A Framework for maternity services in Scotland

February 2001
Ministerial foreword

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Having a baby is a major life event, and early influences - even before birth - have consequences for life-long health. Since devolution, the Scottish Executive has given renewed energy, focus and investment to supporting parents, children and families. Our aim is to work in partnership with individuals, communities and with service providers to ensure that children across Scotland get the best possible start in life - even before birth. Maternity services have a vital role to play in providing women, their partners and their babies with the care and support they need at this important time.

Through greater partnership and co-operation - between health professionals as well as between professionals, women and their families - we have already made good progress in developing maternity care in Scotland. But there is much more to be done to ensure that, across Scotland, women receive high quality maternity care before, during and after the birth of their child. That is why I asked the Chief Nursing Officer to prepare this, the first ever, Framework for Maternity Services in Scotland. This Framework is the product of wide consultation with women and professionals. We have listened carefully both to the users and to the providers of services. The Framework reflects their views and addresses their concerns. It sets out clearly and explicitly the maternity service which should be offered across Scotland. It will inform and enable local action in response to local conditions. It challenges the NHS to provide an essentially community based, midwife managed service with easy access to specialist services whenever needed.

In “Our National Health: A plan for action, a plan for change”, published in December 2000, we set out our plans for investment and reform of the NHS in Scotland. The Plan is an ambitious, but achievable, programme of work designed to achieve a step change in the health of the Scottish people and in the quality, access and responsiveness of healthcare in Scotland. This Framework sets out how these principles will be applied to the provision of maternity services across Scotland.

We know from the evidence that, in general, healthy women have healthy babies. So we must ensure that women are encouraged and supported to improve their health before and through pregnancy. Action to improve diet, reduce smoking and alcohol consumption and to improve the rate of breastfeeding are important if we are to give babies a healthy start in life.

Women and their partners want a healthy baby. They need timely, relevant and easily accessible information to help them make the choices they face. They want consistent support and advice and, wherever possible, continuity of care. And women want for themselves and their baby a service that is safe, responds to their individual needs and is of the highest possible quality.

So we aim now to create a truly modern, responsive 21st Century maternity service that centres on women and their families and reflects also the values and needs of the professionals who provide care.

We recognise that the Framework will have implications for workforce planning in maternity services. I will therefore be commissioning the Scottish Integrated Workforce Planning Group to consider suitable workforce options for maternity services that take account of both local needs and the broader requirements of the NHS workforce as a whole.

Health spending continues to increase year on year but, to deliver real improvements in the quality of care, that increased investment must be matched by reform. So in implementing this Framework, NHS Boards and NHS Trusts must continue to review and re-engineer service provision to meet local needs.

I believe this Framework offers an excellent template for best practice in maternity care. It sets the pace for change. It challenges professionals, NHS Boards and NHS Trusts to meet the needs of women and their partners. Above all, it empowers women by involving them in the development of the kind of maternity care they need.

I commend this Framework to women, health professionals, NHS Boards and NHS Trusts.
The framework

This Framework sets out a number of guiding principles for maternity care. These are grouped in the following sections,
Pre-conception and very early pregnancy

Principle 1
Good health before and during early pregnancy benefits the woman, her unborn baby and the wider family. All women of reproductive age should be empowered and encouraged to be as healthy as possible.

Principle 2
Specific pre-conception services should be available to women with a poor obstetric or medical history, a previous poor fetal or obstetric outcome, or where there is a family history of significant illness.

Principle 3
There should be specific services for women with complications in early pregnancy.
### Principle 4
Maternity services should provide a woman and family-centred, locally accessible, midwife-managed, comprehensive and effective model of care during pregnancy with clear evidence of joint working between primary, secondary and tertiary services.

### Principle 5
Maternity services should provide parent education programmes that address normal pregnancy and the treatment of complications developing during pregnancy. A comprehensive health promotion programme and opportunities for discussion about the effects of parenthood on relationships should be offered.

### Principle 6
A comprehensive antenatal diagnostic and screening service should be available and offered to women in order to detect, where possible, any maternal problems or fetal abnormalities at an early stage.

### Principle 7
Maternity services should make sure that women’s circumstances are assessed holistically and that social and psychological needs are identified and managed appropriately.

### Principle 8
Health professionals should recognise the important role of partners, and make sure they are encouraged and supported to take a full and active role in pregnancy and childbirth.
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<th>Principle 9</th>
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<tr>
<td>Maternity Services, including obstetric and neonatal services, should provide a fully integrated childbirth service responsive to the needs of mothers and their new-born babies.</td>
<td>One-to-one midwifery care should be given to women during labour and childbirth in order to make sure they have individualised attention and support, preferably with continuity of carer.</td>
<td>Women have the right to choose how and where they give birth. This choice should be supported by high quality information and evidence-based clinical advice that allows them to take part in the decision making process.</td>
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### Postnatal and parenthood

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<td>Maternity services should provide postnatal care to facilitate the transition to motherhood by making sure that ill health is prevented or detected and managed appropriately. Women and their partners should be supported to make a confident and effective transition to parenthood.</td>
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<td>Midwives, Health Visitors, GPs and Professions Allied to Medicine should adopt a flexible approach to postnatal care working in partnership with women and other agencies. This will make sure that the most appropriate and experienced professional is the care provider at any given time according to the needs of the woman and her baby.</td>
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<td>Acute and Primary Care NHS Trusts should jointly plan and provide a fully integrated neonatal service responsive to the needs of new-born babies and their parents.</td>
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<td>Maternity services should promote, support and sustain breastfeeding. Women should be informed of its benefits, while being supported in their chosen mode of infant feeding.</td>
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<td>Women and their partners should be given the opportunity to reflect/debrief on their experiences of pregnancy and childbirth in the postnatal period, with a health professional.</td>
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<td>There should be a comprehensive, multi-professional, multi-agency service for women who have, or are at risk of, postnatal depression and other mental illness.</td>
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## Service organisation and provision

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<td>Maternity care should be organised to provide a flexible, appropriate, clinically effective and accessible service in response to the needs of women.</td>
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<th>Principle 19</th>
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<td>Maternity services should adopt a holistic approach to care during pregnancy, childbirth and the postnatal period to maximise and improve continuity of care and continuity of carer for women.</td>
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<td>Maternity services should be tailored to the needs of the individual woman. Services should be provided by multi-disciplinary and multi-agency teams with an understanding of professional roles to maximise the quality and comprehensiveness of care, ensuring safety for both mother and baby.</td>
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<th>Principle 21</th>
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<td>Maternity services should agree arrangements for both in-utero transfer and the transfer of a recently delivered mother and/or her new-born baby to a linked secondary or tertiary unit.</td>
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Risk assessment and management

Principle 22

All health professionals must have a clear understanding of the concept of risk assessment and management to improve the quality of care and safety for mothers and babies, while reducing preventable adverse clinical incidents.
Information and communication

**Principle 23**
Planning and provision of maternity services at national and local level must be underpinned by an appropriate and comprehensive database.

**Principle 24**
Public and professional consultation must be fundamental to the planning, development and provision of local maternity services.

**Principle 25**
High quality communication between professionals and women and their families, and between professionals and colleagues, must be central to the provision of excellent maternity care.

**Principle 26**
Women of reproductive age should have easy access to evidence based information and to services covering continuous reproductive healthcare regardless of their initial point of contact.

**Principle 27**
There should be a national, unified and standardised woman-held maternity record that is available and accessible to both women and professionals.
Purpose and Scope of the Framework

Improvements have been made to maternity care provision following the 1993 Policy Review, Maternity Services in Scotland. These include a range of choices around childbirth, the provision of high quality local services that are acceptable and accessible to women with speedy and seamless access to specialist services when necessary.

But there is still considerable scope for further change that reflects a modern maternity service appropriate for the 21st Century. The following broad themes are important:

- safety and evidence-based care for mother and baby must remain the foundation of an effective maternity service;
- pregnancy and childbirth are normal physiological processes in women's lives;
- maternity services must deliver a woman and family-centred approach to care and support planned in partnership with the woman;
- maternity services should be essentially community based and midwife managed, wherever possible, with an emphasis on continuity of care.

The Framework has been informed by the 1993 Policy Review, the audit report “Maternity Care Matters” (1999) and other relevant documents and available evidence related to maternity care, see Bibliography. All of these, without exception, call for fundamental changes in the structure and culture of maternity services to better reflect the needs of women today, their children and their families.

This Framework has been developed in consultation with women, professionals and consumer organisations involved in providing maternity services.

This Framework has been developed for women, professionals and service planners and providers. It is not a strategy document or a model service specification. It is a philosophical approach that outlines a set of broad principles to inform local maternity services strategies.

It sets out the clear local action required so that NHS Boards, NHS Trusts and other agencies can make sure that maternity services are appropriate to the needs of the people and geography of Scotland. It recognises that there are specific issues that impact on service provision in remote and rural areas.

The Framework will also be a benchmark for the Scottish Executive to assess implementation of local strategies and action plans, and monitor progress.

The Framework recognises that:

- social influences before, during and after pregnancy have a significant and far-reaching impact on child and maternal health;
- social investment in the next generation is the key to healthy families and healthy people, and will help to make a healthier future for everyone;
- government cross-cutting policies are targeting resources to the 30% of Scottish children born into relative poverty in key areas such as childcare, education, employment, health, housing and welfare benefits;
- pregnancy is an ideal opportunity to involve women, their partners and their families in a far greater understanding of their personal health, the benefits of health promotion and changes that can affect future health;
- education for a healthy pregnancy should start in school, and life skills and lifestyles should be a core part of personal and social development.

Introduction
This Framework covers the main elements of maternity care: preconception, pregnancy, childbirth and postnatal/parenthood. It:

- recognises that pregnancy is the beginning of the process of life-long parenthood;
- offers a vision for a modern, essentially community based maternity service which meets women’s needs before, during and after pregnancy;
- calls for an integrated woman-centred, multi-disciplinary/multi-agency approach to developing maternity services.

The Framework sets out principles for service organisation and provision. Service requirements must drive the workforce requirements.

There are real tensions between numbers of available professionals, the current training programmes, the implications of the EC Working Time Directive and the delivery of a safe service. But, as the Scottish Integrated Workforce Planning Group has made clear in its interim report, planning the workforce for the future must take account of models of service delivery, including multi-disciplinary teams, and the model used must be appropriate to the local situation.

Detailed work is needed to set out the workforce implications of the service principles in this Framework. The Scottish Executive Health Department, through the Scottish Integrated Workforce Planning Group, will specify and commission a piece of work with the aim of defining suitable maternity workforce models by the end of 2001. In the meantime, NHS Boards and NHS Trusts should apply the Workforce Planning principles set out in Appendix 6 of this Framework to inform local service organisation. These will also be used to inform the proposed work outlined above.

A large Multi-Professional and Expert Reference Group was set up to inform and develop this Framework.
The Reference Group was chaired by Miss Anne Jarvie, Scotland’s Chief Nursing Officer, and included invited representatives from the key professional groups and consumers with an interest in maternity services. It was set up to encourage wide participation and views. Details of the Group’s membership and remit are set out in Appendix 1.

The Reference Group set up 5 sub-groups. These were chaired by members of the Reference Group, had Reference Group representation within them as well as other invited professionals and interested parties. The sub-groups were as follows:

- Remote and Rural;
- Education, Training and Workforce Planning;
- Pattern of Services;
- Best Practice including Professional Roles;
- Public Health, Lifestyle and Maternity Care.

The work of the Reference Group and the sub-groups was informed by Scotland-wide consultation with women and health professionals.

Consultation with women and professionals

The Reference Group identified a number of themes, such as informed choice and homely environment, and models of care that had consistently emerged from the review of available literature. These themes were addressed by the Group and sub-groups, and also by the Scotland-wide Focus Group consultation involving women and professionals.

It was important that the Framework was informed by a clear women’s perspective. Scottish Health Feedback, an independent research organisation, was invited, through the Scottish Association of Health Councils, to complete qualitative research that would allow the views of service users across Scotland to be collated through Focus Groups and one-to-one interviews. Health professionals involved in delivering maternity services were also invited to take part in Focus Groups.

The outcome of these consultations reflected the current consensus views of women and health professionals about what the philosophy of a modern maternity service should be. The consultation also put forward suggestions as to how the ultimate goal of a healthy mother, a healthy wanted baby, and a happy and confident start to family life could, and should, be achieved.

Although the women represented in the study reflected a wide range of backgrounds, experiences and needs, a clear and consistent picture of what women actually want from maternity services emerged from the data. These findings are in keeping with other consumer studies. The main findings were:

- women frequently described health contacts during pregnancy, childbirth and in the postnatal period as fragmented and impersonal;
- women were often seen by a range of different professionals, at different times, who had very different approaches, styles and ways of working. They worked in different and inconvenient locations, and often did not appear to be aware of what other professionals had said to women during their maternity care, or what care they had received;
- that when women had good experiences it was because they had good relationships with health professionals, everyone involved in their care was aware of what other professionals had said or done, and they listened to what the woman herself felt or wanted;
- integrated care and good quality relationships were achieved most effectively when there was continuity of care. Continuity of carer was particularly valued;
Remit of the reference group and sub-groups...

- but what seemed to matter most was that everyone involved in care-giving knew what other health professionals had done or said, had a shared approach to that woman’s care, and knew about the woman and what she herself wanted;

- where this happened, care was felt to be individualised and personal, and as a result, women felt more involved in decisions affecting their care;

- integrated, individualised and involved care is most effectively achieved by making sure that continuity of care permeates the service and that:
  - there is consistency of service provision across NHS Boards;
  - different professional groups have shared protocols for service delivery;
  - all professionals involved in service provision share information about each woman with each other and with the woman herself.

These themes have been integrated into this Framework. A detailed background to the consultation process is provided in Appendix 2.

Scotland’s demography and geography must also be considered in providing maternity services.

**Geography**

Scotland has a population of 5.1 million and the country can be divided into 4 distinct regions: the Highlands and Islands, the Central Belt, the South West of Scotland and the Scottish Borders. The Highlands cover more than 50% of mainland Scotland but the majority of the population live in the narrow Central Belt that accounts for only 10% of the land area.

The population is distributed unevenly across the country, with some 80% living in 20% of the land area. Population density is highest in Glasgow with 3,540 people per sq km, and lowest in the Highlands and Islands with only 8 people per sq km. Most of the remote populations are in Island communities.

**Population Projections**

Current Birth Numbers and Type and Location of Maternity Units

The provision of maternity services in Scotland must be considered against this diverse, geographical backdrop. The Framework acknowledges that a balance must be achieved between:

- the configuration of maternity services provided;
- local access;
- women’s choice and expectation;
- professional availability;
- quality of care and safety

In particular, it acknowledges that equity and access to acute services in remote and rural areas is difficult. A realistic approach must be taken to provide, as far as is reasonably practicable, a service that is woman and family-centred and takes account of choice, safety and availability of transport in routine and emergency situations.

Table 5 at Appendix 3 outlines births in Scotland for 1996-98. It shows the number of births (live and stillbirth), number of home births and the home births per 1,000 births. Information is shown by local council area for 1996, 1997 and 1998. The data was provided by the Registrar General for Scotland and the Information and Statistics Division of the Common Services Agency.

Table 5A at Appendix 3 provides information on the type and location of current maternity units in Scotland.
Estimating future numbers of births

To plan maternity services, it is important to have as accurate a picture as possible of the number of births that are expected each year, in each geographical area. Trends in the age and the socio-economic status of women giving birth will also have important implications for the types of services that are required. Appendix 4 outlines population and fertility projections for Scotland over the next 10 years.

The analysis in Appendix 4 suggests that the total number of births in Scotland each year is very likely to decline over the next decade. The most conservative estimate, which assumes no change in age specific fertility rates, is that the total births will drop from 55,000 in 1999 to 48,000 in 2010.

This decline may be partly offset by higher fertility rates at older ages, but it could also be greater if the trend towards declining fertility rates in younger women continues. The analysis also highlights the rising average age of women giving birth, and the fact that this trend also seems likely to continue.

These findings have important implications for maternity services. The overall number of pregnancies may reduce, and some units serving a small population might become less viable, but the workload per pregnancy may increase. This must also be viewed in the context of other trends that increase workload, such as rising intervention rates, prematurity, low birth weight, previous ill health and the complications of pregnancy that can be associated with increasing maternal age.

The rising proportion of births to older women is important. Older maternal age may be associated with pre-existing ill health, infertility, complications of pregnancy and an increased risk of adverse outcomes, including stillbirths and congenital anomalies.

Older women also have higher intervention rates in labour than younger women. But, the children of older mothers may benefit from their mothers’ greater experience and better economic situation and have better social outcomes. Older women may also have different expectations of service delivery and be more confident in expressing their needs and expectations.

The last 30 years have seen great changes in the pattern of reproduction in Scotland. These trends have important implications for maternity and other public services. While professionals planning maternity services should recognise the overall reduction in the number of births expected, future changes should be monitored and their implications recognised when planning.

The falling rate of births must be considered against the differing models of care being developed throughout the country, and the higher expectations of women and health professionals...
Setting the context
This Framework sets out a philosophy for care and the roles of the key professionals providing care.

Philosophy of care
Childbirth and early infancy have an unparalleled impact on the lives of parents. The arrival of a baby is a significant event which impacts on the physical and psychological health of the mother, the emotional adjustment of the parents and the social relationship within the family unit. Pregnancy and birth are periods of transition for parents, especially with a first baby, that requires them to adapt to new roles and responsibilities.

A modern maternity service should aim to provide care and services to:
- help achieve the best possible start to family life; mothers who are healthy and confident, and babies who are healthy and well cared for;
- make sure that quality services are woman and family-centred, essentially community based and midwife managed while demonstrating a shared philosophy of care irrespective of risk;
- provide a holistic package of care and consistent information throughout the year of pregnancy, from pre-conception to parenthood, to allow women, their partners and their families to maintain healthy lifestyles and make fully informed choices about the circumstances in which the birth takes place;
- consult locally, and involve women and their partners, to make sure that services match as closely as possible the needs of individual women. Services should take into account women’s right to privacy and dignity throughout their contact with maternity services, as well as the clinical safety of the woman and her baby;
- provide care for women and their families acknowledging their cultural values, beliefs, attitudes, ethnic background and lifestyle;
- make sure that the professionals delivering the care have current knowledge and skills according to the level of service they provide. At all times, care should be delivered by the most appropriate trained professional according to the level of need of the woman and her baby;
- provide continuity of care throughout, recognising the roles of all professionals. Care during pregnancy and childbirth should be provided as close to a woman’s home as possible taking account of geography and demography, with agreed referral pathways to other services and agencies in a network of maternity care;
- make sure that consideration is given to the nature of the physical surroundings in which women are receiving care throughout pregnancy and childbirth, making sure that a homely environment and efficient and effective hotel services, such as catering and domestic services, are provided.

A number of key care providers have important roles in delivering this service philosophy.

Care providers
A number of key care providers are involved in the delivery of maternity care.

Midwives are the main providers of care to pregnant women throughout pregnancy, childbirth and the postnatal period. Midwives provide clinical care and emotional support in both community and acute care settings, and are usually the lead professional throughout pregnancy and childbirth for women with low risk pregnancies.

Their expertise is in normal pregnancy, childbirth and postnatal care, and in making referrals to appropriate medical professionals and others if they detect deviations from the normal. They also have a significant role in health education and in supporting the mother and family in the transition to parenthood.
But rostered work patterns impact on service provision and continuity of care. Around 50% of midwives in Scotland are employed on part-time contracts and in some areas, such as Fife and Lanarkshire, over 70% of midwives are working part-time.

In some of the more remote and rural areas, midwifery services are provided by staff who carry out either community nursing, or community nursing and health visiting alongside their midwifery role.

The new role of Consultant Midwife combines research, education and leadership functions with a 50% clinical input.

General Practitioners have a responsibility for providing holistic care to the whole family. They also have a continuing role in promoting health and treating illness in pregnancy.

In most circumstances, they are the professional who confirms pregnancy and many are still involved, to varying degrees, in providing “shared care” during pregnancy and the postnatal period, especially for women with higher risk pregnancies.

They are occasionally chosen by women as the lead professional, but most GPs have withdrawn from active participation during childbirth.

Obstetricians/Gynaecologists are expert in all aspects of pregnancy and childbirth. They may be generalists or sub-specialists in maternal fetal medicine, infertility, gynaecological oncology, gynaecological urology or community gynaecology.

Obstetricians have a specific expertise in treating complications of pregnancy and childbirth, and providing specialist screening and treatment. Women may occasionally choose the obstetrician as the lead carer.

Women with a high risk pregnancy will have their care managed by an obstetrician, with midwifery and GP support. Other women may see obstetricians to receive specialist advice, have access to specialist screening, or to meet the consultant who will be responsible for providing care if their pregnancy becomes high risk, or if emergency support is required.

Paediatricians and Neonatologists have a responsibility for looking after the medical needs of all babies, including premature infants, babies who are ill, and babies with congenital abnormalities. Consultant paediatricians provide hospital services for all children. Neonatologists are paediatricians who specialise only in the care of the newborn baby, and they develop and supervise intensive care, high dependency and special care services. All paediatricians are fully trained in resuscitation and stabilisation of sick newborn babies. They supervise clinical examination of the baby, and must be skilled in communication with parents, especially in discussing anxieties about their baby.

Neonatologists work closely with obstetricians and midwives to plan care of newborn babies when abnormalities have been identified prior to birth. Planning with the parents may include choosing the optimal time of birth, maturing the baby prior to delivery, and organising the appropriate intensive care facilities for the sick newborn baby.

Neonatologists also have a responsibility for working closely with neonatal nurses and midwives to make sure that a newborn baby is looked after with compassion and respect, and that the parents are supported throughout the stressful time while their infant is in a Neonatal Unit.

Obstetric Anaesthetists play an integral part in the team caring for women during pregnancy and childbirth. They currently provide care for approximately 35% of women in labour. Anaesthetists usually see women for counselling and advice at the request of an obstetrician, GP or midwife. They provide routine epidural services for women during childbirth and they are skilled in administering epidural, spinal and general anaesthesia to pregnant women, and caring for them in emergency situations including high dependency and intensive care.

Health Visitors are nurses who have specialised in family and public health. They can work with midwives to provide parenting education and support during pregnancy. At the point when midwifery care ends, health visitors take on responsibility for the mother, baby and family, and will often have had contact during the immediate postnatal period.

They play a key role in supporting families with child development, parenting, social and emotional issues. They have
a holistic role in healthcare and health promotion, working with other agencies for all families, but particularly in supporting the most vulnerable members of the community.

A number of non-NHS/Voluntary Organisations provide a valuable service to women including parent education sessions, breastfeeding support and counselling and support following bereavement, for example, the National Childbirth Trust and the Stillbirth and Neonatal Death Society.

This Framework provides women with an opportunity to exercise choice in identifying a lead professional for their care. Every woman should have a care co-ordinator who would normally be a midwife. But, whoever they choose, they will continue to receive midwifery care.

Women will have access to specialist ultrasound services, and if these are not available locally they will be referred to the closest linked unit. Women should also have access to physiotherapy and dietetic services during pregnancy and in the postnatal period.

The Scottish Ambulance Service (air and road) has an important role in the urgent and routine transfer of women and babies to maternity units by paramedics and ambulance crews trained to provide care for pregnant women and newborn babies.

Women may also require input from other services including mental health, community pharmacists, substance misuse workers, social workers and others.