2001: 71)

As part of the implementation of ‘A Framework for Maternity Services in Scotland’ (SEHD, 2001), the SWHMR Project was established to design such a record. Core funds were made available by the Chief Nursing Officer.

3. ESTABLISHING THE SWHMR PROJECT

The SWHMR Project commenced in November 2002 within the Nursing and Midwifery Practice Development Unit (NMPDU), now a part of the Special Health Board, NHS Quality Improvement Scotland (NHS QIS).

The SWHMR Project was led by Fiona Dagge-Bell as Project Manager. Dr Helen Bedford, a practising midwife from NHS Grampian, was appointed as Project Midwife on a secondment basis.¹

The initial project specification which guided the SWHMR Project can be found in Appendix A. The Project aim was:

‘To develop a national standardised woman-held maternity record integrated with a national electronic record’.

Accordingly, a project to design a supporting electronic record, the eSWHMR, was established within the Information & Statistics Division (ISD) of NHS National Services Scotland shortly after the SWHMR Project commenced. Details of the eSWHMR Project can be found in section 6.

¹ Seconded for three days per week (November 2002 to June 2003 and February 2004 to March 2004) and on a full-time basis from July 2003 –Jan 2004 inclusive.
In order to meet the Project aim, SWHMR Project objectives were to:

- establish a process for ensuring stakeholder involvement
- produce a template record for wider consultation
- propose a pathway and guidelines for the record for wider consultation
- collaborate with the project group charged with producing an electronic version of the record to facilitate data entry and storage
- consult nationally on the proposals
- prepare a written report for the Scottish Executive.

The following sections of this report indicate how the SWHMR Project aim and objectives have been met.

4. STAKEHOLDER INVOLVEMENT

Key stakeholders throughout Scotland have been involved in the SWHMR Project since its inception. They comprise three groups:

- members of the SWHMR Project Steering Group and Reference Group
- staff in Scottish maternity units
- a wide range of lay and professional groups and individuals.

The involvement of these stakeholders has been invaluable in developing and refining the SWHMR, and in generating considerable enthusiasm for a national maternity record. The roles of these stakeholders are outlined briefly below, and elaborated in the relevant sections of this report. This section concludes by indicating the activities undertaken to publicise the work of the SWHMR Project.

4.1 SWHMR Project Steering Group and Reference Group

A stakeholder analysis was undertaken to identify professional and lay organisations that could drive the SWHMR forward via representation on a small, focused Steering Group, and a larger Reference Group. Nominations were sought from relevant organisations, and both groups were convened under the chairmanship of Fiona Dagge-Bell. Membership of these groups can be found in Appendices B and C.

(Note: membership of the Steering Group automatically conferred membership of the larger Reference Group.)

The SWHMR Project Steering Group and Reference Group met separately on two occasions (March 2003 and May 2003). Substantial consultation took place with members of the Reference Group throughout the lifetime of the Project. A range of draft documents aimed at determining the content and design of the SWHMR and associated guidance were issued to the Reference Group for comments. Details of this activity are given in section 5.4.

4.2 Maternity staff throughout Scotland

Staff at Scottish maternity units were identified as key stakeholders. All maternity units were invited to participate in the Project at the outset via a survey and request for maternity documentation. Contact was maintained with nominated members of staff at each maternity unit for the duration of the Project. Details of the survey and maternity documentation request can be found in section 5.1.
4.3 National consultation with lay and professional stakeholders
Once the draft SWHMR and draft Guidance had been designed, an extensive list of lay and professional groups was identified as key stakeholders to be included in the national consultation. Details of the consultation process can be found in section 8.

4.4 Publicising the work of the SWHMR Project
In order to disseminate information on the SWHMR Project beyond those stakeholders already identified, several other means of communication were deployed. These included a newsletter, oral and poster presentations at local, national and UK conferences, the NHS QIS website and Bedford & Chalmers (2003).

5. PRODUCING THE DRAFT TEMPLATE SWHMR AND DRAFT GUIDANCE
The development of a standardised, unified, multi-professional, woman-held maternity record for national consultation was an ambitious task. The key tasks were to:

- identify the core clinical dataset
- identify other content (e.g. health information for women)
- determine the scope and boundaries of the SWHMR
- design a template document
- create guidance to accompany the SWHMR – to include how it should be used in maternity care (i.e. a pathway).

These were achieved through the following activities:

- survey of maternity record keeping in NHSScotland and request for maternity documentation
- identifying and utilising relevant resources and initiatives
- identifying the principles which underpin the SWHMR
- consultation with members of the Project Reference Group.

These activities are outlined in the sections which follow. They indicate how the draft SWHMR and draft guidance document were produced for national consultation.

5.1 SWHMR survey and request for maternity documentation
In November 2002 a survey and request for a complete (blank) set of the maternity documentation was issued to each maternity unit in Scotland. The aims of this exercise were to determine:

- the kinds of paper records that were in use
- the content of the maternity records
- the extent to which woman-held maternity records were in use
- the nature and extent of any electronic systems in use
- current issues pertinent to maternity records/documentation.

Contact details of the personnel completing the survey were also requested. This database of contacts was used to clarify any queries arising from the survey or maternity documentation, and to update staff on the progress of the Project.

The response from maternity units in Scotland was excellent. Of the 43 operational maternity units, a full response (i.e. completed survey and documentation) was received from 39 units (i.e. 91% response rate). One unit submitted a partial
response of documentation only, and the remaining three units did not submit a response, despite two written reminders.

A striking feature which emerged during analysis of the documents and the survey was the considerable diversity of maternity documentation in use within NHSScotland. In particular, examples of maternity records varied in terms of:

- content (i.e. the dataset of items included and other content)
- age/year of design (this ranged from 1968 to 2002)
- cohesiveness (e.g. they ranged from discrete and comprehensive maternity records to a series of separate sheets and documents)
- quality of printing (e.g. ranged from materials that were professionally printed to poor quality photocopies)
- cost per record: this ranged from 22p to £2.48 (however the vast majority of maternity units reported not knowing the cost).

Common features of the majority of maternity records were:

- multidisciplinary use
- woman-held during the antenatal period
- not woman-held in the postnatal period
- supplemented by a range of local documents, depending on each woman’s health circumstances and needs for maternity care (e.g. booking referral letter, drug prescription and administration chart for use in a maternity unit, specialised documentation for women with diabetes or substance misuse etc)
- A4 sized (only one woman-held record was A5 sized).

Completed surveys also highlighted the following issues:

- considerable enthusiasm for, and anticipation of, a unified national maternity record for NHSScotland.
- several local initiatives or intentions to redesign maternity records were 'on hold' until the SWHMR becomes available for national use.
- familiarity with a standard, national maternity record amongst staff and students within NHSScotland was recognised as advantageous.
- duplication of information within maternity record keeping was often identified as problematic and a source of frustration. For example the same information could be entered in one, two or more documents (e.g. woman-held record, GP record, hospital held record, midwife held documentation or electronic record). Concerns raised about duplication also served to highlight the issue of data protection and client-held records. There appeared to be a need for clarification amongst maternity staff regarding the following: NHS Boards are responsible for maintaining case records. When a record is client-held, the information within it should be available to repopulate a new record in case of loss or damage.
- concerns were raised about the plethora of maternity records and documentation used within NHSScotland, and the problems arising from a lack of standardisation. For example when a woman’s care was transferred between maternity units, NHS Boards or even named obstetricians, existing documentation was often abandoned abruptly, and a new set of different documentation commenced; this resulted in duplication of records and additional effort.
- the nature and extent of ‘computerised maternity information systems’ in use within Scottish maternity units varied considerably, and staff interpreted this
question broadly. At 21 maternity units no such systems were in use. Of the 18 units who reported using one or more systems, there was great variety in the nature of the systems. Examples included maternity information systems (such as Matsys, PROTOS and Maternity Management System - MAMs), hospital-wide IT systems (e.g. Patient Administration System (PAS), Access databases designed for local use) or national initiatives (such as the Scottish Birth Record\(^2\)). This lack of standardisation reflected the situation described in maternity services in England (Jones \textit{et al}, 2002 & 2003).

To summarise, analysis of the returned surveys and maternity documentation used within NHSScotland was a useful exercise and helped the Project group to:

- identify the content of the draft SWHMR (core clinical dataset and other content)
- review template options and identify examples of innovative design
- consider information flows and a pathway
- identify current and relevant issues pertaining to maternity records within NHSScotland and the role of the SWHMR.

5.2 Identifying and utilising relevant resources and initiatives

In addition to the maternity records used within NHSScotland, a range of other important sources were accessed to determine the content and design of the draft SWHMR and draft guidance. These resources have been categorised as follows, and each category is considered briefly.

**National maternity data collection: the SMR02**

Current requirements for national maternity data specified by ISD, i.e. items in the SMR02 (ISD, 2000 & 2002) were included in the core clinical dataset for the SWHMR.

**Research evidence and national guidelines**

A range of current, relevant research evidence and national guidelines on good practice within maternity care and related health/social care issues was identified. Examples included:

- SEHD policy documents
- Scottish Intercollegiate Guideline Network (SIGN) Guidelines
- The Confidential Enquiries into Maternal Deaths in the United Kingdom
- Royal College of Midwives (RCM) position papers
- Royal College of Obstetricians and Gynaecologists (RCOG) guidelines

These resources were used to determine the core clinical dataset and other content of the draft SWHMR. They have been acknowledged in relevant sections of the accompanying draft guidance.

**NHS Health Scotland resources**

The content of the draft SWHMR and draft guidance was designed to be complementary to, and promote the use of, a range of relevant health promotion resources within NHS Scotland.

\(^2\) See section 6.1 for information on the Scottish Birth Record.
Examples of NHS Health Scotland literature included:

- ‘Ready, Steady, Baby’
- ‘Off to a good start: All you need to know about breastfeeding your baby’.

During development of the draft SWHMR and draft guidance, a number of important health promotion issues were identified that were not covered in the current edition of ‘Ready, Steady, Baby!’ The SWHMR Reference Group was informed of an impending review of the ‘Ready Steady Baby’ publication. Consequently the list of suggested items for inclusion in the next edition was compiled. This can be found in Appendix D.

UK maternity record initiatives
The SWHMR Project group was keen to learn from recent initiatives within maternity records in the UK. The following projects provided useful insights:

- The antenatal module of the (English) National Maternity Record (National Maternity Record Project, 1999). This project was funded with Changing Childbirth monies, and only the antenatal module was realised. Sales in 2002 indicate its use for 7% of births in the UK annually3 (McGeown & Gardosi, 2002).
- Research into the use of hand-held maternity records in Scotland (Holmes et al, 2005).

Maternity care initiatives within NHS QIS
During the lifetime of the Project, two NHS QIS initiatives were established to devise Best Practice Statements on ‘Maternal History Taking (NHS QIS, 2004a) and ‘Routine Examination of the Newborn’ (NHS QIS, 2004b). Project team members collaborated to ensure that relevant content from the Best Practice Statements was incorporated into the draft SWHMR and draft guidance.

The SWHMR Project team also identified two NHS QIS initiatives which had the potential to impact on the SWHMR during the lifetime of the project. These were the Draft Clinical Standards for Maternity Services (NHS QIS, 2004c) and the Health Technology Assessment on Routine Ultrasound Scanning before 24 weeks of pregnancy (NHS QIS, 2004d). The draft SWHMR was therefore designed to be sufficiently flexible to accommodate these initiatives once they were introduced throughout NHSScotland.

Maternity initiatives within NHSScotland
Whilst the SWHMR Project was in progress, several maternity initiatives were identified within agencies in NHSScotland; e.g. the Pregnancy and Newborn Screening Programme undertaken within the National Services Division of NHS National Services Scotland. Communication was established with these projects so that information exchange could occur, and relevant developments could be reflected in the development of the draft SWHMR.

3 The SWHMR survey indicated that this antenatal record was in use in some parts of NHSScotland.
5.3 Underlying principles of the SWHMR
As already noted, the SWHMR Project derived from the implementation of ‘A Framework for Maternity Services in Scotland’ (SEHD, 2001). Naturally, the SWHMR Project adopted the philosophical approach contained within the Framework. As work on the draft SWHMR and draft guidance progressed, a series of principles emerged which underpinned the endeavour. These are:

- Focusing on normality
- Encouraging holistic maternity care
- Responding to diversity
- Promoting woman-centred maternity care
- Encouraging high standards of record keeping
- Encouraging high quality communication
- Encouraging multidisciplinary maternity care

The rationale for these principles and examples of how they have been used throughout the SWHMR are outlined in detail in the guidance document that accompanies the SWHMR.

5.4 Consultation amongst the SWHMR Reference Group: finalising the draft SWHMR and draft guidance for national consultation
As sections 5.1 to 5.3 indicate, a wealth of information and resources informed the developmental phase of the SWHMR Project. On the basis of this initial work, a series of draft documents (i.e. discussion documents, template SWHMR designs and draft guidance) were issued to members of the Reference Group. A list of these draft documents can be found in Appendix E.

Comments and suggestions from members of the Project Reference Group informed the revision and refinement of the content, design template and guidance. This work produced the draft SWHMR and guidance that were issued for national consultation. The draft SWHMR was thus created as a package, containing the following parts:

- Pregnancy Record (woman-held)
- Labour and Birth inserts (added to the Pregnancy Record during labour and birth, and retained within the relevant maternity unit following birth)
- Postnatal Record (woman-held)
- Maternity Summary Record (held by a maternity professional)

The draft SWHMR was accompanied by a draft guidance document for maternity professionals. This contained information on:

- the SWHMR and eSWHMR Projects
- underlying principles
- parts of the SWHMR and how they should be used during a woman’s maternity journey (i.e. a pathway)
- the content of the SWHMR, giving rationales for the items included
- resources and further reading.
Once the draft SWHMR and draft guidance document were printed, they were submitted for national consultation. This process is outlined in section 8, following an account of the work of the eSWHMR project.

6. THE eSWHMR PROJECT
The sister project to develop a prototype electronic version of the SWHMR (the eSWHMR) commenced in early 2003. It was located within ISD, led by Dr Jim Chalmers. The Project teams collaborated closely from the outset to develop compatible paper and electronic maternity records.

A secure companion electronic version of the SWHMR has been identified as having many advantages. These include:

- Facilitating data entry: information need only be entered once onto the electronic system, and clear, legible copies can be produced.
- Acting as a back up of information included in the SWHMR. This is important should a woman choose not to carry her record, if the paper record is lost, or if the paper record is unavailable in an emergency. This is to satisfy the legal requirement that an NHS Board is responsible for maintaining case notes. It also allows women to have a maternity record which is potentially available in any part of NHSScotland even if the SWHMR is unavailable.
- Promoting co-ordination of professional input across geographical and professional boundaries by the use of a shared dataset.
- Permitting extraction and integration of data from existing electronic systems, such as maternity systems and laboratory systems.
- Providing high quality data for planning and management at local and national level. On a national level this information would be more detailed (and probably more accurate) than the present SMR02. For example, information would be generated at the time of booking, so any subsequent pregnancy losses would be recorded. This is a marked improvement on the present situation whereby only information relating to women who progress to the later stages of pregnancy is recorded.

The following were specified for the system:

- effective integration with the SWHMR, so that the paper record can be produced and updated directly from the eSWHMR
- an easy-to-use system that requires minimal training costs
- a web-based eSWHMR that is free to users in NHSScotland via the NHS Net (the private intranet belonging to the NHS) and uses standard personal computers (PCs)
- accessibility from community and hospital sites
- security and confidentiality considerations – e.g. password protection, determining which staff are allowed to access which data items, data storage, and electronic data transfer
- use of the national Unique Patient Identifier (UPI) number.4

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4 This is the CHI (Community Health Index). A CHI number is allocated to every member of the public registered with a GP in Scotland. It is a ten digit number that is compatible with the NHS number system used in England and Wales. It contains the individual’s date of birth and indicates gender.
A commercial firm with experience of developing maternity systems (The Solution Works) was commissioned to develop a prototype of the eSWHMR system. The prototype can be viewed at http://www.solutionworks.co.uk/eswhmr/.

6.1 The eSWHMR and the Scottish Birth Record
Many of the challenges identified in developing the eSWHMR were already being addressed in the related Scottish Birth Record (SBR) Project. The SBR Project is also managed within ISD. It is a web-based system collecting data relating to newborn babies via the NHS Net. The eSWHMR Project therefore adopted many of the components of the SBR, and the two systems aim to be fully integrated. This has a number of advantages. For instance, after a baby has been born, staff will be able to enter information concerning both mother and baby at the same time. In addition, adherence to the design of the SBR by the eSWHMR has optimised the investment already made.

By using a web-based system on the NHS Net, which is modelled on the existing SBR, it is also possible to demonstrate the following beneficial features:

- secure data storage – no data are held on local machines. This is particularly important if computers are stolen
- minimal maintenance – computers merely require standard browser software and an NHSNet connection
- multiple Users – any member of staff who has been allocated a username and password can access the system from any NHS establishment in Scotland, encouraging integration across hospital and community boundaries
- ease of training – the system is designed to be easy to use, and anyone who has experience of the SBR (which includes an increasing number of midwifery staff) will find it easy to learn.

The eSWHMR and the SBR would act as 'information spines.' This is a concept which is being adopted by the English ‘National Programme for IT’ (NpfIT). The spine systems act as a repository for minimum data, but are able to hold the addresses for other systems. This is particularly useful in the development of screening. For example, the eSWHMR could hold the information that a pregnant woman chose to been screened for neural tube defects, and the result of the test. It could also hold the address of the laboratory system which undertook the test.

Further details of the SBR can be found at http://www.nhsis.co.uk/sbr.

7. eHEALTH AND INFORMATION MANAGEMENT & TECHNOLOGY (IM&T) WITHIN NHSSCOTLAND: MATERNITY AND CHILD HEALTH AGENDAS
The activities of the SWHMR, eSWHMR and SBR Projects were identified as important contributions to the National eHealth/IM&T Strategy. Indeed the potential for integrated maternity and child health care records featured as an illustrative road map in this strategy. (NHSScotland, 2004).

A Maternal and Child Health Information Strategy Group was established by the Scottish Executive in 2004 to make recommendations for the future of maternity and child health information systems. The interests of the SWHMR, eSWHMR and SBR Projects have been represented within this group by Fiona Dagge-Bell and Jim Chalmers. The work of this group is outlined in Section 9.5.
8. NATIONAL CONSULTATION ON THE DRAFT SWHMR AND DRAFT GUIDANCE TO PRODUCE THE FINAL VERSIONS

Consultation on the draft SWHMR and draft Guidance for maternity professionals was undertaken in February 2004. Five hundred draft consultation packages were distributed. The packages contained the following documentation:6

- The draft SWHMR comprising:
  - Pregnancy Record
  - Labour and Birth inserts for the Pregnancy Record
  - Postnatal Record
  - Maternity Summary Record
- 'Using the Scottish Woman-Held Maternity Record'
  (draft Guidance for maternity professionals)
- A comments sheet

A list of the representatives targeted by the national consultation can be found in Appendix F. These individuals and groups were identified as key stakeholders with professional or lay interest in implementing the SWHMR and eSWHMR within NHSScotland. In order to reach as many people as possible within these stakeholder groups, multiple copies of the consultation packages were distributed, according to group size.

The consultation was designed to seek comments on the design and content of the draft SWHMR and draft guidance, and achieve a consensus view on any specific amendments required.

One hundred and eleven completed comments sheets were received from the national consultation. Comments were submitted from individuals, however the majority of responses were from groups. All comments were considered. A number of specific items were amended to reflect the consensus view.

The majority of general comments on the draft SWHMR and draft guidance were positive, and an endorsement of the work undertaken. Many respondents expressed a desire for imminent implementation of the record. There was also support for the concept of the eSWHMR as a means of generating and updating the paper SWHMR and hence reducing duplication. Consequently there were calls for speedy implementation of the eSWHMR in conjunction with the paper SWHMR. Finally, the costs of implementing of the paper and electronic versions in tandem were raised as key issues to be addressed at a national level.

During the consultation, a number of interesting suggestions were proposed which were beyond the remit of the SWHMR Project. These are listed in section 9.7 for future consideration.

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6 Printed copies of the total package were posted for the national consultation, as opposed to producing a downloadable electronic version. This was to ensure that individuals or groups could respond having seen the draft paper SWHMR in its entirety, i.e. a multi-part, back-to-back printed colour document, which has two bound parts and additional inserts.
The final SWHMR has been created in four parts, supplemented with inserts and continuation sheets as appropriate:

- Pregnancy Record (woman-held)
- Labour and Birth inserts (added to the Pregnancy Record during labour and birth, and retained within the relevant maternity unit following birth)
- Postnatal Record (woman-held)
- Maternity Summary Record (held by a maternity care professional)

The accompanying guidance document ‘Using the Scottish Woman-Held Maternity Record – Guidance for Maternity Professionals’ can be found at the end of this report. This document introduces the record, and includes the following information:

- underlying principles of the SWHMR
- parts of the SWHMR and how it should be used during a woman’s maternity journey (i.e. a pathway)
- a page by page outline of the content of the SWHMR, giving rationales for the items included
- resources and further reading.

9. THE WAY FORWARD AND RECOMMENDATIONS
The SWHMR Project has achieved its aim and objectives to produce a national maternity record for NHSScotland, based on stakeholder involvement and national consultation. The final section of the report takes this work forward by considering implementation of the SWHMR within NHSScotland. Nine recommendations are proposed. These are supported by rationales, and supplemented with further information where appropriate. Progress achieved by the eSWHMR Project is also outlined, and the way forward for this initiative is considered in the light of the recommendations of the Maternal and Child Health Information Strategy Group.

9.1 Adopting the SWHMR within NHSScotland
A national, woman-held maternity record has considerable potential to enhance maternity care throughout NHSScotland. It can empower women to be equal partners in their care and improve communication between women and maternity care professionals.

Information flows and care pathways are currently diverse across maternity services in Scotland. As a universal tool, the SWHMR will:

- support a more uniform approach to care
- facilitate standardised information collection and documentation
- promote seamless delivery of maternity care regardless of geography through the sharing of relevant information
- be a catalyst to shift the culture of maternity care towards normality.

The need for a comprehensive, thorough and standardised maternal assessment on which to plan, communicate and provide appropriate care has never been greater(CEMACH, 2004).

The Project team has received many enquiries from Scottish maternity units regarding the timing and nature of introducing the SWHMR. Several NHS boards and maternity units formally noted interest in adopting the final SWHMR as soon as it
became available. (See Appendix G). The Project team welcomes this interest, however the message from the maternity services is a desire for prompt acceptance across NHSScotland. Consequently, the SWHMR Project team proposes the following:

**Recommendation 1: The Scottish Woman-Held Maternity Record (SWHMR) should be adopted by all NHS Boards.**

The SWHMR Project team recommends that NHS Scotland supports universal adoption of the SWHMR on an agreed date to replace current paper records. Existing electronic or manual systems should be used to back up information contained within woman-held parts of the SWHMR. However, implementation of a fully functional electronic clinical maternity system to support the SWHMR, and maintain compatibility with the SBR, is recommended as soon as possible. (See section 9.5)

### 9.2 Anticipated challenges of adopting the SWHMR

As already noted, anticipation of the SWHMR has been high amongst maternity care professionals and organisations representing the interests of women. Despite the many advantages and opportunities that will arise from introducing the SWHMR, it is acknowledged that this initiative will pose challenges, for example:

- back up of information contained within woman-held parts of the SWHMR until a fully functional electronic clinical maternity system is available throughout NHSScotland. This is recognised as a key challenge. It is explored further in section 9.5
- ownership of the SWHMR, particularly in localities where new or revised woman-held maternity records have been introduced relatively recently
- empowering women to make best use of a record that specifically aims to engage them in their maternity care
- ensuring that any outstanding training needs related to specific issues included in the SWHMR are met (e.g. domestic abuse, substance misuse and child protection)
- adjusting to innovation (e.g. the use of a woman-held record during the post-natal period)
- continuing to develop multidisciplinary care for women across health and social care boundaries
- managing the transition period when existing maternity records and the SWHMR are both in use until the SWHMR is fully adopted
- effective project management - e.g. appointing champions to inform women and maternity care staff about the initiative, and facilitate its introduction.

Undoubtedly staff who provide maternity services, and women who receive maternity care will identify their own challenges. These are likely to be addressed and resolved by local Maternity Services Liaison Committees (MSLCs).

### 9.3 Data protection and patient-held records

As highlighted in section 5.1, the SWHMR Project revealed that duplication of information occurs within maternity care in Scotland, but that the nature and extent of this varies. There is a need to ensure that all the information contained within the SWHMR can be repopulated in case of loss or damage whilst minimising unnecessary duplication. All health professionals in NHSScotland must be aware of this need and respond to it.
Recommendation 2: NHS Boards must ensure that there are mechanisms in place to reconstitute information in patient-held health records such as the SWHMR.

9.4 Maintaining the SWHMR as a dynamic tool within maternity care
It is important to introduce the SWHMR as an effective tool within NHSScotland, flexible enough to incorporate initiatives as they arise. It is anticipated that the SWHMR will continue to evolve over time in light of new research evidence, updated national guidelines for good practice, changing needs and developments in maternity services. Therefore, the following recommendations are proposed to maintain the SWHMR as a live initiative:

Recommendation 3: The SWHMR should be reviewed and revised periodically and updated versions introduced to ensure its status as a current and relevant tool for NHSScotland.

In order to effect this, it is suggested that a working group is established:

Recommendation 4: A working group, linking with the Maternal and Child Health Information Strategy group should be established to facilitate the ongoing development of the SWHMR within NHSScotland.

Membership of the SWHMR Project Reference Group could form such a working group. This would ensure representation of key stakeholders from lay and professional groups involved in maternity services in NHSScotland. The group would meet as regularly as required to consider any amendments or developments to the SWHMR, and monitor implementation and evaluation.

An illustration of how developments can impact on the currency of the record is provided by the publication of the Clinical Standards for Maternity Services (NHS QIS, 2005) in March 2005. These require evidence that maternity units have achieved, or are working towards, UNICEF UK Baby Friendly status. In order to comply with this, the SWHMR Pregnancy Record should be supplemented locally with an infant feeding antenatal checklist:

Recommendation 5: An ‘Infant Feeding – Antenatal Checklist’ should be included with the SWHMR Pregnancy Record when adopted within NHSScotland. If agreed by UNICEF, its template could be used.

Information on the SWHMR and eSWHMR Projects is currently located on the NHS QIS website. This website has potential to be developed to accommodate the dynamic nature of the record and or it could be sited on the SHOW website.

Recommendation 6: A website featuring the SWHMR should be established and maintained.

As the SWHMR is adopted, and a fully functional electronic clinical maternity system developed, this website could be an invaluable resource for users and providers of maternity services within NHSScotland. It is anticipated that the website would also attract national and international interest, due to the status of the SWHMR as a unique, standardised, woman-held, multidisciplinary maternity record.

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7 The UNICEF checklist can be accessed from the UK Baby Friendly Initiative website at http://www.babyfriendly.org.uk/guid_ant.asp. A prompt about the checklist could be inserted in the ‘Information for you’ section on page 13 of the Pregnancy Record, under the heading ‘Pregnancy, babycare and breastfeeding’. Once completed, the checklist could be inserted in between pages 16 and 17 of the Pregnancy Record.
Suggested content for the initial website:

- details of the SWHMR and eSWHMR Projects
- information on adoption of the SWHMR within NHSScotland
- access to view
  - the SWHMR
  - the SWHMR guidance
- links to relevant sites, including viewing the prototype eSWHMR

Once a decision has been reached regarding the time frame for adoption of the SWHMR in NHSScotland, maternity staff using the record could have access to download but not alter the SWHMR, the accompanying guidance and any other relevant materials.

9.5 The SWHMR Project, the eSWHMR Prototype and the development of a fully functional clinical maternity system as a source of national maternity information

The eSWHMR Project was funded to produce a prototype system. This was intended to allow potential SWHMR users to understand the way in which an electronic system could work alongside a comprehensive paper record.

At the time of writing, the Maternal and Child Health Information Strategy Group has issued its recommendations. These highlight the potential value of having a national maternity system based on agreed data standards. The data items agreed by the national, multidisciplinary SWHMR Reference Group will inform this goal (see below). It is also understood that consideration is presently being given to a more comprehensive approach to the development of electronic patient records within NHSScotland. This is likely to have an important impact on the development of a national clinical maternity system.

In light of the progress achieved to date, and the considerable potential for future developments, the project group recommends the following:

**Recommendation 7: The SWHMR and development of a fully functional clinical maternity system should remain as priority initiatives within the Maternal and Child Health Information Strategy Group.**

Once adopted, the SWHMR and the supporting national maternity system, will provide high quality data which can be used locally and nationally for such activities as service planning, clinical governance, surveillance and research. It is therefore important to ensure that the data items are fully compatible with data collected elsewhere within the NHSScotland.

**Recommendation 8: The data items within the SWHMR should be reviewed by the ISD National Clinical Dataset Development Programme. This will assist the development of a national maternity dataset and associated data standards.**

9.6 Introducing the SWHMR beyond NHSScotland

Adoption of the SWHMR across Scotland would promote uniformity of approach and continuity of care and record keeping. This has been identified as being particularly important when maternity care crosses geographical boundaries, e.g. when women
are transferred between maternity units for antenatal and/or intrapartum care, and then return home for postnatal care (see section 5.1).

Following successful introduction of the SWHMR within NHSScotland, there would be the potential to enhance the quality of care experienced by women who give birth elsewhere.

**Recommendation 9: Once the SWHMR has been introduced across NHSScotland, firm links should be made with cross-border counties to promote seamless care for women who give birth in maternity units in England.**

### 9.7 Suggested future developments for the SWHMR

During the project, a number of developments were proposed by members of the Reference Group and respondents in the national consultation. Whilst these suggestions exceeded the scope of the project, they are presented here for future consideration by the working group following successful implementation of the SWHMR:

- a condensed ‘user guide’ to complement the extensive and detailed guidance for maternity professionals
- a national booking referral letter (as advocated by CEMACH, 2004)
- additional standardised SWHMR documentation for:
  - an anaesthetic record
  - ultrasound scanning
  - physiotherapy input
  - multiple pregnancies
  - pregnancy loss
  - intensive monitoring
  - intra-operative care
  - care of women and babies who have problems with substance misuse
  - care of women who are subject to domestic abuse
  - care of children and families where child protection concerns have been raised
- large text/print formats for women who have visual impairment
- versions of the information contained within the record in different languages
- a smaller, ‘handbag friendly’ sized SWHMR
- access to health promotion resources which can be downloaded from the supporting electronic clinical maternity system (e.g. materials aimed at smoking cessation or minimising harm from substance abuse)
- a comprehensive summary of antenatal assessments/admissions for the SWHMR, which can be downloaded from the electronic system.

In conclusion, the SWHMR Project has achieved its objectives, and the project team would urge a positive response to this report. The SWHMR represents an exciting initiative for NHSScotland. As with any innovation, the adoption of the SWHMR by all NHS Boards will inevitably create challenges as well as opportunities. From the communications received by the Project team, however, it is clear that the SWHMR is eagerly awaited. This is an opportunity to unite around a national maternity record to promote optimal care for women.
REFERENCES


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ABBREVIATIONS

CEMACH  Confidential Enquiries into Maternal and Child Health
CEMD    Confidential Enquiries into Maternal Deaths
CESDI   Confidential Enquiry into Stillbirths and Deaths in Infancy
CHI     Community Health Index
CRAG    Clinical Resource and Audit Group
CRN     Central Registration Number
EGAMS   Expert Group on Acute Maternity Services
eSWHMR  electronic Scottish Woman-Held Maternity Record
HTA     Health Technology Assessment
ISD     Information & Statistics Division
IM&T    Information Management and Technology
NMPDU   Nursing and Midwifery Practice Development Unit
NHS QIS  NHS Quality Improvement Scotland
SCOTMEG Scottish Health management Efficiency Group
SEHD    Scottish Executive Health Department
SIGN    Scottish Intercollegiate Guideline Network
SPCERH  Scottish Programme for Clinical Effectiveness in Reproductive Health
SWHMR   Scottish Woman-Held Maternity Record
UNICEF  United Nations Children’s FundS
APPENDIX A

Developing a national standardised woman-held maternity record and working towards a linked electronic record.
NMPDU, August 2002

This specification is based on work undertaken by Ann Holmes, Consultant Midwife, Greater Glasgow and the Maternity Services Liaison Committee in relation to the Glasgow maternity record.

Introduction
The recent Framework for Maternity Services recommends implementation of a national standardised woman held maternity record within Scotland. This aims to facilitate commonality across the country in relation to information collection and documentation and to ensure seamless care delivery regardless of geography. In addition, client-held records are advocated as a way of supporting women centred care, which is a key theme throughout the Framework. Previous studies demonstrate benefits associated with women carrying their own notes compared with the traditional shared care card, with women feeling more involved in their care and reporting improved communication with care providers. Discussion with representatives of the Information and Statistics Division (ISD) of the National Services Division of NHSScotland highlighted that a core data set would enable accurate and comparable data to be collected to inform future service provision with linkage to the child health record. Many of the key issues identified for practice development by midwives in Scotland would be addressed through development of the record and associated care pathways e.g. normal midwifery care, improved client information, management of risk and the public health agenda to name a few. Within the Framework document, the Scottish Executive Health Department is charged with establishing a multidisciplinary group to develop the national record. This paper outlines a proposal for taking this work forward through the Nursing and Midwifery Practice Development Unit.

Aim
To develop a national standardised woman held maternity record integrated with a national electronic record.

Caveat
- The development of the electronic record would need to run alongside the development of the paper record as a separate project funded from another source. It is likely that it can be produced in the same way as the Scottish Birth Record, thus optimising the investment which has already been given to that project.
- The implementation and evaluation process will rest with the Scottish Executive Health Department or could be considered as a separate project by NMPDU subsequent to completion of this project.

Objectives
1. Establish a process for ensuring stakeholder involvement in the project
2. Produce a template record for wider consultation
3. Propose a pathway and guidelines for the record for wider consultation
4. Collaborate with the project group charged with producing an electronic version of the record to facilitate data entry and storage
5. Consult nationally on the proposals
6. Prepare a written report for the Scottish Executive
Addressing the objectives
A four-stage approach is proposed over 12 months, including planning, development, consultation and reporting phases:

_months 1 - 6_

**Planning phase**
1. Establish a process for ensuring stakeholder involvement in the project
   - Conduct a stakeholder analysis to identify those affected by the change.
   - On the basis of this, convene a working group to take forward the project. Membership is likely to include representation from: medical records, ISD, midwifery, obstetrics, HEBS, general practice, public health (women's health), service users, SEHD, IT and others.

**Development phase**
2. Produce a template record for wider consultation
   - Review all records received by the Scottish Executive during the initial implementation phase of 'A Framework for Maternity Services in Scotland'.
   - Identify areas of commonality and produce a core clinical dataset on the basis of this.
   - Review this in line with current evidence on best practice and amend as required.
   - Consider wider determinants of health and discuss social history information required in line with current public health and maternity policy.
   - Consider health promotion issues such as lifestyle profiling, parenthood sessions etc.
   - Add to core clinical dataset on the basis of these.
   - Agree the general core dataset from above.
   - Review the available template options and consider UK-wide options to promote commonality across the four countries.
   - Consider options for integrating the paper record with an electronic system which would avoid double data entry and promote availability and storage of data.
   - Agree the optimal template for wider consultation on the basis of this and produce a template document.

**Development phase**
3. Propose a pathway and guidelines for the record for wider consultation
   - Agree referral pathway, origin and ownership of record taking account of the patient journey and available evidence on best practice. For example consider whether the GP referral initiates the record.
   - Consider practical issues associated with client held documents, reflecting on experiences from pilot projects.
   - On the basis of these, produce guidance for use of the record for wider consultation.

**Development phase**
4. Collaborate with the project group charged with producing an electronic version of the record to facilitate data entry and storage
   - Links with the project group leading the development of an electronic version of the paper record should be established early on in the life of this project.
   - Once the core dataset is agreed work with the sister project team to define the electronic version of the paper record. This should allow electronic data entry and
printing of the paper record. It should also have the facility to be updated at each interaction between the woman and her carers, and a summary of the update to be printed for incorporation into the paper record. This will allow information to be available in the event of an emergency or women forgetting or losing their record.

- The record should be available over NHSNet, and should be integrated with existing data collection systems such as Protos and Matsys.
- It must also be compatible with the Scottish Birth Record, which is designed along similar lines.
- Consider future technology such as smart cards and how this fits with client held documentation.

**Months 7 - 12**

*Consultation phase*

5. Consult nationally on the proposals

- Agree and implement the process for obtaining wide national comment on the proposed record, pathway and backup system from a variety of professional groups, organisations and service users.
- During the process, seek interested parties for possible pilot projects.

*Reporting*

6. Prepare a written report for The Scottish Executive

Collate a full report of the process and outcomes of this project highlighting issues for discussion, areas willing to be considered as pilot sites.

Outline proposal for the future implementation and evaluation process.

A summary of this activity is shown on the following page.

**Costings**

- Administration of the working party and co-ordination of output
- Feeding in literature review on issues related to the record
- Updating changes to the record and producing a template for wider consultation
- Co-ordinating national consultation in association with the Scottish Executive

To undertake this work, it is proposed that NMPDU advertise a 6 month secondment opportunity for a Project Midwife 2-3 days a week. After 6 months/when funding is identified it is hoped that the secondment will be extended on a 1 day a week (or equivalent) basis for the second 6 months of the project. A&C support will come from within the organisation. Other costs will be incurred through travel, the steering group and sundries.

**References**

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<tr>
<th>Project phase</th>
<th>Activity</th>
<th>Process</th>
<th>Timescale</th>
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| Planning      | Establishing working party | Conduct stakeholder analysis  
Convene working group  
Consider partners to target during consultation process | Months 1-6 |
| Development   | Producing template record | Review existing records identifying areas of commonality. Review information around social history, public health issues and health promotion. Produce core clinical and social dataset on basis of these. Review available template options and produce template document | Months 1-6 |
| Development   | Processing the record | Agree referral pathway, origin and ownership of record. Consider practical issues like filing results etc. Produce guidance on use of the record | Months 1-6 |
| Development   | Collaboration with the project team producing an electronic version of the paper record | Agree dataset and functionality. Consider future technology such as Smart cards and how this fits with client held documentation | Months 1-6 |
| Consultation  | Consulting on proposals | Agree and implement process for obtaining wide comment on proposals. Write report for SEHD | Months 7-12 |
| Reporting     | Collation of a full report | Write a full report of the project process and outcomes. Draft and outline proposal for the future implementation and evaluation process | Months 7-12 |
APPENDIX B

SWHMR PROJECT STEERING GROUP

Dr Ian Bashford, Senior Medical Officer, Women & Children, Scottish Executive Health Department
Dr Jim Chalmers, Consultant in Public Health Medicine, Information and Statistics Division, Common Services Agency
Dr Ken Grant, Consultant Obstetrician, Forth Valley Acute Services NHS Trust
Dr Rosie Haining, General Practitioner, Royal College of General Practitioners
Ms Kirstin Hoggins, Representative, Tayside Maternity Services Liaison Committee
Mrs Ann Holmes, Consultant Midwife, Greater Glasgow NHS Board
Mrs Mareth Irving, Representative, Dumfries & Galloway Maternity Services Liaison Committee
Mr Charlie Knox, Head of Computing & IT, Scottish Executive Computing & IT Strategy Division
Dr Andrew Lyon, Consultant Neonatologist, Lothian University Hospitals NHS Trust
Dr Mags McGuire, Midwifery Development Officer, NHS Scotland/Royal College of Midwives
Dr Graeme McLeod, Consultant Anaesthetist, Ninewells Hospital, Tayside University Hospital Acute Trust
APPENDIX C

SWHMR PROJECT REFERENCE GROUP

The SWHMR Project Reference Group comprised of members of the SWHMR Project Steering Group (see Appendix D) and the following people:

Mr Ted Boyle, Systems Administrator & Security, Lothian University Hospitals NHS Trust
Dr Roch Cantwell, Consultant Perinatal Psychiatrist, Greater Glasgow Primary Care NHS Trust
Mrs Cynthia Clarkson, Trustee, National Childbirth Trust
Dr Jenny Crossley, Prenatal Screening Co-ordinator, Institute of Medical Genetics, Yorkhill NHS Trust
Ms Anna Daley, Professional Officer for Scotland, Community Practitioners & Health Visitors Association
Ms Nadine Edwards, Vice Chair, Association for Improvements in Maternity Care
Ms Janice Falconer, Senior 1 Physiotherapist in Women’s Health, West Lothian NHS Trust
Mrs June Grant, Pharmacist, North Glasgow University Hospitals NHS Trust
Ms Cynthia Henderson, Assistant Health Records Manager, NHS Grampian
Dr Mary Hepburn, Consultant Obstetrician & Gynaecologist, North Glasgow University Hospitals NHS Trust
Ms Lyn Hutchison, Pregnancy & Newborn Screenings Training Co-ordinator, National Services Division, Common Services Agency.
Mrs Joan Jamieson, Project Manager: Information, National Resource Centre for Ethnic Minority Health
Ms Ann Kerr, Programme Manager, NHS Health Scotland
Ms Lesley Logan, Project Manager – Pregnancy & Newborn Screening, National Services Division, Common Services Agency.
Mr James MacGregor, Ambulance Paramedic, Scottish Ambulance Service
Dr Hilary MacPherson, Consultant Obstetrician/Gynaecologist, Lothian Hospitals NHS Trust
Mrs Dorothy Maitland, Representative, Stillbirth & Neonatal Death Society Lothian
Ms Gillian McMurray, Midwife, Dumfries & Galloway Royal Infirmary
Dr Catriona Morton, General Practitioner, Scottish General Practitioners Committee
Mrs Patricia Purton, Director, Royal College of Midwives, UK Board for Scotland
Mrs Jean Swaffield, Nursing Officer – Women & Children, Scottish Executive Health Department
Mrs Monica Thompson, Professional Officer – Midwifery, NHS Education for Scotland
Mrs Lynn Waddell, Disability Nurse Specialist, Forth Valley Primary Care Trust
Mr Tim Warren, Social Work Inspector, Social Work Services Inspectorate
Ms Lorraine Wilson, Antenatal Care Co-ordinator, Borders General Hospital NHS Trust
Ms Joanna Wright, Scottish Executive Health Department Women & Children's Unit
APPENDIX D

Suggested items for inclusion in the next edition of the NHS Health Scotland publication ‘Ready, Steady, Baby!’

- Domestic abuse and sources of support
- Safe use of seatbelts during pregnancy
- Informing women about the process of midwifery supervision, should they wish to access a Supervisor of Midwives
- Haemoglobinopathies and screening for haemoglobinopathies
- Health and safety at work issues during pregnancy and the postnatal period
- Air travel during pregnancy and the postnatal period
- Pictorial explanations of position, presentation and engagement of the fetus in utero
- Vitamin K administration to neonates
APPENDIX E

DRAFT PAPERS CIRCULATED TO THE SWHMR PROJECT REFERENCE GROUP

- ‘Draft: An initial analysis for the antenatal part of the Scottish Woman-Held Maternity Record: the core dataset, other content and design issues’ (March 2003)
- ‘Draft: An initial analysis for the postnatal part of the Scottish Woman-Held Maternity Record: the core dataset, other content and design issues’ (May 2003)
- ‘Draft: An initial analysis for the intrapartum part of the Scottish Woman-Held Maternity Record: the core dataset, other content and design issues’ (August 2003)
- Draft template Pregnancy Record and template Maternity Summary Record and ‘Guidance for Maternity Professionals using the SWHMR Pregnancy Record & Maternity Summary Record’ (October 2003)
- Draft template Labour and Birth Record inserts and ‘Draft Guidance for Maternity Professionals using the SWHMR Labour and Birth Record (inserts)’ December 2003)

Due to time limitations, it was not possible to circulate a draft template of the Postnatal Record and associated guidance for maternity professionals to the SWHMR Project Reference Group. This therefore occurred as part of the national consultation on the draft SWHMR and draft guidance.
APPENDIX F

NATIONAL CONSULTATION ON THE DRAFT SWHMR AND GUIDANCE

Consultation on the draft SWHMR and guidance was targeted on representatives of the following groups within Scotland:

- Association for Improvements in Maternity Services
- Association of Chartered Physiotherapists in Women’s Health
- Biochemical Genetics (Yorkhill NHS Trust)
- Chief Executives of Health Boards for NHSScotland
- Central Legal Office
- Community Practitioners and Health Visitors Association
- Computing and IT Strategy Division, Scottish Executive
- Disability Rights Commission
- Heads of Midwifery
- Heads of Obstetrics
- Heads of Maternity Services
- Practice Development Midwives
- Health Records
- Information & Statistics Division (Women and Children’s Programme; Substance Misuse Programme)
- Lead Midwife Educationalists
- LSA (Local Supervising Authority) Officers
- Maternity Services Liaison Committees
- Maternity units— contacts from initial SWHMR survey
- Minority Ethnic Health Inclusion Project
- National Ethnic Minorities Resource Centre (NHS Health Scotland)
- National Childbirth Trust
- National Services Division (Data Protection; Screening in Pregnancy/Screening of the Newborn)
- NHS 24
- NHS Education for Scotland
- NHS Health Scotland
- NHS Quality Improvement Scotland (Practice Development Officers: Allied Health Professionals/Nursing/Midwifery networks)
- Obstetric leads: University Medical Faculties
- Partnership Action on Tobacco and Health (PATH)/ASH Scotland
- Pharmacy Division, Scottish Executive Health Department
- Royal College of Anaesthetists
- Royal College of Midwives
- Royal College of Obstetricians and Gynaecologists
- Royal College of Paediatrics & Child Health Scotland
- Royal College of General Practitioners
- Scottish Ambulance Service
- Scottish Disability Equality Forum
- Scottish General Practitioners Committee
- Scottish Women’s Aid
- Social Work Services Inspectorate
- Stillbirth and Neonatal Deaths Society
- SWHMR Project Steering Group
- Women and Children’s Unit, Scottish Executive Health Department

The following group was informed of the national consultation:

Directors of Nursing
APPENDIX G

Expressions of interest in introducing the SWHMR

Maternity services in the following NHS Board areas have expressed their interest in introducing the SWHMR:
Argyll & Clyde
Lothian
Glasgow
Grampian
Shetland