National Maternity Healthcare Record
Frequently Asked Questions

Have all Maternity Hospitals/Units agreed to use the new chart?
In March 2006, the Minister for Health and Children announced the establishment of the National Perinatal Epidemiology Centre (NPEC) in Cork and made the following statement:

“The immediate priorities for the centre are devising a single identical maternity chart for every maternity hospital in the country. This is the first very important step in re-establishing trust and ensuring that services to mothers and their babies born in Ireland are based on the best possible research.”

In 2007 the HSE in conjunction with NPEC established a Maternity Healthcare Record sub-group and work commenced on developing a national maternity healthcare record (NMHCR).

A review of all maternity charts/records in operation nationwide was undertaken and analysis of these was instrumental in designing a draft version of a national maternity healthcare record. This draft chart was circulated to each of the nineteen HSE operated/funded maternity units in 2008 for comment and suggestions. The feedback received from this consultative process informed the development of the final version of the NMHCR. Following review, the final version was then signed off by the Maternity Healthcare Record sub-group.

A series of national workshops were held to facilitate the introduction of the NMHCR.

The implementation plan is for each hospital/unit to receive a comprehensive chart template, specification and order form.

Is the chart compatible with the planned national IT system?
Some members of the Maternity Healthcare Record sub-group that oversaw the development of the healthcare record are also on the project board of the MN-CMS Project. The development of a standardised national maternity healthcare record is seen as a necessary step in progressing the development of a national IT system.

Are there cost implications?
A striking feature that emerged during the analysis of maternity charts/records in operation nationally was the considerable diversity of maternity documentation in use within the Irish Health Service. There existed wide variety in the content, design and size of charts, quality of printing, cohesiveness of documentation and how they were filed and stored. As a result it is very difficult to speak about cost implications as the situation will vary from unit to unit.

The NMHCR was developed with the realisation that its introduction will see many decisions being required at local level. For example some hospitals use electronic systems to varying degrees; therefore each hospital will need to review the chart template to determine:

- What information/documentation is available via their current IT system?
- Are adjustments required to ensure that all data requested on documentation in NMHCR is collected and recorded as a minimum?
- Can this information be printed out in an easily accessible format which can be filed in the appropriate location in the NMHCR?
- As a result of the availability of this information, what NMHCR documentation may not be required?

Are there storage issues?
It is also acknowledged that different institutions have different filing systems and it is recognised that this initiative will pose challenges particularly in relation to filing and storage for some.
Is there an agreed partogram?
The NMHCR contains a partogram which was developed following consideration of all the comments and suggestions that were received in the feedback on the draft chart distributed for consultation and a literature review on partogram design.

Will the NMHCR be used in the EPAU setting?
No EPAU documentation has been provided in the new chart, although Section 4 – Fetal Assessment has been designated as the appropriate location for the filing of this documentation. Hospitals are advised to continue using their own current documentation in this area.

Will the NMHCR be used by midwives for home births?
The use of the chart for home births was not discussed; however there is no reason why the chart cannot be used in such situations.

Why is there an absence of baby notes in the new National Maternity Healthcare Record?
The National Maternity Healthcare Record was designed with the aim of providing a standardised comprehensive record for all maternities in Ireland. Among the steering group, the general consensus was that as the baby is a separate legal entity from birth, a separate healthcare record would be required. However, it was acknowledged that the chart may need to be supplemented by locally generated documentation as some hospitals have different policies regarding this.

The National Maternity Healthcare Record does contain the following documentation regarding the baby:

- **Section 7: Labour and Delivery Records**
  - Birth Summary – Baby
- **Section 9 Postnatal**
  - Postnatal admission record – combined record of mother and baby
  - Daily postnatal observation record: Baby
  - Discharge checklist: Baby

This documentation was included as it was judged that it is a necessary component of the maternity record irrespective of what decision is made locally regarding the existence of a separate baby record.

What is the thinking behind having the chart as a stand alone chart for each pregnancy?
Analysis of the maternity records used nationwide was instrumental in designing the draft chart issued for national consultation and a striking feature that emerged during the analysis was the considerable diversity of maternity documentation in use within the Irish Health Service. There existed a wide variety in the content, design and size of charts, quality of printing, cohesiveness of documentation, and how they were filed and stored.

Decisions had to be made on many different issues, one of which was:

- Should the chart be developed as a stand alone chart for each pregnancy? **OR**
- Should the chart accommodate more than one pregnancy?

Some hospitals and maternity units offer women the opportunity of carrying their maternity chart in the antenatal period. As the integrity and safety of records is paramount, this was one factor in the decision to develop the chart as a stand alone chart per individual pregnancy.

Another factor that was considered was the possibility of referring to the records of a prior pregnancy in error especially in an emergency situation. This was seen to present an unnecessary risk and provided another reason to maintain the chart in its present format.
Is there any way it can accommodate more than one pregnancy?

The National Maternity Healthcare Record was developed with the realisation that different institutions have different filing systems and it is acknowledged that this initiative will pose challenges particularly in relation to filing and storage for some.

A determination may be made at local level as to how a woman’s maternity healthcare record is stored following completion of the care for each pregnancy. The layout of the healthcare record does not lend itself to being used for more than one pregnancy whilst it is in use for care.