

# Maternal Care Bundle (MCB)



## Purpose of the Maternal Care Bundle implementation tool

The Maternal Care Bundle (MCB) was published on 6 January 2026. This optional implementation tool has been developed as a helpful tool to support trusts with a practical and standardised approach to planning, measuring and demonstrating implementation of the MCB. It has been designed to standardise and simplify local planning monitoring and reporting; reduce duplication and variation; and provide trusts with a practical approach to evidencing implementation and quality improvement to trust boards.

## Implementing the Maternal Care Bundle

The MCB sets best practice standards across 5 areas of clinical care, for implementation by NHS providers and commissioners across England. The aim is to reduce maternal mortality and morbidity and reduce inequalities in these adverse outcomes.

## Organisational roles and responsibilities

As set out in the MCB:

- **NHS trusts providing maternity services** are primarily responsible for implementing the MCB locally, including:
  - benchmarking current compliance and developing an improvement plan with trajectories for sign off by the trust board
  - providing regular reports to the trust board on implementation against this plan and trajectories, so that the board can oversee, support and challenge local delivery. Trust boards should also ensure the involvement of all relevant services in the planning and delivery of interventions. This will include relevant medical and surgical specialties, gynaecology and urgent and emergency care, as appropriate
  - ensuring that where local plans do not meet nationally recommended pathways, timescales or performance, or where local delivery subsequently deviates from these plans, this is escalated to the regional NHS England team
  - engaging with maternal medicine networks. This means co-producing and complying with the local network's protocol for the management and referral of medical problems in pregnancy, across all relevant medical specialties and settings
  - local reporting of routine care data relating to key process and outcome measures for each element as defined in the national implementation tool (see below)
- **ICBs** are responsible for ensuring the engagement of wider services within their footprint. This includes the strategic commissioning of relevant services to support delivery of MCB interventions, in line with the Model ICB Blueprint. It also includes facilitating engagement with services on a footprint greater than a single provider trust, for example:
  - co-ordination with regional ambulance services and primary care
  - joint working between non-specialised and specialised services (such as maternity and adult neurology services)
  - escalation of issues between maternal medicine networks and provider organisations
- **regional NHS England teams** are responsible for providing strategic leadership and oversight of performance, in line with the Model Region Blueprint. Therefore, where local plans do not meet nationally recommended pathways, timescales or performance, or where local delivery subsequently deviates from these plans, this should be escalated to the regional maternity team in the first instance, with input from other regional clinical leadership as required
- **maternal medicine networks (MMNs)** are responsible for providing regional leadership and support on the management of medical conditions in and around pregnancy, in line with the national service specification for maternal medicine networks. This includes:
  - leading the co-production and maintenance of protocols for the management and escalation of medical problems in pregnancy with constituent NHS trusts
  - providing advice and training relating to these protocols and advice on relevant local pathways as required

## Implementation tool Futures platform

The Futures NHS Collaboration Platform includes a variety of resources, videos, testimonials, presentations and frequently asked questions to support the use of the implementation tool. To view the resources or request access to the user guide use the link below:

[Maternity and Neonatal Hub - Futures](#)

## Contact Us

Queries or questions in relation to the functionality or use of the implementation tool: [england.maternitytransformation@nhs.net](mailto:england.maternitytransformation@nhs.net)

Queries or questions in relation to the NHS Resolutions CNST guidance: [nhsr.mis@nhs.net](mailto:nhsr.mis@nhs.net)

Queries or questions in relation to the Maternal Care Bundle guidance: [england.maternitytransformation@nhs.net](mailto:england.maternitytransformation@nhs.net)

## Further Support/Information

[Maternal Care Bundle - a care bundle for reducing maternal mortality and morbidity](#)

[Maternity and Neonatal Hub - Futures](#)

Developed by:

- Charlie Podschies - NHSE
- Charlie Merrick - NHSE
- Alanna Parker - NHSE
- Clinical leads of the MCB (see 'Acknowledgements' in main document)

With thanks to Joanne Hadley and Jenny Brown for their work on the Saving Babies' Lives Care Bundle implementation tool on which this tool is based.







# Maternal Care Bundle (MCB)



## Document version history

| Version | Date Issued | Brief Summary of Change              |
|---------|-------------|--------------------------------------|
| V1      | 01/06/2026  | Version 1 uploaded to FutureNHS site |

# Maternal Care Bundle (MCB)

## Quick start guide



For more detailed guidance, please view the 'How to complete the tool' worksheet.

This implementation tool is optional and is designed to make it easier to plan, evidence and report progress with MCB implementation and quality improvement.

### Workbook layout

**Each MCB element has 3 worksheets:**

1. Measures worksheet - Contains suggested process indicators and measures and, where available, technical guidance related to measuring and collecting evidence.
2. Evidence worksheet – Includes yellow fields for NHS trusts providing maternity services to record their evidence and quarterly performance, and pink fields for Trust Boards to set performance targets where appropriate and assess implementation status of each intervention.
3. Action plan worksheet – Provides NHS trusts providing maternity services with the opportunity to set and monitor SMART (specific, measurable, achievable, relevant and time-bound) actions to progress towards full compliance for each intervention.

**The tool also includes a 'board summary - implementation', 'board summary - action plans' and 'progress & board review record' worksheet:**

- Information entered into the individual element 'evidence' and 'action plan' worksheets automatically pulls through to the 'board summary - implementation' worksheet to provide an overview of current progress towards full implementation across all MCB elements.
- The 'board summary - implementation' worksheet can be extracted for board reports, reducing duplication and administrative burden for trusts.
- The 'board summary - action plans' worksheet pulls together all individual element 'action plan' worksheets in one place and provides more detail on any escalations required by MCB intervention.
- The 'progress & board review record' worksheet can be updated after each quarterly review to provide an overview of progress towards full MCB implementation over time.

### Quick links

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|                             |                           |                           |                           |                           |                           |
|-----------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| <b>Measures worksheets:</b> | <a href="#">Element 1</a> | <a href="#">Element 2</a> | <a href="#">Element 3</a> | <a href="#">Element 4</a> | <a href="#">Element 5</a> |
|-----------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|

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|                             |                           |                           |                           |                           |                           |
|-----------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| <b>Evidence worksheets:</b> | <a href="#">Element 1</a> | <a href="#">Element 2</a> | <a href="#">Element 3</a> | <a href="#">Element 4</a> | <a href="#">Element 5</a> |
|-----------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|

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|                                |                           |                           |                           |                           |                           |
|--------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| <b>Action plan worksheets:</b> | <a href="#">Element 1</a> | <a href="#">Element 2</a> | <a href="#">Element 3</a> | <a href="#">Element 4</a> | <a href="#">Element 5</a> |
|--------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|

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|                              |                                                |
|------------------------------|------------------------------------------------|
| <b>Reporting worksheets:</b> | <a href="#">Board summary - implementation</a> |
|------------------------------|------------------------------------------------|

|  |                                              |
|--|----------------------------------------------|
|  | <a href="#">Board summary - action plans</a> |
|--|----------------------------------------------|

|  |                                                    |
|--|----------------------------------------------------|
|  | <a href="#">Progress &amp; board review record</a> |
|--|----------------------------------------------------|

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### First use of the implementation tool (establishing a baseline)

1. In each element 'measures' worksheet, NHS trusts providing maternity services can review the process indicators and measures that can be used to demonstrate progress towards full implementation of the MCB.
2. In each element 'evidence' worksheet, NHS trusts providing maternity services can complete the yellow fields to baseline their current practice against standards of the MCB and self-assess their implementation status against each MCB intervention.

3. In each 'action plan' worksheet, NHS trusts providing maternity services may add SMART actions (specific, measurable, achievable, relevant and time-bound) where interventions are not fully implemented. Escalations required can also be added. If no escalations are required, these cells should be left blank.

4. The Trust Board can use the 'evidence' worksheets to review the evidence and reported performance and complete the pink fields (i.e. set agreed target performance levels from March 2027 where appropriate; and validate service-reported implementation status and provide rationale where required).

The Trust Board's validated implementation status and rationale automatically flow into the element 'action plan' worksheets.

## Quarterly review cycle

1. NHS trusts providing maternity services can update the 'evidence' worksheets with latest evidence, performance level and changes to self-assessment.

2. The Trust Board can re-validate the implementation status and, if required, update the rationale.

3. NHS trusts providing maternity services can update their actions and progress in the 'action plan' worksheets.

4. After the Trust Board review, NHS trusts providing maternity services can record the overall percentage of fully implemented interventions in the 'Progress & board review record' worksheet (baseline assessment can be completed after the first review).

# Maternal Care Bundle (MCB)



## How this tool can support implementation of the Maternal Care Bundle

This optional implementation tool is designed to support maternity services with a clear, standardised and proportionate approach to local planning, measurement and oversight of Maternal Care Bundle (MCB) compliance. This tool is intended to support trusts to baseline current practice against the standards of the MCB; agree trajectories and action plans; and track progress locally towards full implementation. This tool removes the need for individual trusts to develop their own documentation, plans and reporting templates, reducing duplication and administrative burden.

## How this tool can support compliance with the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme

As part of Year 8 of NHS Resolution's Maternity Incentive Scheme (CNST MIS), Safety Action E requires that:

"In collaboration with all relevant services, the provider agrees a plan with the Trust Board to implement the Maternal Care Bundle by March 2027. Progress with implementation is reviewed quarterly through established governance routes."

The implementation tool is not a requirement for MIS Year 8, but it has been developed to help trusts agree a local plan for the delivery of the Maternal Care Bundle with their Trust Boards. Progress against these plans can be reviewed consistently using the quarterly performance fields, supporting oversight and assurance towards full implementation by March 2027.

## How to use the implementation tool - guidance for NHS trusts providing maternity services

### Measures worksheets

The element measures worksheets include, where available, technical guidance related to measuring and collecting evidence within the Maternity Services Data Set (MSDS) or another data collection tool. The relevant data items for the process indicators and measures should be recorded where possible on the provider's Maternity Information System and included in the MSDS submissions wherever possible to NHS England in an MSDSv2 Information Standard Notice compatible format (including SNOMED-CT coding).

Currently, the process measures as defined aren't generated in MSDSv2. While the national MCB team will work to include these measures in MSDSv2.5 (timescales TBC), providers should begin work now to implement the measures and constituent data items into local clinical records and measurement practice.

|                                       |                                        |                                          |
|---------------------------------------|----------------------------------------|------------------------------------------|
| Technical Definition<br>(for metrics) | MSDS data entry required for numerator | MSDS data entry required for denominator |
|---------------------------------------|----------------------------------------|------------------------------------------|

### Expert consensus recommendations

Some of the elements contain expert consensus recommendations and measures. These are not currently interventions within the Maternal Care Bundle, but are recommended for trusts seeking to implement best practice care. Where measures are provided, it is recommended to start recording data against these, to establish a baseline for potential future interventions and improvements to care.

### Evidence worksheets

NHS trusts providing maternity services can complete the yellow fields on each of the following evidence worksheets (the pink fields are for completion only by the Trust Board as part of their assurance process):

- [E1 evidence](#)
- [E2 evidence](#)
- [E3 evidence](#)
- [E4 evidence](#)
- [E5 evidence](#)

For each intervention within an element, up to four pieces of evidence to be submitted for review and verification by the Trust Board. Each piece of evidence submitted should be named appropriately, and the name should be listed in the 'Evidence Name / Reference' column in the appropriate evidence worksheet. If a piece of evidence relates to multiple interventions, you only need to save and submit the evidence once.

|                           |
|---------------------------|
| Evidence Name / Reference |
|                           |

Columns have been provided for services to report quarterly progress against each process indicator and measure, so changes in performance can be monitored.

NHS trusts providing maternity services can self-assess their compliance against the intervention, for the review/agreement of the Trust Board (see below).

### Action plan worksheets

Each element has a dedicated action plan worksheet with the opportunity to set and monitor SMART actions (specific, measurable, achievable, relevant and time-bound) to progress towards full compliance for each intervention. NHS trusts providing maternity services can complete the yellow fields on each of the following action plan worksheets.

- [E1 action plan](#)

[E2 action plan](#)  
[E3 action plan](#)  
[E4 action plan](#)  
[E5 action plan](#)

The Trust Board's most recent assessment of progress with implementation in columns P and Q of the 'evidence' worksheet will be automatically pulled through to columns C and D of the relevant element action plan worksheets. These can then inform the actions needed to achieve full compliance.

The actions (column E), progress (column I) and escalations (column J) set out within the individual element action plans are pulled through to the 'Board summary - action plans' worksheet.

Escalations in column J are also flagged in the 'Board summary - implementation' worksheet. If there are no escalations required, column J should be left blank.

## How to assure with the tool - Trust Board guidance

Trust Boards should be seeking assurance that all relevant services providing care in the perinatal period are on track to fully implement the MCB by March 2027 and meeting Safety Action E of CNST MIS (Year 8). Trust Boards should review the evidence through their governance frameworks at least quarterly, and validate compliance against each of the standards. This will enable the Trust Board and relevant services to identify common problems and barriers to implementation and develop and share effective solutions.

### Overseeing progress with plans and performance against process measures

The interventions of the Maternal Care Bundle are universal, and providers should aim to maximise reliability in local implementation. However, it will be for trust boards to agree locally with provider, what level of performance services should work towards for a given process measure, and the improvement trajectory to meet this.

Once the target performance level for a process measure has been agreed, this can be entered into Column D of the relevant evidence worksheet, against which the provider can then plan and demonstrate progress.

As set out in MIS Year 8, the Trust Board should be assured quarterly that providers are meeting or are on track to meet the required interventions and elements. Where no process measure is provided for a given intervention, it is for the Trust Board to determine locally what is required to demonstrate compliance in clinical practice.

When validating the implementation status of each intervention within each element evidence worksheet; the following criteria can be used:

| Element Progress      | Progress Measure                                                                                                                  |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Fully Implemented     | All evidence requirements and, where applicable, the Trust Board required compliance (column D) are met                           |
| Partially Implemented | 1 or more, but less than all, evidence requirements and, where applicable, the Trust Board required compliance (column D) are met |
| Not Implemented       | None of the evidence requirements and, where applicable, the LMNS required compliance (column D) are met                          |

NHS trusts providing maternity services and their Trust Boards need to meet at the end of each quarter to discuss progress against the MCB. The dates of these meetings can be logged within the tool on the 'Progress & board review record' worksheet.

### 'Board summary - implementation' and 'Board report - action plans' worksheets

The 'Board summary - implementation' worksheet can be used to generate standardised reports for Trust Boards to oversee, support and appropriately challenge local delivery of the MCB and review any necessary escalations.

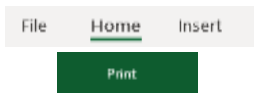
Complete the Trust details, date of report and trust accountable officer's name and Trust Board assessors names in the pink fields on the 'Board summary - implementation' worksheet:

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# Maternal Care Bundle (MCB)

## How to create an extract of the implementation tool

The implementation tool can be printed to a PDF by following the instructions below:

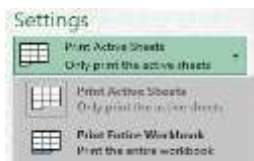


Select File from the Menu Bar or Alt and F (simultaneously) on the keyboard

Select Print from the Menu List or Alt and P (simultaneously) on the keyboard to open the Print Option



Select the Printer option. You can print to a PDF document which can be saved and then emailed or shared.



Change the printer settings to either:

Print only the selected worksheet you are currently viewing; OR

Print all worksheets within the implementation tool.

The page orientation, margins and scaling have been set within the tool and do not need to be changed in the printer settings.



Select Print.

You will be prompted to select the save location and file name for your PDF:



Board report summary: Implementation of the Maternal Care Bundle

Implementation Report

Trust

Date of Report

Trust Accountable Officer

Trust Board Assessor

York and Scarborough Teaching Hospitals NHS Foundation Trust

02-Sep-26

Sascha Wells-Munro Director of Midwifery

Joe Hague Executive Chief Nurse and Executive Maternity & Neonatal Board Safety Champion

Implementation Grading

Significant Assurance - Except for specific weaknesses identified the activities and controls are suitably designed and operating with sufficient effectiveness to provide reasonable assurance that the control environment is effectively managed.

Implementation Progress

| Intervention Elements | Description                  | Element Progress Status (Self assessment) | % of Interventions Fully Implemented (Self assessment) | Element Progress Status (Trust Board Validated) | % of Interventions Fully Implemented (Trust Board Validated) | Escalation required for board review*                                          |
|-----------------------|------------------------------|-------------------------------------------|--------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------|
| Element 1             | Venous thromboembolism (VTE) | Not implemented                           | 0%                                                     | Not implemented                                 | 0%                                                           | Yes                                                                            |
| Element 2             | Pre-hospital and acute care  | Not implemented                           | 0%                                                     | Not implemented                                 | 0%                                                           | No                                                                             |
| Element 3             | Epilepsy in pregnancy        | Partially implemented                     | 50%                                                    | Partially implemented                           | 50%                                                          | Yes                                                                            |
| Element 4             | Maternal mental health       | Not implemented                           | 0%                                                     | Not implemented                                 | 0%                                                           | Yes                                                                            |
| Element 5             | Obstetric haemorrhage        | Not implemented                           | 0%                                                     | Not implemented                                 | 0%                                                           | No                                                                             |
| All Elements          | TOTAL                        | Partially implemented                     | 7%                                                     | Partially implemented                           | 7%                                                           | *If yes, please refer to 'Board summary - action plans' worksheet for details. |

Maternal Care Bundle Interventions Partially or Not Implemented - self assessment vs validated assessment

| Intervention Elements        | Self assessment % (Not fully implemented) | Validated assessment % (Not fully implemented) |
|------------------------------|-------------------------------------------|------------------------------------------------|
| Venous thromboembolism (VTE) | 100%                                      | 100%                                           |
| Pre-hospital and acute care  | 100%                                      | 100%                                           |
| Epilepsy in pregnancy        | 50%                                       | 50%                                            |
| Maternal mental health       | 100%                                      | 100%                                           |
| Obstetric haemorrhage        | 100%                                      | 100%                                           |
| All Elements                 | 90%                                       | 90%                                            |

Maternal Care Bundle Interventions Fully Implemented - self assessment vs validated assessment

| Intervention Elements        | Self assessment % (Fully implemented) | Validated assessment % Fully implemented |
|------------------------------|---------------------------------------|------------------------------------------|
| Venous thromboembolism (VTE) | 0%                                    | 0%                                       |
| Pre-hospital and acute care  | 0%                                    | 0%                                       |
| Epilepsy in pregnancy        | 50%                                   | 50%                                      |
| Maternal mental health       | 0%                                    | 0%                                       |
| Obstetric haemorrhage        | 0%                                    | 0%                                       |
| All Elements                 | 10%                                   | 10%                                      |

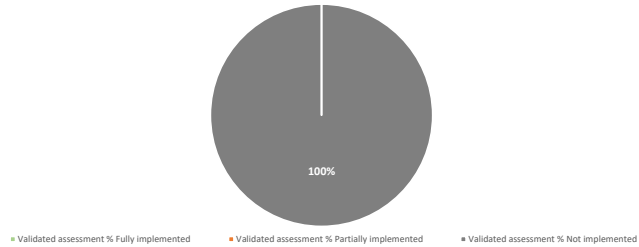
**Board report summary: Action plans and escalations for implementation of the Maternal Care Bundle**

## Action Plan Summary

### Element 1

| Element 1: Venous thromboembolism (VTE) |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                                                                      |
|-----------------------------------------|------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Intervention Ref                        | Self-Assessment Status | Trust Board Validated Assessment Status | Rationale for Trust Board Validated Assessment Status: If intervention is not deemed fully implemented or partially implemented, why? | SMART actions to achieve full compliance                                                                                                                                                                                                                                                                                                                                                              | Progress                                                                                     | Escalations required (If required, specify who and what)                                                                                                             |
| <a href="#">1.1</a>                     | Not implemented        | Not implemented                         | Baseline assessment to be completed and digital solutions required for implementation.                                                | Design and implement a Trust-wide process for completion, submission and review of the national VTE self-assessment questionnaire within 72 hours of pregnancy notification. Process to be approved through governance and launched by 31 Jan 2027. Success measured by 90% of identified high-risk women receiving review within 72 hours during first audit cycle (interim action - local to trust) | #REF!                                                                                        | If electronic functionality is unavailable by 31 August 2026, approval will be sought to launch an interim paper-based process whilst digital development continues. |
|                                         |                        |                                         |                                                                                                                                       | Standard operating procedure to be developed and approved via governance processes to support the implementation of the VTE self assessment and monitoring                                                                                                                                                                                                                                            | Current risk assessment form has been reviewed and it is in line with the new questionnaire. |                                                                                                                                                                      |
|                                         |                        |                                         |                                                                                                                                       | Engage with system C to implement a process for completion of the VTE self-assessment questionnaire to be completed within the digital maternity record                                                                                                                                                                                                                                               |                                                                                              |                                                                                                                                                                      |
|                                         |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                                                                      |
| <a href="#">1.2</a>                     | Not implemented        | Not implemented                         |                                                                                                                                       | Agree prescribing pathway with the ICB, primary care and acute services to enable LMWH prescribing within 72 hours of identification of high-risk women. Pathway to be approved and implemented by 31 Jan 2027. Compliance to be monitored through quarterly audit with target ≥90%.                                                                                                                  | Initial discussions in progress with ICB, primary care and acute services.                   |                                                                                                                                                                      |
|                                         |                        |                                         |                                                                                                                                       | Standard operating procedure to be developed and approved via governance processes to support the agreed prescribing pathway by 31st Jan 27                                                                                                                                                                                                                                                           |                                                                                              |                                                                                                                                                                      |
|                                         |                        |                                         |                                                                                                                                       | Local process for prescribing of LMWH to be agreed with pharmacy whilst awaiting agreement from ICB                                                                                                                                                                                                                                                                                                   |                                                                                              |                                                                                                                                                                      |
|                                         |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                                                                      |
| <a href="#">1.3</a>                     | Not implemented        | Not implemented                         |                                                                                                                                       | Implement a documented referral and escalation process (outlined in SOP) for all positive VTE self-assessments, including named clinical oversight and monitoring arrangements by 31 Jan. 2027. Demonstrate compliance through quarterly audit showing ≥90% appropriate referrals.                                                                                                                    |                                                                                              |                                                                                                                                                                      |
|                                         |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                                                                      |
|                                         |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                                                                      |
|                                         |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                                                                      |

Element 1: proportion of interventions implemented

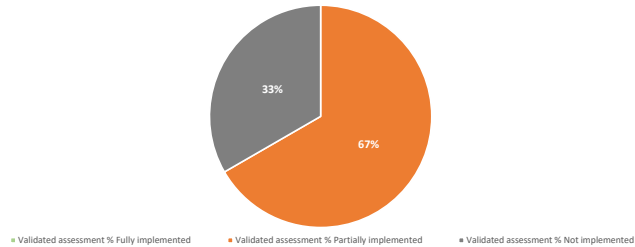


### Element 2

| Element 2: Pre-hospital and acute care |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                          |                                                          |
|----------------------------------------|------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Intervention Ref                       | Self-Assessment Status | Trust Board Validated Assessment Status | Rationale for Trust Board Validated Assessment Status: If intervention is not deemed fully implemented or partially implemented, why? | SMART actions to achieve full compliance                                                                                                                                                                                                                                                                                      | Progress                                                                                                                                                                                                                                                                                                                 | Escalations required (If required, specify who and what) |
| <a href="#">2.1</a>                    | Not implemented        | Not implemented                         |                                                                                                                                       | Implement the National Maternity Early Warning Score (MEWS) across all maternity, emergency and relevant acute care settings for women who are pregnant or within 4 weeks postpartum ensuring that local guidelines, escalation pathways, staff training and audit processes are fully aligned to the national specification. | Project brief approved and actions captured within the Single Improvement Plan. Risk assessment in progress.<br><br>A Hazard safety workshop took place on the 7th July to discuss go-live date for nerve centre integration, minimum training compliance figures and any required additional support to enable go-live. |                                                          |
|                                        |                        |                                         |                                                                                                                                       | #REF!                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                          |                                                          |
|                                        |                        |                                         |                                                                                                                                       | Establish a mitigation plan for using paper copies of the MEWS tool until full digital implementation is achieved across all hospital settings                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                          |                                                          |
|                                        |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                          |                                                          |
| <a href="#">2.2</a>                    | Partially implemented  | Partially implemented                   |                                                                                                                                       | #REF!                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                          |                                                          |
|                                        |                        |                                         |                                                                                                                                       | Complete multidisciplinary pathway walk-through exercises at York and Scarborough sites with YAS and MNVP representatives by 30 October 2026.                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                          |                                                          |
|                                        |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                          |                                                          |

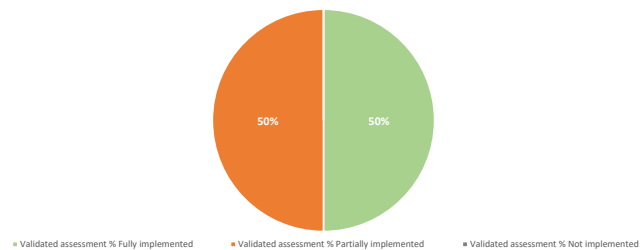
|     |                       |                       |  |                                                                                                                                                                                                                                                                  |  |  |
|-----|-----------------------|-----------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|     |                       |                       |  |                                                                                                                                                                                                                                                                  |  |  |
| 2.3 | Partially implemented | Partially implemented |  | Obtain the Maternal Medicine Network (MMN) acute referral pathway for acutely unwell pregnant and recently pregnant women, review against existing local escalation processes, and incorporate into Trust guidelines and clinical pathways by 31st October 2026. |  |  |
|     |                       |                       |  | Establish a formal annual review process with the Maternal Medicine Network to evaluate the effectiveness of acute referral pathways, incorporating learning from incidents, audits, referrals and service developments by 31st December 2026.                   |  |  |
|     |                       |                       |  |                                                                                                                                                                                                                                                                  |  |  |
|     |                       |                       |  |                                                                                                                                                                                                                                                                  |  |  |

Element 2: proportion of interventions implemented



| Element 3: Epilepsy in pregnancy |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                       |          |                                                          |
|----------------------------------|------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|
| Intervention Ref                 | Self-Assessment Status | Trust Board Validated Assessment Status | Rationale for Trust Board Validated Assessment Status: If intervention is not deemed fully implemented or partially implemented, why? | SMART actions to achieve full compliance                                                                                                                                                                                                              | Progress | Escalations required (If required, specify who and what) |
| 3.1                              | Partially implemented  | Partially implemented                   |                                                                                                                                       | Implement Epilepsy service at Scarborough by 30 September 2026<br><br>Co-produce a SOP and service specification for the local epilepsy service which includes staffing clinic schedule and referral pathways during antenatal care by December 2026. |          | No obstetric physician available in the trust            |
|                                  |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                       |          |                                                          |
|                                  |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                       |          |                                                          |
| 3.2                              | Fully implemented      | Fully implemented                       |                                                                                                                                       |                                                                                                                                                                                                                                                       |          |                                                          |
|                                  |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                       |          |                                                          |
|                                  |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                       |          |                                                          |
|                                  |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                       |          |                                                          |

Element 3: proportion of interventions implemented

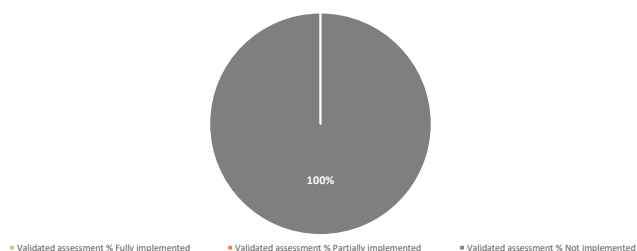


| Element 4: Maternal mental health |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                                                                                                                                                                                                       |
|-----------------------------------|------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Intervention Ref                  | Self-Assessment Status | Trust Board Validated Assessment Status | Rationale for Trust Board Validated Assessment Status: If intervention is not deemed fully implemented or partially implemented, why? | SMART actions to achieve full compliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Progress | Escalations required (If required, specify who and what)                                                                                                                                                              |
| 4.1                               | Not implemented        | Not implemented                         |                                                                                                                                       | Review and update the Maternal Mental Health Guideline to align with Maternal Care Bundle requirements for the self-administration of the Whooley Questions at booking, 25-28 weeks, 31-34 weeks and 10-14 days postnatally. Develop and implement a communication plan to ensure all relevant maternity staff and service users are informed of the updated requirements and changes to practice. The revised guideline will be ratified through the Trust governance process, published on the intranet and communicated to relevant staff groups by 31 March 2027. |          |                                                                                                                                                                                                                       |
|                                   |                        |                                         |                                                                                                                                       | Implement self-administration of the Whooley Questions at booking, 25-28 weeks, 31-34 weeks and 10-14 days postnatally, ensuring accessibility, paper and translated versions are available by 31st March 2027                                                                                                                                                                                                                                                                                                                                                        |          | Escalations to System C - change request has been made (15/6/26) and currently there is no capability in BadgerNet to self administer the whooley questions. Escalation to the ICB by Director of Midwifery (18/6/26) |
|                                   |                        |                                         |                                                                                                                                       | #REF!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | Unable to audit all requirements currently as not yet embedded into practice.                                                                                                                                         |
|                                   |                        |                                         |                                                                                                                                       | Introduce a quarterly audit of compliance with maternal mental health screening requirements to monitor completion of self-administered Whooley Questions at booking, 25-28 weeks, 31-34 weeks and 10-14 days postnatally by July 2027.                                                                                                                                                                                                                                                                                                                               |          |                                                                                                                                                                                                                       |

## Element 4

|     |                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |  |
|-----|-----------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--|
| 4.2 | Not implemented | Not implemented | Review and update the Maternal Mental Health Guideline to align with Maternal Care Bundle requirements for the completion of the Edinburgh Postnatal Depression Scale when clinically indicated. The revised guideline will be ratified through the Trust governance process, published on the intranet and communicated to relevant staff groups by 31 March 2027.                                                                                                                                                                                  |                                        |  |
|     |                 |                 | Implement the Edinburgh Postnatal Depression Scale on BadgerNet and with a paper option that is available in translated and accessible formats by March 2027                                                                                                                                                                                                                                                                                                                                                                                         |                                        |  |
|     |                 |                 | Introduce a quarterly audit of compliance with EPDS being recorded for all women who screen positive to the Whooley Questions within a 1 week timeframe by July 2027                                                                                                                                                                                                                                                                                                                                                                                 |                                        |  |
|     |                 |                 | Develop and implement a communication and staff training plan to ensure all relevant maternity staff and service users are informed of the updated requirements and changes to                                                                                                                                                                                                                                                                                                                                                                       |                                        |  |
| 4.3 | Not implemented | Not implemented | Review and update the Maternal Mental Health Guideline to align with the Maternal Care Bundle requirements for onward referral if clinically indicated following completion of the EPDS. Develop and implement a communication and staff training plan to ensure all relevant maternity staff and service users are informed of the updated requirements and changes to practice. The revised guideline will be ratified through the Trust governance process, published on the intranet and communicated to relevant staff groups by 31 March 2027. |                                        |  |
|     |                 |                 | Introduce a quarterly audit to monitor onward referrals in line with guidance once an EPDS has been completed by July 2027                                                                                                                                                                                                                                                                                                                                                                                                                           | Baseline audit of referrals completed. |  |
|     |                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |  |
|     |                 |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |  |

Element 4: proportion of interventions implemented



## Element 5

| Element 5: Obstetric haemorrhage |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                      |          |                                                          |
|----------------------------------|------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|
| Intervention Ref                 | Self-Assessment Status | Trust Board Validated Assessment Status | Rationale for Trust Board Validated Assessment Status: If intervention is not deemed fully implemented or partially implemented, why? | SMART actions to achieve full compliance                                                                                                                                                                                                                                             | Progress | Escalations required (If required, specify who and what) |
| 5.1                              | Partially implemented  | Partially implemented                   |                                                                                                                                       | Review all community birth equipment by 30 September 2026 and provide assurance that weight charts, scales and blood loss measurement resources are available at 100% of planned home births. Evidence via community matron report to Maternity Directorate Meeting in October 2026. |          |                                                          |
|                                  |                        |                                         |                                                                                                                                       | By October 26, complete an audit of all obstetric haemorrhage cases >2litres to provide assurance that cumulative blood loss has been measured in line with local guidance                                                                                                           |          |                                                          |
|                                  |                        |                                         |                                                                                                                                       | By October 26 complete an audit of all obstetric haemorrhage cases >1 litre <2 litres to provide assurance that cumulative blood loss has been measured in line with local guidance                                                                                                  |          |                                                          |
|                                  |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                      |          |                                                          |
| 5.2                              | Partially implemented  | Partially implemented                   |                                                                                                                                       | By October 26 complete an audit of all obstetric haemorrhage cases >2litres to provide assurance that timely escalation has occurred in line with local guidance                                                                                                                     |          |                                                          |
|                                  |                        |                                         |                                                                                                                                       | By October 26 complete an audit of all obstetric haemorrhage cases >1litre <2 litres to provide assurance that timely escalation has occurred in line with local guidance                                                                                                            |          |                                                          |
|                                  |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                      |          |                                                          |
|                                  |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                      |          |                                                          |
| 5.3                              | Partially implemented  | Partially implemented                   |                                                                                                                                       | Audit all obstetric haemorrhages >2L and cases involving fibrinogen products occurring between April and June 2026 to demonstrate MDT review within 30 days by October 26. Target 295% compliance.                                                                                   |          |                                                          |
|                                  |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                      |          |                                                          |
|                                  |                        |                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                      |          |                                                          |

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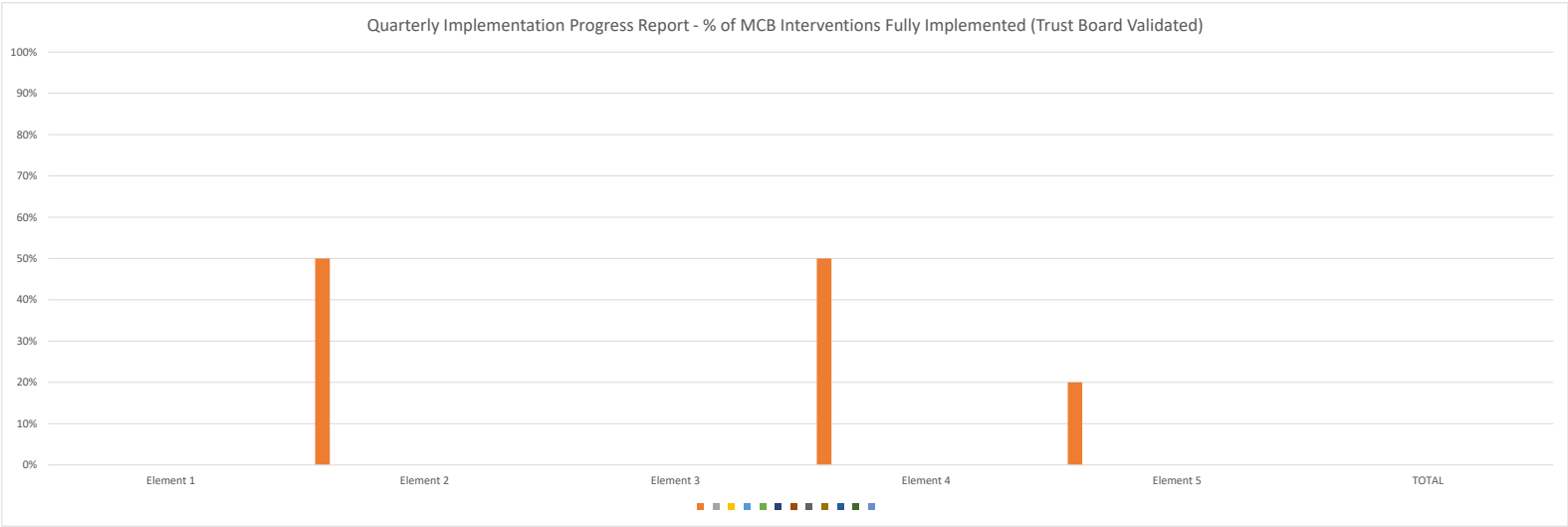
Element 5: proportion of interventions implemented



# Trust Board Quarterly Maternal Care Bundle Implementation Record

Trust: York and Scarborough Teaching Hospitals NHS Foundation Trust  
ICB: North East and Yorkshire

| % of Interventions Fully Implemented (Trust board validated) | Baseline Assessment  | Quarterly assessment 1 | Quarterly assessment 2 | Quarterly assessment 3 | Quarterly assessment 4 | Quarterly assessment 5 | Quarterly assessment 6 | Quarterly assessment 7 | Quarterly assessment 8 | Quarterly assessment 9 | Quarterly assessment 10 | Quarterly assessment 11 |
|--------------------------------------------------------------|----------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|-------------------------|-------------------------|
|                                                              | Review Quarter       | 24/09/2026             |                        |                        |                        |                        |                        |                        |                        |                        |                         |                         |
|                                                              | Progress Review Date |                        |                        |                        |                        |                        |                        |                        |                        |                        |                         |                         |
|                                                              | Element 1            | 0%                     |                        |                        |                        |                        |                        |                        |                        |                        |                         |                         |
|                                                              | Element 2            | 0%                     |                        |                        |                        |                        |                        |                        |                        |                        |                         |                         |
|                                                              | Element 3            | 50%                    |                        |                        |                        |                        |                        |                        |                        |                        |                         |                         |
|                                                              | Element 4            | 0%                     |                        |                        |                        |                        |                        |                        |                        |                        |                         |                         |
|                                                              | Element 5            | 50%                    |                        |                        |                        |                        |                        |                        |                        |                        |                         |                         |
|                                                              | TOTAL                | 20%                    |                        |                        |                        |                        |                        |                        |                        |                        |                         |                         |
|                                                              |                      |                        |                        |                        |                        |                        |                        |                        |                        |                        |                         |                         |



## Element 1 – Venous thromboembolism (VTE)

Element description: Reducing thrombotic events in early pregnancy by risk assessing all pregnant women at the earliest opportunity before antenatal booking and providing rapid access to thromboprophylaxis for those identified at high risk.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Process or Outcome Measure                                                                                                                                                                                                                | Data Source | Technical Definition<br>(for metrics) | MSDS data entry required for numerator | MSDS data entry required for denominator |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------|----------------------------------------|------------------------------------------|
| 1.1                      | <p>Women should be offered the national self-assessment questionnaire on VTE risk at first NHS care contact with a positive pregnancy test. Those identified as being at high risk of VTE should be offered low molecular weight heparin (LMWH) and receive it within 72 hours*.</p> <p>The risk factors are:</p> <ul style="list-style-type: none"> <li>• previous confirmed diagnosis of VTE</li> <li>• hyperemesis gravidarum causing dehydration or immobility (that is, a woman cannot drink without vomiting or struggles to stand up and walk due to symptoms)</li> <li>• body mass index (BMI) greater than 50</li> </ul> <p>The national self assessment questionnaire also asks:</p> <ul style="list-style-type: none"> <li>• Are you currently taking one of these anticoagulants: warfarin, apixaban, rivaroxaban, dabigatran or edoxaban?</li> <li>• Have you been diagnosed with antithrombin deficiency (a disorder that makes blood clots more likely)?</li> </ul> <p>* See supporting guidance in Maternal Care Bundle on 'abortion services' for women considering an abortion.</p> | <p><b>MCB process indicator 1.1a</b></p> <p>Maternity services have incorporated the early pregnancy VTE risk assessment questions into antenatal referral forms.</p>                                                                     | N/A         | N/A                                   | N/A                                    | N/A                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>MCB process indicator 1.1b</b></p> <p>All secondary care settings have embedded, or an agreed plan to embed, the early pregnancy VTE risk assessment into secondary care EPRs, including a prompt when pregnancy is discovered.</p> | N/A         | N/A                                   | N/A                                    | N/A                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>MCB process indicator 1.2a</b></p> <p>Pathways have been agreed with primary care, emergency departments and early pregnancy assessment units for the prescribing of LMWH heparin in early pregnancy.</p>                           | N/A         | N/A                                   | N/A                                    | N/A                                      |

## Element 1 – Venous thromboembolism (VTE)

Element description: Reducing thrombotic events in early pregnancy by risk assessing all pregnant women at the earliest opportunity before antenatal booking and providing rapid access to thromboprophylaxis for those identified at high risk.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                       | Process or Outcome Measure                                                                                                                                                                                                                             | Data Source                                                                                                                                                     | Technical Definition<br>(for metrics)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MSDS data entry required for numerator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MSDS data entry required for denominator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.2                      | <p>The ICB has arrangements in place for LMWH to be prescribed in early pregnancy (that is, before antenatal booking) within 72 hours, and for a follow-up consultation to take place within 4 weeks in secondary care*.</p> <p>* See supporting guidance in Maternal Care Bundle on 'abortion services' for women considering an abortion.</p> | <p><b>MCB process measure 1.2b</b></p> <p>Percentage of women who had an early pregnancy risk factor for VTE noted in their record, that were prescribed LMWH before the booking appointment.</p>                                                      | <p>Routine maternity data.</p> <p>Not currently reported in MSDS v2.0. National programme team working to implement regular reporting as part of MSDS v2.5.</p> | <p><b>Numerator:</b> Number of women who had a booking appointment in the last quarter, and who had an early pregnancy risk factor for VTE noted in their records; that were prescribed LMWH <i>before</i> the booking appointment.</p> <p><b>Denominator:</b> Number women who had a booking appointment in the last quarter, and who had an early pregnancy risk factor for VTE noted in their records.</p> <p><b>Guidance:</b></p> <p>An 'early pregnancy risk factor for VTE' is as defined in intervention 1.1</p> <p>Please note that a separate, more detailed risk assessment for VTE is undertaken from the booking appointment onwards, in line with RCOG GTG 37a.</p> <p>This measure is intended to assess the identification of risk factors through use of the early pregnancy risk assessment, and the issuing of a prescription <i>before</i> the booking appointment. However, local data recording practice may mean that a woman's digital record is first created at the booking appointment. This measure therefore looks at information recorded before and at the booking appointment, to help determine whether a woman had an early pregnancy risk factor.</p> | <p>Ensure that the early pregnancy risk factors for VTE are recorded in the following way:<br/><b>Previous confirmed diagnosis of VTE:</b><br/>SNOMED CT Code to record: <b>128053003   Deep venous thrombosis (disorder)</b><br/>Field to complete: <b>PREVIOUS DIAGNOSIS (CODED CLINICAL ENTRY)</b> and <b>DIAGNOSIS DATE</b>, in table: <b>MSD107 Medical History (Previous Diagnosis)</b></p> <p><b>Hyperemesis gravidarum causing dehydration or immobility:</b><br/>SNOMED CT Code to record: <b>129598007   Severe hyperemesis gravidarum (disorder)</b><br/>Field to complete: <b>DIAGNOSIS (CODED CLINICAL ENTRY)</b> and <b>DIAGNOSIS DATE</b>, in table: <b>MSD106 Diagnosis (Pregnancy)</b></p> <p><b>Body mass index (BMI) greater than 50:</b><br/>SNOMED CT Code to record: <b>50373000   Body height measure (observable entity)</b> and <b>27113001   Body weight (observable entity)</b><br/>Fields to complete: <b>CODED OBSERVATION (CLINICAL TERMINOLOGY)</b> and <b>OBSERVATION VALUE</b> and <b>UCUM UNIT OF MEASUREMENT</b><br/>In table: <b>MSD202 Care Activity (Pregnancy)</b><br/>Ensure weight is recorded in 'g' or 'kg', and height in 'cm' or 'm'.</p> <p><b>For all risk factors:</b><br/>The date of this activity is captured as a mandatory data item in <b>MSD201 Care Contact (Pregnancy)</b>, which will be used to determine if it occurred at or before booking.</p> <p>Prescription data not currently reported in MSDS v2.0. National programme team working to implement regular reporting as part of MSDS v2.5.</p> | <p>Ensure that the early pregnancy risk factors for VTE are recorded in the following way:<br/><b>Previous confirmed diagnosis of VTE:</b><br/>SNOMED CT Code to record: <b>128053003   Deep venous thrombosis (disorder)</b><br/>Field to complete: <b>PREVIOUS DIAGNOSIS (CODED CLINICAL ENTRY)</b> and <b>DIAGNOSIS DATE</b><br/>In table: <b>MSD107 Medical History (Previous Diagnosis)</b></p> <p><b>Hyperemesis gravidarum causing dehydration or immobility:</b><br/>SNOMED CT Code to record: <b>129598007   Severe hyperemesis gravidarum (disorder)</b><br/>Field to complete: <b>DIAGNOSIS (CODED CLINICAL ENTRY)</b><br/>In table: <b>MSD106 Diagnosis (Pregnancy)</b></p> <p><b>Body mass index (BMI) greater than 50:</b><br/>SNOMED CT Code to record: <b>50373000   Body height measure (observable entity)</b> and <b>27113001   Body weight (observable entity)</b><br/>Fields to complete: <b>CODED OBSERVATION (CLINICAL TERMINOLOGY)</b> and <b>OBSERVATION VALUE</b> and <b>UCUM UNIT OF MEASUREMENT</b><br/>In table: <b>MSD202 Care Activity (Pregnancy)</b><br/>Ensure weight is recorded in 'g' or 'kg', and height in 'cm' or 'm'.</p> <p><b>For all risk factors:</b><br/>The date of this activity is captured as a mandatory data item in <b>MSD201 Care Contact (Pregnancy)</b>, which will be used to determine if it occurred at or before booking.</p> |
| 1.3                      | <p>Women identified as being at high risk of VTE and not already taking clot preventing medication should be offered a standardised dose of LMWH (see standardised dosing of LMWH in Maternal Care Bundle Element 1).</p>                                                                                                                       | <p><b>MCB process indicator 1.3a</b></p> <p>An agreed pathway or protocol is in place for the timely monitoring of responses to VTE questionnaires and referral of high-risk women to a prescriber with guidelines on standardised dosing of LMWH.</p> | N/A                                                                                                                                                             | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

Element 1 – Venous thromboembolism (VTE)

Element description: Reducing thrombotic events in early pregnancy by risk assessing all pregnant women at the earliest opportunity before antenatal booking and providing rapid access to thromboprophylaxis for those identified at high risk.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Process Indicator or Process Measure                                                                                                                                                                                               | Agreed target performance level by March 2027 | Evidence Name / Reference | Evidence Type | Reported Result Q1 26/27 | Reported Result Q2 26/27 | Reported Result Q3 26/27 | Reported Result Q4 26/27 | Reported Result Q1 27/28 | Reported Result Q2 27/28 | Reported Result Q3 27/28 | Reported Result Q4 27/28 | Self-Assessment Status | Intervention: Trust Board Validated Assessment Status | Rationale for Trust Board Validated Assessment<br>Status: If intervention is not deemed fully implemented or partially implemented, why? Include resolution in E1 action plan worksheet |  |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1.1                      | Women should be offered the national self-assessment questionnaire on VTE risk at first NHS care contact with a positive pregnancy test. Those identified as being at high risk of VTE should be offered low molecular weight heparin (LMWH) and receive it within 72 hours*.<br><br>The risk factors are:<br>• previous confirmed diagnosis of VTE<br>• hyperemesis gravidarum causing dehydration or immobility (that is, a woman cannot drink without vomiting or struggles to stand up and walk due to symptoms)<br>• body mass index (BMI) greater than 50<br><br>The national self assessment questionnaire also asks:<br><br>• Are you currently taking one of these anticoagulants: warfarin, apixaban, rivaroxaban, dabigatran or edoxaban?<br>• Have you been diagnosed with antithrombin deficiency (a disorder that makes blood clots more likely)? | MCB process indicator 1.1a<br><br>Maternity services have incorporated the early pregnancy VTE risk assessment questions into antenatal referral forms.                                                                            | N/A                                           |                           |               |                          |                          |                          |                          |                          |                          |                          |                          | Not implemented        | Not implemented                                       | Baseline assessment to be completed and digital solutions required for implementation.                                                                                                  |  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MCB process indicator 1.1b<br><br>All secondary care settings have embedded, or an agreed plan to embed, the early pregnancy VTE risk assessment into secondary care EPRs, including a prompt when pregnancy is discovered.        | N/A                                           |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |  |
| 1.2                      | The ICB has arrangements in place for LMWH to be prescribed in early pregnancy (that is, before antenatal booking) within 72 hours, and for a follow-up consultation to take place within 4 weeks in secondary care*.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MCB process indicator 1.2a<br><br>Pathways have been agreed with primary care, emergency departments and early pregnancy assessment units for the prescribing of LMWH heparin in early pregnancy.                                  | N/A                                           |                           |               |                          |                          |                          |                          |                          |                          |                          |                          | Not implemented        | Not implemented                                       |                                                                                                                                                                                         |  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MCB process measure 1.2b<br><br>Percentage of women who had an early pregnancy risk factor for VTE noted in their record, that were prescribed LMWH before the booking appointment.                                                |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |  |
| 1.3                      | Women identified as being at high risk of VTE and not already taking clot preventing medication should be offered a standardised dose of LMWH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MCB process indicator 1.3a<br><br>An agreed pathway or protocol is in place for the timely monitoring of responses to VTE questionnaires and referral of high-risk women to a prescriber with guidelines on standardised dosing of | N/A                                           |                           |               |                          |                          |                          |                          |                          |                          |                          |                          | Not implemented        | Not implemented                                       |                                                                                                                                                                                         |  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |  |

## Element 1 – Venous thromboembolism (VTE)

Element description: Reducing thrombotic events in early pregnancy by risk assessing all pregnant women at the earliest opportunity before antenatal booking and providing rapid access to thromboprophylaxis for those identified at high risk.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Intervention: Trust<br>Board Validated<br>Assessment Status | Rationale for Trust Board Validated<br>Assessment Status: If intervention is<br>not deemed fully implemented or<br>partially implemented, why? | SMART actions to achieve full compliance                                                                                                                                                                                                            | Date of last review | Date of next review | Action owner                                        | Progress                                                                                     | Escalations required<br>(If required, specify who and what)                                                                                                          |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1                      | <p>Women should be offered the national self-assessment questionnaire on VTE risk at first NHS care contact with a positive pregnancy test. Those identified as being at high risk of VTE should be offered low molecular weight heparin (LMWH) and receive it within 72 hours*.</p> <p>The risk factors are:</p> <ul style="list-style-type: none"> <li>• previous confirmed diagnosis of VTE</li> <li>• hyperemesis gravidarum causing dehydration or immobility (that is, a woman cannot drink without vomiting or struggles to stand up and walk due to symptoms)</li> <li>• body mass index (BMI) greater than 50</li> </ul> <p>The national self assessment questionnaire also asks:</p> <ul style="list-style-type: none"> <li>• Are you currently taking one of these anticoagulants: warfarin, apixaban, rivaroxaban, dabigatran or edoxaban?</li> <li>• Have you been diagnosed with antithrombin deficiency (a disorder that makes blood clots more likely)?</li> </ul> | Not implemented                                             | Baseline assessment to be completed and digital solutions required for implementation.                                                         | Design and implement a Trust-wide process for completion, submission and review of the national VTE self-assessment questionnaire within 72 hours of pregnancy notification. Process to be approved through governance and launched by 31 Jan 2027. | 27/8/26             |                     | Digital Midwife, Obstetric Lead                     | Current risk assessment form has been reviewed and it is in line with the new questionnaire. | If electronic functionality is unavailable by 31 August 2026, approval will be sought to launch an interim paper-based process whilst digital development continues. |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                                                                                                                | Standard operating procedure to be developed and approved via governance processes to support the implementation of the VTE self assessment and monitoring                                                                                          | 27/8/26             |                     | Obstetric Lead                                      |                                                                                              |                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                                                                                                                | Engage with system C to implement a process for completion of the VTE self-assessment questionnaire to be completed within the digital maternity record                                                                                             | 27/8/26             |                     | Digital midwife                                     |                                                                                              |                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                                                                                                                |                                                                                                                                                                                                                                                     |                     |                     |                                                     |                                                                                              |                                                                                                                                                                      |
| 1.2                      | The ICB has arrangements in place for LMWH to be prescribed in early pregnancy (that is, before antenatal booking) within 72 hours, and for a follow-up consultation to take place within 4 weeks in secondary care*.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Not implemented                                             |                                                                                                                                                | Agree prescribing pathway with the ICB, primary care and acute services to enable LMWH prescribing within 72 hours of identification of high-risk women. Pathway to be approved and implemented by 31 Jan 2027.                                     | 27/8/26             |                     | SRO and project lead                                | Initial discussions in progress with ICB, primary care and acute services.                   |                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                                                                                                                | Standard operating procedure to be developed and approved via governance processes to support the agreed prescribing pathway by 31st Jan 27                                                                                                         | 27/8/26             |                     | ICB and Project lead                                |                                                                                              |                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                                                                                                                | Local process for prescribing of LMWH to be agreed with pharmacy whilst awaiting agreement from ICB                                                                                                                                                 | 27/8/26             |                     | Lead Nurse for Medicines Management, Obstetric lead |                                                                                              |                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                                                                                                                |                                                                                                                                                                                                                                                     |                     |                     |                                                     |                                                                                              |                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                                                                                                                | Implement a documented referral and escalation process (outlined in SOP) for all positive VTE self-assessments, including named clinical oversight and monitoring arrangements by 31 Jan 2027.                                                      | 22/7/26             | 28/8/26             | Obstetric Lead                                      |                                                                                              |                                                                                                                                                                      |

## Element 2 – Pre-hospital and acute care

Element description: Ensuring unwell pregnant women receive the right care at the right time through improving access to urgent obstetric and maternal medicine care; and implementing a common approach to the monitoring, identification and management of maternal deterioration across all care settings.

| Inter-vention Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                            | Process or Outcome Measure                                                                                                                                                                                                                                                   | Data Source | Technical Definition (for metrics)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MSDS data entry required for numerator | MSDS data entry required for denominator |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------|
| 2.1               | Implement the national maternity early warning score (MEWS) tool across all settings for women who are or have been pregnant in the past 4 weeks. This means ensuring timely obstetric team and/or obstetric physician review in line with the MEWS escalation timeframes, according to the total score identified and relevant additional concerns. | <b>MCB process indicator 2.1a</b><br><br>The national MEWS has been embedded into Maternity Information Systems or Electronic Patient Record with MEWS being generated for every set of observations carried out on patients admitted to maternity settings.*                | N/A         | *Modified maternity early warning systems which are already embedded within EPR can only be used in replacement of the national MEWS where there is quantitative evidence of comparable escalation, based on observations from an adequate contemporaneous sample of admitted maternity patients.                                                                                                                                                                                                                                                                                                 | N/A                                    | N/A                                      |
|                   |                                                                                                                                                                                                                                                                                                                                                      | <b>MCB process indicator 2.1b</b><br><br>All secondary care settings have embedded, or have an agreed plan to embed, the national MEWS into all acute secondary care EPRs, in line with the national MEWS digital specification.                                             | N/A         | A national digital specification has been developed for the digital integration of MEWS and is being prepared for publication. The latest draft digital specification is available on the Maternity and Neonatal Safety Improvement Hub.<br><br>Where a Trust does not have a digital EPR in use and is entirely paper-based, paper-based MEWS can be used. However, Trusts with digital EPRs that provide EWS in non-maternity settings should have embedded MEWS into these EPRs, or have an agreed plan to do so.<br><a href="#">FutureNHS - Maternity and Neonatal Safety Improvement Hub</a> | N/A                                    | N/A                                      |
|                   |                                                                                                                                                                                                                                                                                                                                                      | <b>MCB process indicator 2.1c</b><br><br>A local standard operating procedure is in place outlining the intended use, compliance of completion (physiology and additional concerns) and associated escalation according to the thresholds and triggers of the national MEWS. | N/A         | Within the first 12 months of agreement, this will be covered in process indicator 2.3a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | N/A                                    | N/A                                      |

## Element 2 – Pre-hospital and acute care

Element description: Ensuring unwell pregnant women receive the right care at the right time through improving access to urgent obstetric and maternal medicine care; and implementing a common approach to the monitoring, identification and management of maternal deterioration across all care settings.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                               | Process or Outcome Measure                                                                                                                                                                                                                    | Data Source                                                                                  | Technical Definition<br>(for metrics)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MSDS data entry required for numerator | MSDS data entry required for denominator |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------|
|                          |                                                                                                                                                                                                                                                                         | <p><b>MCB process measure 2.1d</b></p> <p>Percentage of pregnant or recently pregnant women admitted <u>outside a maternity setting</u>, where the MEWS tool was used in that care setting.</p>                                               | Manual audit until there is sufficient digital implementation of MEWS across secondary care. | <p><b>Numerator:</b> Number of women admitted outside a maternity setting in the past quarter, where use of MEWS tool is evidenced in their records during that episode of care.</p> <p><b>Denominator:</b> Number of women admitted outside a maternity setting in the past quarter.</p> <p><b>Guidance:</b><br/>Recently pregnant women are defined as women who have been pregnant in the past 4 weeks.</p> <p>An admission is defined where a stay has been utilised by bed occupancy for at least an overnight stay and/or where patient details have been inputted to commence a care journey.</p> <p>MEWS tool must be evidenced at least once between admission and discharge from acute care.</p> <p>Acute services should be aware where they are providing care to women who are or were recently pregnant. As digital maturity, and the number of admissions outside of a maternity setting will differ by trust, trusts should agree a scale and frequency of audit that is proportionate and feasible.</p> | N/A                                    | N/A                                      |
| 2.2                      | Implement a standardised pre-alert communication system between the ambulance service and labour ward and ensure adequate signage for all labour wards so that ambulance services can convey women with an obstetric emergency or red flags promptly and appropriately. | <p><b>MCB process indicator 2.2a</b></p> <p>A pre-alert system and associated local protocol / standard operating procedure is in place for each labour ward.</p>                                                                             | N/A                                                                                          | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | N/A                                    | N/A                                      |
|                          |                                                                                                                                                                                                                                                                         | <p><b>MCB process indicator 2.2b</b></p> <p>A review of signage has been completed for every labour ward involving ambulance staff and, where issues are identified, an action plan put in place to rectify.</p>                              | N/A                                                                                          | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | N/A                                    | N/A                                      |
| 2.3                      | Establish acute referral pathways from local services to the maternal medicine centre (MMC) for acutely unwell pregnant or recently pregnant women presenting with symptoms or diagnostic uncertainty                                                                   | <p><b>MCB process indicator 2.3a</b></p> <p>Local clinical guidelines or protocols are in place from all acute settings to MMC for red flag symptoms with clinical uncertainty, that have been agreed with the MMC in the past 12 months.</p> | N/A                                                                                          | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | N/A                                    | N/A                                      |

Element 2 – Pre-hospital and acute care

Element description: Ensuring unwell pregnant women receive the right care at the right time through improving access to urgent obstetric and maternal medicine care; and implementing a common approach to the monitoring, identification and management of maternal deterioration across all care settings.

| Inter-vention Ref | Required MCB Intervention                                                                                                                                                             | Process or Outcome Measure                                                                                                                            | Data Source | Technical Definition (for metrics)                                                      | MSDS data entry required for numerator | MSDS data entry required for denominator |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------|
| 2.3               | With symptoms or diagnostic uncertainty necessitating maternal medicine expertise. Maternity services and the maternity medicine network (MMN) should review these pathways annually. | <p><b>MCB process indicator 2.3b</b></p> <p>Pathways agreed from acute settings to MMC have been reviewed with the MMN within the past 12 months.</p> | N/A         | Within the first 12 months of agreement, this will be covered in process indicator 2.3a | N/A                                    | N/A                                      |

## Element 2 – Pre-hospital and acute care

Element description: Ensuring unwell pregnant women receive the right care at the right time through improving access to urgent obstetric and maternal medicine care; and implementing a common approach to the monitoring, identification and management of maternal deterioration across all care settings.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                            | Process Indicator or Process Measure                                                                                                                                                                                                                                  | Agreed target performance level by March 2027 | Evidence Name / Reference                                                                  | Evidence Type    | Reported Result Q1 26/27   | Reported Result Q2 26/27 | Reported Result Q3 26/27 | Reported Result Q4 26/27 | Reported Result Q1 27/28 | Reported Result Q2 27/28 | Reported Result Q3 27/28 | Reported Result Q4 27/28 | Self-Assessment Status | Intervention: Trust Board Validated Assessment Status | Rationale for Trust Board Validated Assessment Status: If intervention is not deemed fully implemented or partially implemented, why? Include resolution in E2 action plan worksheet |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------|------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.1                      | Implement the national maternity early warning score (MEWS) tool across all settings for women who are or have been pregnant in the past 4 weeks. This means ensuring timely obstetric team and/or obstetric physician review in line with the MEWS escalation timeframes, according to the total score identified and relevant additional concerns. | MCB process indicator 2.1a<br><br>The national MEWS has been embedded into Maternity Information Systems or Electronic Patient Record with MEWS being generated for every set of observations carried out on patients admitted to maternity settings. <sup>9</sup>    | N/A                                           | Guideline and OSCE ratified on the 21st May at Guideline and Audit Group and deteriorating | Guideline/policy |                            |                          |                          |                          |                          |                          |                          |                          | Not implemented        | Not implemented                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                       |                                               |                                                                                            |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                       |                                               |                                                                                            |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
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|                          |                                                                                                                                                                                                                                                                                                                                                      | MCB process indicator 2.1b<br><br>All secondary care settings have embedded, or have an agreed plan to embed, the national MEWS into all acute secondary care EPRs, in line with the national MEWS digital specification.                                             | N/A                                           |                                                                                            |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                       |                                               |                                                                                            |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
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|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                       |                                               |                                                                                            |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                      | MCB process indicator 2.1c<br><br>A local standard operating procedure is in place outlining the intended use, compliance of completion (physiology and additional concerns) and associated escalation according to the thresholds and triggers of the national MEWS. |                                               |                                                                                            |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                       |                                               |                                                                                            |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                       |                                               |                                                                                            |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
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|                          |                                                                                                                                                                                                                                                                                                                                                      | MCB process measure 2.1d<br><br>Percentage of pregnant or recently pregnant women admitted <u>outside a maternity setting</u> where the MEWS tool was used in that care setting.                                                                                      |                                               |                                                                                            |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                       |                                               |                                                                                            |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                       |                                               |                                                                                            |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                       |                                               |                                                                                            |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
| 2.2                      | Implement a standardised pre-alert communication system between the ambulance service and labour ward and ensure adequate signage for all labour wards so that ambulance services can convey women with an obstetric emergency or red flags promptly and appropriately.                                                                              | MCB process indicator 2.2a<br><br>A pre-alert system and associated local protocol / standard operating procedure is in place for each labour ward.                                                                                                                   | N/A                                           | YAS obstetric pre alert protocol                                                           | Guideline/policy | 2.2a partially implemented |                          |                          |                          |                          |                          |                          |                          | Partially implemented  | Partially implemented                                 |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                       |                                               |                                                                                            |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                       |                                               |                                                                                            |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                       |                                               |                                                                                            |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                      | MCB process indicator 2.2b<br><br>A review of signage has been completed for every labour ward involving ambulance staff and, where issues are identified, an action plan put in place to rectify.                                                                    | N/A                                           |                                                                                            |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                       |                                               |                                                                                            |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |

Element 2 – Pre-hospital and acute care

Element description: Ensuring unwell pregnant women receive the right care at the right time through improving access to urgent obstetric and maternal medicine care; and implementing a common approach to the monitoring, identification and management of maternal deterioration across all care settings.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                           | Process Indicator or Process Measure                                                                                                                                                                                            | Agreed target performance level by March 2027 | Evidence Name / Reference                 | Evidence Type    | Reported Result Q1 26/27   | Reported Result Q2 26/27 | Reported Result Q3 26/27 | Reported Result Q4 26/27 | Reported Result Q1 27/28 | Reported Result Q2 27/28 | Reported Result Q3 27/28 | Reported Result Q4 27/28 | Self-Assessment Status | Intervention: Trust Board Validated Assessment Status | Rationale for Trust Board Validated Assessment Status: If intervention is not deemed fully implemented or partially implemented, why? Include resolution in E2 action plan worksheet |
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| 2.3                      | Establish acute referral pathways from local services to the maternal medicine centre (MMC) for acutely unwell pregnant or recently pregnant women presenting with symptoms or diagnostic uncertainty necessitating maternal medicine expertise. Maternity services and the maternity medicine network (MMN) should review these pathways annually. | MCB process indicator 2.3a<br><br>Local clinical guidelines or protocols are in place from all acute settings to MMC for red flag symptoms with clinical uncertainty, that have been agreed with the MMC in the past 12 months. | N/A                                           | Maternal medicine centre referral pathway | Guideline/policy | 2.3a partially implemented |                          |                          |                          |                          |                          |                          |                          | Partially implemented  | Partially implemented                                 |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                 |                                               |                                           |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                 |                                               |                                           |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
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|                          |                                                                                                                                                                                                                                                                                                                                                     | MCB process indicator 2.3b<br><br>Pathways agreed from acute settings to MMC have been reviewed with the MMN within the past 12 months.                                                                                         | N/A                                           |                                           |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                 |                                               |                                           |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |

## Element 2 – Pre-hospital and acute care

Element description: Ensuring unwell pregnant women receive the right care at the right time through improving access to urgent obstetric and maternal medicine care; and implementing a common approach to the monitoring, identification and management of maternal deterioration across all care settings.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                            | Intervention: Trust<br>Board Validated<br>Assessment Status | Rationale for Trust Board Validated<br>Assessment Status: If intervention is<br>not deemed fully implemented or<br>partially implemented, why? | SMART actions to achieve full compliance                                                                                                                                                                                                                           | Date of last review | Date of next review | Action owner                                                                       | Progress                                                                                                     | Escalations required<br>(If required, specify who and what) |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 2.1                      | Implement the national maternity early warning score (MEWS) tool across all settings for women who are or have been pregnant in the past 4 weeks. This means ensuring timely obstetric team and/or obstetric physician review in line with the MEWS escalation timeframes, according to the total score identified and relevant additional concerns. | Not implemented                                             |                                                                                                                                                | Implement the National Maternity Early Warning Score (MEWS) across all maternity, emergency and relevant acute care settings for women who are pregnant or within 4 weeks postpartum ensuring that local guidelines, escalation pathways, staff training and audit | 27/8/26             |                     | Digital Lead<br>Midwife, Digital<br>Lead Nurse                                     | Project brief approved and actions captured within the Single Improvement Plan. Risk assessment in progress. |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                                                | Establish a mitigation plan for using paper copies of the MEWS tool until full digital implementation is achieved across all hospital settings                                                                                                                     | 27/8/26             |                     | Digital Lead<br>Midwife, Digital<br>Lead Nurse                                     | A Hazard safety workshop took place on the 7th July to discuss go-live date for nerve centre integration,    |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                                                | Working group to be established to oversee implementation of MEWS across acute care settings which reports into the Digital Authority Group                                                                                                                        | 27/8/26             |                     | Digital Lead<br>Midwife, Digital<br>Lead Nurse                                     |                                                                                                              |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                                                |                                                                                                                                                                                                                                                                    |                     |                     |                                                                                    |                                                                                                              |                                                             |
| 2.2                      | Implement a standardised pre-alert communication system between the ambulance service and labour ward and ensure adequate signage for all labour wards so that ambulance services can convey women with an obstetric emergency or red flags promptly and appropriately.                                                                              | Partially implemented                                       |                                                                                                                                                | Complete multidisciplinary pathway walk-through exercises at York and Scarborough sites with YAS and MNVP representatives by 30 October 2026.                                                                                                                      | 27/8/26             |                     | Head of Midwifery                                                                  |                                                                                                              |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                                                | Identified actions pertaining to signage from the pathway walk-through to be presented at the oversight group in November 2026 and rolled into single improvement plan                                                                                             | 27/8/26             |                     | Head of Midwifery                                                                  |                                                                                                              |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                                                |                                                                                                                                                                                                                                                                    |                     |                     |                                                                                    |                                                                                                              |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                                                |                                                                                                                                                                                                                                                                    |                     |                     |                                                                                    |                                                                                                              |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                                                | Obtain the Maternal Medicine Network (MMN) acute referral pathway for acutely unwell pregnant and recently pregnant women, review against existing local escalation processes, and incorporate into Trust guidelines and clinical pathways by 31st October 2026.   | 27/8/26             |                     | Maternal Medicine<br>Consultant Midwife,<br>Maternal medicine<br>lead obstetrician |                                                                                                              |                                                             |

### Element 3 – Epilepsy in pregnancy

Element description: Improving control of seizures by ensuring timely access to specialist multidisciplinary epilepsy care during and after pregnancy.

| Inter-vention Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Process or Outcome Measure                                                                                                                                                                                                                                                                                                                                                | Data Source | Technical Definition (for metrics) | MSDS data entry required for numerator | MSDS data entry required for denominator |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------|----------------------------------------|------------------------------------------|
| 3.1               | <p>Every pregnant woman with epilepsy has access to a local epilepsy in pregnancy team who will ordinarily lead the early pregnancy, intrapartum and postnatal care plans in line with the local maternal medicine network's (MMN) management and escalation protocol. The local team will consist of, at a minimum:</p> <ul style="list-style-type: none"> <li>• epilepsy nurse specialist or neurologist</li> <li>• maternal medicine obstetrician (see national service specification for maternal medicine networks*)</li> <li>• obstetric physician (subject to local availability)</li> </ul> <p><a href="#">*National service specification for maternal medicine networks</a></p> | <p><b>MCB process indicator 3.1a</b></p> <p>A local guideline or protocol is in place that sets out the local epilepsy team's staffing in line with intervention 3.1, clinic schedule and referral pathways available from time of referral to antenatal care, which has been agreed by clinical leads in maternity and neurology, and the Maternal Medicine Network.</p> | N/A         | N/A                                | N/A                                    | N/A                                      |
| 3.2               | <p>Women requiring more complex epilepsy care should be referred by the local epilepsy in pregnancy team to a maternal medicine network (MMN) multidisciplinary team (MDT) who can oversee and – where necessary – lead the provision of care.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>MCB process indicator 3.2a</b></p> <p>A local guideline or protocol is in place for the local epilepsy pregnancy team, that sets out criteria and process for referral to MMC, in line with MMC regional guidelines, which has been co-created with the MMN.</p>                                                                                                    | N/A         | N/A                                | N/A                                    | N/A                                      |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>MCB process indicator 3.2b</b></p> <p>Members of the provider's local epilepsy in pregnancy team have attended annual multidisciplinary teaching sessions about epilepsy facilitated by the MMN.</p>                                                                                                                                                                | N/A         | N/A                                | N/A                                    | N/A                                      |

Element 3 – Epilepsy in pregnancy

Element description: Improving control of seizures by ensuring timely access to specialist multidisciplinary epilepsy care during and after pregnancy.

| Inter-vention Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Process or Outcome Measure                                                                                                                                                                      | Data Source          | Technical Definition (for metrics)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MSDS data entry required for numerator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MSDS data entry required for denominator |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
|                   | <p><b>Expert consensus recommendation:</b></p> <p>The element 3 working group recommends by expert consensus that services work to put in place local pathways so that every woman with epilepsy receives:</p> <ul style="list-style-type: none"> <li>• a case review and triage by a member of the local epilepsy in pregnancy team within 2 weeks of first NHS care contact with a positive pregnancy test, and that highest risk (see criteria within the Maternal Care Bundle, Element 3) women are then seen in person for medications review within a further 2 weeks (so 4 weeks from first care contact).</li> </ul> | <p>Median waiting time for first antenatal epilepsy appointment attended, for women self referring to maternity services with an epilepsy diagnosis.</p>                                        | Local maternity data | <p><b>Metric construction:</b> Median number of days from self-referral to antenatal care to first antenatal epilepsy appointment attended, for;</p> <ul style="list-style-type: none"> <li>• women who declared an epilepsy diagnosis at self-referral and,</li> <li>• in the past quarter received their first antenatal epilepsy appointment.</li> </ul> <p><b>Guidance:</b></p> <p>The intention of this measure is to baseline performance in providing an essential and time-critical clinical activity for pregnant women with epilepsy. This data can be used for the purposes of local quality improvement.</p> | <p>As a matter of best practice, attendance at local epilepsy in pregnancy MDTs should be recorded in both the maternity and secondary care records.</p> <p>Ensure an epilepsy diagnosis is recorded in the following way:</p> <p>SNOMED CT Code to record: <b>84757009   Epilepsy (disorder)</b><br/> Field to complete: <b>DIAGNOSIS (CODED CLINICAL ENTRY)</b> and <b>DIAGNOSIS DATE</b><br/> In table: <b>MSD106 Diagnosis (Pregnancy)</b></p> <p>Ensure an antenatal epilepsy appointment is recorded in the following way:</p> <p>SNOMED CT Code to record: <b>185230000   Seen in neurology clinic (finding)</b><br/> Fields to complete: <b>CODED FINDING (CODED CLINICAL ENTRY)</b></p> <p>In table: <b>MSD202 Care Activity (Pregnancy)</b><br/> The date of this activity is captured as a mandatory data item in <b>MSD201 Care Contact (Pregnancy)</b>.</p> <p>The date of self-referral is captured in <b>MSD101 Pregnancy and Booking Details</b>.</p> | N/A - see numerator                      |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>A protocol or pathway is in place for self-referrals to maternity services to be reviewed, and women reporting epilepsy to be referred to local epilepsy pregnancy team for case review.</p> | N/A                  | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | N/A                                      |

### Element 3 – Epilepsy in pregnancy

Element description: Improving control of seizures by ensuring timely access to specialist multidisciplinary epilepsy care during and after pregnancy.

| Intervention Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Process Indicator or Process Measure                                                                                                                                                                                                                                                                                                                               | Agreed target performance level by March 2027 | Evidence Name / Reference                 | Evidence Type      | Reported Result Q1 26/27 | Reported Result Q2 26/27 | Reported Result Q3 26/27 | Reported Result Q4 26/27 | Reported Result Q1 27/28 | Reported Result Q2 27/28 | Reported Result Q3 27/28 | Reported Result Q4 27/28 | Self-Assessment Status | Intervention: Trust Board Validated Assessment Status | Rationale for Trust Board Validated Assessment<br>Status: If intervention is not deemed fully implemented or partially implemented, why? Include resolution in E3 action plan worksheet |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.1              | Every pregnant woman with epilepsy has access to a local epilepsy in pregnancy team who will ordinarily lead the early pregnancy, intrapartum and postnatal care plans in line with the local maternal medicine network's (MMN) management and escalation protocol. The local team will consist of, at a minimum:<br>• epilepsy nurse specialist or neurologist<br>• maternal medicine obstetrician (see national service specification for maternal medicine networks*)<br>• obstetric physician (subject to local availability)     | <b>MCB process indicator 3.1a</b><br><br>A local guideline or protocol is in place that sets out the local epilepsy team's staffing in line with intervention 3.1, clinic schedule and referral pathways available from time of referral to antenatal care, which has been agreed by clinical leads in maternity and neurology, and the Maternal Medicine Network. | N/A                                           |                                           |                    |                          |                          |                          |                          |                          |                          |                          |                          | Partially implemented  | Partially implemented                                 |                                                                                                                                                                                         |
| 3.2              | Women requiring more complex epilepsy care should be referred by the local epilepsy in pregnancy team to a maternal medicine network (MMN) multidisciplinary team (MDT) who can oversee and – where necessary – lead the provision of care.                                                                                                                                                                                                                                                                                           | <b>MCB process indicator 3.2a</b><br><br>A local guideline or protocol is in place for the local epilepsy pregnancy team, that sets out criteria and process for referral to MMC, in line with MMC regional guidelines, which has been co-created with the MMN.                                                                                                    | N/A                                           | Maternal Medicine Centre Referral pathway | Guideline / policy | 3.2a fully implemented   |                          |                          |                          |                          |                          |                          |                          | Fully implemented      | Fully implemented                                     |                                                                                                                                                                                         |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MCB process indicator 3.2b</b><br><br>Members of the provider's local epilepsy in pregnancy team have attended annual multidisciplinary teaching sessions about epilepsy facilitated by the MMN.                                                                                                                                                                | N/A                                           |                                           |                    |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |
| -                | <b>Expert consensus recommendations</b><br><br>The element 3 working group recommends by expert consensus that services work to put in place local pathways so that every woman with epilepsy receives:<br><br>• a case review and triage by a member of the local epilepsy in pregnancy team within 2 weeks of first NHS care contact with a positive pregnancy test, and that highest risk (see criteria below) women are then seen in person for medications review within a further 2 weeks (so 4 weeks from first care contact). | Median waiting time for first antenatal epilepsy appointment attended, for women self referring to maternity services with an epilepsy diagnosis.                                                                                                                                                                                                                  |                                               |                                           |                    |                          |                          |                          |                          |                          |                          |                          |                          | Not implemented        | Not implemented                                       |                                                                                                                                                                                         |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A protocol or pathway is in place for self-referrals to maternity services to be reviewed, and women reporting epilepsy to be referred to local epilepsy pregnancy team for case review.                                                                                                                                                                           | N/A                                           |                                           |                    |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |

### Element 3 – Epilepsy in pregnancy

Element description: Improving control of seizures by ensuring timely access to specialist multidisciplinary epilepsy care during and after pregnancy.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Intervention: Trust<br>Board Validated<br>Assessment Status | Rationale for Trust Board Validated<br>Assessment Status: If intervention is<br>not deemed fully implemented or<br>partially implemented, why? | SMART actions to achieve full compliance                                                                                                                                                                                               | Date of last review | Date of next<br>review | Action owner  | Progress | Escalations required<br>(If required, specify who and what) |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|---------------|----------|-------------------------------------------------------------|
| 3.1                      | <p>Every pregnant woman with epilepsy has access to a local epilepsy in pregnancy team who will ordinarily lead the early pregnancy, intrapartum and postnatal care plans in line with the local maternal medicine network's (MMN) management and escalation protocol. The local team will consist of, at a minimum:</p> <ul style="list-style-type: none"> <li>• epilepsy nurse specialist or neurologist</li> <li>• maternal medicine obstetrician (see national service specification for maternal medicine networks*)</li> <li>• obstetric physician (subject to local availability)</li> </ul> | Partially implemented                                       |                                                                                                                                                | Implement Epilepsy service at Scarborough by 30 September 2026                                                                                                                                                                         | 07/08/2026          | 10/09/2026             | Epilepsy team |          | No obstetric physician available in the trust               |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                                                                                | Co-produce a SOP and service specification for the local epilepsy service which includes staffing clininc schedule and referral pathways during antenatal care by December 2026.                                                       | 07/08/2026          | 10/09/2026             | Epilepsy team |          |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                                                                                |                                                                                                                                                                                                                                        |                     |                        |               |          |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                                                                                |                                                                                                                                                                                                                                        |                     |                        |               |          |                                                             |
| 3.2                      | <p>Women requiring more complex epilepsy care should be referred by the local epilepsy in pregnancy team to a maternal medicine network (MMN) multidisciplinary team (MDT) who can oversee and – where necessary – lead the provision of care.</p>                                                                                                                                                                                                                                                                                                                                                  | Fully implemented                                           |                                                                                                                                                |                                                                                                                                                                                                                                        |                     |                        |               |          |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                                                                                |                                                                                                                                                                                                                                        |                     |                        |               |          |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                                                                                |                                                                                                                                                                                                                                        |                     |                        |               |          |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                                                                                |                                                                                                                                                                                                                                        |                     |                        |               |          |                                                             |
|                          | Expert consensus recommendations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                                                                                                                | Develop a process and monitor compliance to ensure that women with epilesepy are triaged by a member of the local Epilepsy in Pregnancy Team and receive case review and risk stratification within 14 days of first NHS care contact. | 27/8/26             |                        | Epilepsy team |          |                                                             |

## Element 4 – Maternal mental health

Element description: Improving the identification and response to perinatal mental health concerns through the consistent use of NICE recommended screening tools and timely referral to appropriate specialist support.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                    | Process or Outcome Measure                                                                                                                                                                                                     | Data Source                                                                                                                                                                                                               | Technical Definition<br>(for metrics)                                                                                                                                                                                                                                        | MSDS data entry required for numerator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MSDS data entry required for denominator                                                                                                                                                                                                                  |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.1                      | <p>As part of routine emotional wellbeing screening, women should be invited to <b>self-administer</b> the Whooley questions ahead of the:</p> <ul style="list-style-type: none"> <li>• booking, 25–28 week and 31–34 week antenatal appointments; and</li> <li>• 10–14 day postnatal appointment</li> </ul> | <p><b>MCB process indicator 4.1a</b></p> <p>A local protocol or guideline is in place on the self-administration of Whooley questions at booking, 25-28 week, 31-34 week appointments and 10-14 day postnatal appointment.</p> | N/A                                                                                                                                                                                                                       | N/A                                                                                                                                                                                                                                                                          | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N/A                                                                                                                                                                                                                                                       |
|                          |                                                                                                                                                                                                                                                                                                              | <p><b>MCB process measure 4.1b</b></p> <p>Percentage of women who had a Whooley questionnaire score recorded at booking appointment.</p>                                                                                       | Recording of Whooley questionnaire administration for each pregnant woman on Maternity Information System (MIS) and inclusion of this data in the providers' Maternity Services Dataset (MSDS) submission to NHS England. | <p><b>Numerator:</b> Number of women who had a booking appointment in the past quarter who had a Whooley questionnaire score recorded at booking.</p> <p><b>Denominator:</b> Number of women who had a booking appointment in the past quarter.</p>                          | <p>Ensure that the administration of the Whooley questionnaire is recorded:</p> <p>SNOMED CT Code to record: <b>803351000000106   Whooley depression screen score</b></p> <p>Fields to complete: <b>CODED ASSESSMENT TOOL TYPE (SNOMED CT)</b> and <b>PERSON SCORE</b> and <b>ASSESSMENT TOOL COMPLETION DATE</b></p> <p>In table: <b>MSD104 Coded Scored Assessment (Pregnancy)</b> or <b>MSD203 Coded Scored Assessment (Contact)</b></p> <p>The date of this activity is captured as a mandatory data item in <b>MSD201 Care Contact (Pregnancy)</b>, which will be used to determine if it occurred at booking.</p>                    | <p>Ensure every booking is recorded in table:</p> <p><b>MSD101 Pregnancy and Booking Details</b></p>                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                              | <p><b>MCB process measure 4.1c</b></p> <p>Percentage of women who had a Whooley questionnaire score recorded 25-28 week antenatal appointment.</p>                                                                             | Recording of Whooley questionnaire administration for each pregnant woman on Maternity Information System (MIS) and inclusion of this data in the providers' Maternity Services Dataset (MSDS) submission to NHS England. | <p><b>Numerator:</b> Number of women who had a 25-28 week appointment in the past quarter who had a Whooley questionnaire score recorded 25-28 week appointment.</p> <p><b>Denominator:</b> Number of women who had a 25-28 week appointment in the past quarter.</p>        | <p>Ensure that the administration of the Whooley questionnaire is recorded:</p> <p>SNOMED CT Code to record: <b>803351000000106   Whooley depression screen score</b></p> <p>Fields to complete: <b>CODED ASSESSMENT TOOL TYPE (SNOMED CT)</b> and <b>PERSON SCORE</b> and <b>ASSESSMENT TOOL COMPLETION DATE</b></p> <p>In table: <b>MSD104 Coded Scored Assessment (Pregnancy)</b> or <b>MSD203 Coded Scored Assessment (Contact)</b></p> <p>The date of this activity is captured as a mandatory data item in <b>MSD201 Care Contact (Pregnancy)</b>, which will be used to determine if it occurred at the 25-28 week appointment.</p> | <p>Ensure every care contact is recorded.</p> <p>The date of care contact activity will be captured as a mandatory data item in <b>MSD201 Care Contact (Pregnancy)</b>, which will be used to determine if it occurred at the 25-28 week appointment.</p> |
|                          |                                                                                                                                                                                                                                                                                                              | <p><b>MCB process measure 4.1d</b></p> <p>Percentage of women who had a Whooley questionnaire score recorded at 31-34 weeks antenatal appointment.</p>                                                                         | Recording of Whooley questionnaire administration for each pregnant woman on Maternity Information System (MIS) and inclusion of this data in the providers' Maternity Services Dataset (MSDS) submission to NHS England. | <p><b>Numerator:</b> Number of women who had a 31-34 week appointment in the past quarter who had a Whooley questionnaire score recorded at the 31-34 week appointment.</p> <p><b>Denominator:</b> Number of women who had a 31-34 week appointment in the past quarter.</p> | <p>Ensure that the administration of the Whooley questionnaire is recorded:</p> <p>SNOMED CT Code to record: <b>803351000000106   Whooley depression screen score</b></p> <p>Fields to complete: <b>CODED ASSESSMENT TOOL TYPE (SNOMED CT)</b> and <b>PERSON SCORE</b> and <b>ASSESSMENT TOOL COMPLETION DATE</b></p> <p>In table: <b>MSD104 Coded Scored Assessment (Pregnancy)</b> or <b>MSD203 Coded Scored Assessment (Contact)</b></p> <p>The date of this activity is captured as a mandatory data item in <b>MSD201 Care Contact (Pregnancy)</b>, which will be used to determine if it occurred at the 31-34 week appointment.</p> | <p>Ensure every care contact is recorded.</p> <p>The date of care contact activity will be captured as a mandatory data item in <b>MSD201 Care Contact (Pregnancy)</b>, which will be used to determine if it occurred at the 31-34 week appointment.</p> |

## Element 4 – Maternal mental health

Element description: Improving the identification and response to perinatal mental health concerns through the consistent use of NICE recommended screening tools and timely referral to appropriate specialist support.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                       | Process or Outcome Measure                                                                                                                                                                                                              | Data Source                                                                                                                                                                                                                                        | Technical Definition<br>(for metrics)                                                                                                                                                                                                                                                                                                                              | MSDS data entry required for numerator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MSDS data entry required for denominator                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          |                                                                                                                                                                                                                                                                 | <p><b>MCB process measure 4.1e</b></p> <p>Percentage of women who had a Whooley questionnaire score recorded at 10-14 days postnatal appointment.</p>                                                                                   | Recording of Whooley questionnaire administration for each pregnant woman on Maternity Information System (MIS) and inclusion of this data in the providers' Maternity Services Dataset (MSDS) submission to NHS England.                          | <p><b>Numerator:</b> Number of women who had a 10-14 day postnatal appointment in the past quarter who had a Whooley questionnaire score recorded at the 10-14 day postnatal appointment.</p> <p><b>Denominator:</b> Number of women who had a 10-14 day postnatal appointment in the past quarter.</p>                                                            | <p>Ensure that the administration of the Whooley questionnaire is recorded:</p> <p>SNOMED CT Code to record: <b>803351000000106   Whooley depression screen score</b></p> <p>Fields to complete: <b>CODED ASSESSMENT TOOL TYPE (SNOMED CT)</b> and <b>PERSON SCORE</b> and <b>ASSESSMENT TOOL COMPLETION DATE</b><br/>In table: <b>MSD203 Coded Scored Assessment (Contact)</b> or <b>MSD203 Coded Scored Assessment (Contact)</b></p> <p>The date of this MSD202 activity is captured as a mandatory data item in <b>MSD201 Care Contact (Pregnancy)</b>, which will be used to determine if it occurred at the 10-14 days postnatal appointment.</p>                                                                                                                                                                                                                                     | <p>Ensure every care contact is recorded.</p> <p>The date of this care contact activity is captured as a mandatory data item in <b>MSD201 Care Contact (Pregnancy)</b>, which will be used to determine if it occurred at the 10-14 days postnatal appointment.</p>                                                                                                                                                                                |
|                          |                                                                                                                                                                                                                                                                 | <p><b>MCB process indicator 4.1f</b></p> <p>All maternity services have embedded Whooley into patient facing digital systems, or have a process in place for administration of paper questionnaires.</p>                                | N/A                                                                                                                                                                                                                                                | N/A                                                                                                                                                                                                                                                                                                                                                                | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4.2                      | When a woman responds positively to either of the Whooley questions or there is concern, she should be invited to complete a further assessment using the Edinburgh Postnatal Depression Scale (EPDS). Where appropriate, this could be by self-administration. | <p><b>MCB process measure 4.2a</b></p> <p>Percentage of women who screen positive in Whooley questionnaire, that subsequently had EPDS recorded within a week.</p>                                                                      | Recording of Whooley questionnaire administration and EPDS administration for each postnatal woman on Maternity Information System (MIS) and inclusion of this data in the providers' Maternity Services Dataset (MSDS) submission to NHS England. | <p><b>Numerator:</b> Number of women who had a Whooley questionnaire and screen positive score recorded in the past quarter, that subsequently had EPDS recorded within a week of the Whooley questionnaire administration.</p> <p><b>Denominator:</b> Number of women who had a Whooley questionnaire and screen positive score recorded in the past quarter.</p> | <p>Ensure that the administration of the Whooley questionnaire and score is recorded:</p> <p>SNOMED CT Code to record: <b>803351000000106   Whooley depression screen score</b></p> <p>Fields to complete: <b>CODED ASSESSMENT TOOL TYPE (SNOMED CT)</b> and <b>PERSON SCORE</b> and <b>ASSESSMENT TOOL COMPLETION DATE</b><br/>In table: <b>MSD104 Coded Scored Assessment (Pregnancy)</b> or <b>MSD203 Coded Scored Assessment (Contact)</b></p> <p>and</p> <p>Ensure that the administration of the EPDS is recorded:</p> <p>SNOMED CT Code to record: <b>450320001   Edinburgh postnatal depression scale score</b></p> <p>Fields to complete: <b>CODED ASSESSMENT TOOL TYPE (SNOMED CT)</b> and <b>PERSON SCORE</b> and <b>ASSESSMENT TOOL COMPLETION DATE</b><br/>In table: <b>MSD104 Coded Scored Assessment (Pregnancy)</b> or <b>MSD203 Coded Scored Assessment (Contact)</b></p> | <p>Ensure that the administration of the Whooley questionnaire and score is recorded:</p> <p>SNOMED CT Code to record: <b>803351000000106   Whooley depression screen score</b></p> <p>Fields to complete: <b>CODED ASSESSMENT TOOL TYPE (SNOMED CT)</b> and <b>PERSON SCORE</b> and <b>ASSESSMENT TOOL COMPLETION DATE</b><br/>In table: <b>MSD104 Coded Scored Assessment (Pregnancy)</b> or <b>MSD203 Coded Scored Assessment (Contact)</b></p> |
|                          |                                                                                                                                                                                                                                                                 | <p><b>MCB process indicator 4.2b</b></p> <p>A local protocol or guideline is in place on the self-administration of EPDS, where appropriate, where women respond positively to either of the Whooley questions or there is concern.</p> | N/A                                                                                                                                                                                                                                                | N/A                                                                                                                                                                                                                                                                                                                                                                | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## Element 4 – Maternal mental health

Element description: Improving the identification and response to perinatal mental health concerns through the consistent use of NICE recommended screening tools and timely referral to appropriate specialist support.

| Inter-vention Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                       | Process or Outcome Measure                                                                                                                                                                                                                                                                                                                                                                                                                    | Data Source | Technical Definition (for metrics)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MSDS data entry required for numerator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MSDS data entry required for denominator                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   |                                                                                                                                                                                                                                                                                                                                                 | <p><b>MCB process indicator 4.2c</b></p> <p>All maternity services have EPDS embedded in patient facing digital systems and in records, or a process in place for administration of paper questionnaires.</p>                                                                                                                                                                                                                                 | N/A         | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N/A                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 4.3               | If a woman screens positive using EPDS (scores 13 or above in total or 2 or above on self-harm) or there is clinical concern, allow sufficient time in the same appointment to offer the woman a compassionate conversation to explore needs, discuss care options, agree next steps and receive referral to appropriate services if indicated. | <p><b>MCB process indicator 4.3a</b></p> <p>A local guideline or protocol is in place that sets out local perinatal mental health teams and how to refer, which has been agreed by clinical leads in maternity and perinatal mental health.</p> <p><b>MCB process measure 4.3b</b></p> <p>Percentage of women that screen positive on EPDS (scores 13 or above in total or 2 or above on self-harm) who are referred for further support.</p> | N/A         | <p><b>Numerator:</b> Number of women who had a EPDS and screen positive score recorded in the past quarter, that were referred for further support.</p> <p><b>Denominator:</b> Number of women who had a EPDS and screen positive score recorded in the past quarter.</p> <p><b>Guidance:</b></p> <p>Further support includes any NHS adult mental health or parent-infant service that provides treatment for both parental mental health problems and parenting. This could include specialist perinatal community mental health services (or maternal mental health services), NHS Talking Therapies, Mother and Baby Unit, adult community mental health team, Early Intervention Psychosis Services, Eating Disorders Services and 'personality disorder' services.</p> | <p>Ensure that the administration of the EPDS is recorded:<br/>SNOMED CT Code to record: <b>450320001   Edinburgh postnatal depression scale score</b></p> <p>Fields to complete: <b>CODED ASSESSMENT TOOL TYPE (SNOMED CT)</b> and <b>PERSON SCORE</b> and <b>ASSESSMENT TOOL COMPLETION DATE</b><br/>In table: <b>MSD104 Coded Scored Assessment (Pregnancy)</b> or <b>MSD203 Coded Scored Assessment (Contact)</b></p> <p>Ensure that referral for further support is recorded:<br/>SNOMED CT Code to record: <b>781531000000107   Referral to community perinatal mental health team (procedure)</b><br/>or<br/><b>390866009   Referral to mental health team (procedure)</b><br/>or<br/><b>380201000000109   Referral to IAPT (improving access to psychological therapies) programme (procedure)</b><br/>or<br/><b>380241000000107   Refer to Child and Adolescent Mental Health Service (procedure)</b></p> <p>Fields to complete: <b>CODED PROCEDURE AND PROCEDURE STATUS (CODED CLINICAL ENTRY)</b><br/>In table: <b>MSD202 Care Activity (Pregnancy)</b></p> | <p>Ensure that the administration of the EPDS is recorded:<br/>SNOMED CT Code to record: <b>450320001   Edinburgh postnatal depression scale score</b></p> <p>Fields to complete: <b>CODED ASSESSMENT TOOL TYPE (SNOMED CT)</b> and <b>PERSON SCORE</b> and <b>ASSESSMENT TOOL COMPLETION DATE</b><br/>In table: <b>MSD104 Coded Scored Assessment (Pregnancy)</b> or <b>MSD203 Coded Scored Assessment (Contact)</b></p> |

Element 4 – Maternal mental health

Element description: Improving the identification and response to perinatal mental health concerns through the consistent use of NICE recommended screening tools and timely referral to appropriate specialist support.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                     | Process Indicator or Process Measure                                                                                                                                                                             | Agreed target performance level by March 2027 | Evidence Name / Reference                       | Evidence Type | Reported Result Q1 26/27 | Reported Result Q2 26/27 | Reported Result Q3 26/27 | Reported Result Q4 26/27 | Reported Result Q1 27/28 | Reported Result Q2 27/28 | Reported Result Q3 27/28 | Reported Result Q4 27/28 | Self-Assessment Status | Intervention: Trust Board Validated Assessment Status | Rationale for Trust Board Validated Assessment Status: If intervention is not deemed fully implemented or partially implemented, why? Include resolution in E4 action plan worksheet |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.1                      | As part of routine emotional wellbeing screening, women should be invited to self-administer the Whooley questions ahead of the:<br><br>• booking, 25–28 week and 31–34 week antenatal appointments; and<br>• 10–14 day postnatal appointment | MCB process indicator 4.1a<br><br>A local protocol or guideline is in place on the self-administration of Whooley questions at booking, 25-28 week, 31-34 week appointments and 10-14 day postnatal appointment. | N/A                                           |                                                 |               |                          |                          |                          |                          |                          |                          |                          |                          | Not implemented        | Not implemented                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                                               |                                                 |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
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|                          |                                                                                                                                                                                                                                               | MCB process measure 4.1b<br><br>Percentage of women who had a Whooley questionnaire score recorded at booking appointment.                                                                                       |                                               | Whooley questions at booking audit              | Audit         |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                                               |                                                 |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
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|                          |                                                                                                                                                                                                                                               | MCB process measure 4.1c<br><br>Percentage of women who had a Whooley questionnaire score recorded 25-28 week antenatal appointment.                                                                             |                                               | Whooley questions at 28 weeks audit             |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                                               |                                                 |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
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|                          |                                                                                                                                                                                                                                               | MCB process measure 4.1d<br><br>Percentage of women who had a Whooley questionnaire score recorded at 31-34 weeks antenatal appointment.                                                                         |                                               |                                                 |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                                               |                                                 |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
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|                          |                                                                                                                                                                                                                                               | MCB process measure 4.1e<br><br>Percentage of women who had a Whooley questionnaire score recorded at 10-14 days postnatal appointment.                                                                          |                                               | Whooley questions at 10-14 days postnatal audit |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                                               |                                                 |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
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|                          |                                                                                                                                                                                                                                               | MCB process indicator 4.1f<br><br>All maternity services have embedded Whooley into patient facing digital systems, or have a process in place for administration of paper questionnaires.                       | N/A                                           |                                                 |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                                               |                                                 |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
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Element 4 – Maternal mental health

Element description: Improving the identification and response to perinatal mental health concerns through the consistent use of NICE recommended screening tools and timely referral to appropriate specialist support.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                       | Process Indicator or Process Measure                                                                                                                                                                                              | Agreed target performance level by March 2027 | Evidence Name / Reference | Evidence Type | Reported Result Q1 26/27 | Reported Result Q2 26/27 | Reported Result Q3 26/27 | Reported Result Q4 26/27 | Reported Result Q1 27/28 | Reported Result Q2 27/28 | Reported Result Q3 27/28 | Reported Result Q4 27/28 | Self-Assessment Status | Intervention: Trust Board Validated Assessment Status | Rationale for Trust Board Validated Assessment<br>Status: If intervention is not deemed fully implemented or partially implemented, why? Include resolution in E4 action plan worksheet |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| 4.2                      | When a woman responds positively to either of the Whooley questions or there is concern, she should be invited to complete a further assessment using the Edinburgh Postnatal Depression Scale (EPDS). Where appropriate, this could be by self-administration.                                                                                 | MCB process measure 4.2a<br><br>Percentage of women who screen positive in Whooley questionnaire, that subsequently had EPDS recorded within a week.                                                                              |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          | Not implemented        | Not implemented                                       |                                                                                                                                                                                         |
|                          |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |
|                          |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |
|                          |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |
|                          |                                                                                                                                                                                                                                                                                                                                                 | MCB process indicator 4.2b<br><br>A local protocol or guideline is in place on the self-administration of EPDS, where appropriate, where women respond positively to either of the Whooley questions or there is concern.         | N/A                                           |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |
|                          |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |
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|                          |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |
|                          |                                                                                                                                                                                                                                                                                                                                                 | MCB process indicator 4.2c<br><br>All maternity services have EPDS embedded in patient facing digital systems and in records, or a process in place for administration of paper questionnaires.                                   | N/A                                           |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |
|                          |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |
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|                          |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |
| 4.3                      | If a woman screens positive using EPDS (scores 13 or above in total or 2 or above on self-harm) or there is clinical concern, allow sufficient time in the same appointment to offer the woman a compassionate conversation to explore needs, discuss care options, agree next steps and receive referral to appropriate services if indicated. | MCB process indicator 4.3a<br><br>A local guideline or protocol is in place that sets out local perinatal mental health teams and how to refer, which has been agreed by clinical leads in maternity and perinatal mental health. | N/A                                           |                           |               |                          |                          |                          |                          |                          |                          |                          |                          | Not implemented        | Not implemented                                       |                                                                                                                                                                                         |
|                          |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |
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|                          |                                                                                                                                                                                                                                                                                                                                                 | MCB process indicator 4.3b<br><br>Percentage of women that screen positive on EPDS (scores 13 or above in total or 2 or above on self-harm) who are referred for further support.                                                 |                                               | Referrals audit           | Audit         |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |
|                          |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                               |                           |               |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                         |

## Element 4 – Maternal mental health

Element description: Improving the identification and response to perinatal mental health concerns through the consistent use of NICE recommended screening tools and timely referral to appropriate specialist support.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                       | Intervention: Trust<br>Board Validated<br>Assessment Status | Rationale for Trust Board Validated<br>Assessment Status: If intervention is<br>not deemed fully implemented or<br>partially implemented, why? | SMART actions to achieve full compliance                                                                                                                                                                                                                   | Date of last review | Date of next review | Action owner                                                                    | Progress | Escalations required<br>(If required, specify who and what)                                                                                                                                                                  |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|---------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.1                      | As part of routine emotional wellbeing screening, women should be invited to <b>self-administer</b> the Whooley questions ahead of the:<br><br>• booking, 25–28 week and 31–34 week antenatal appointments; and<br>• 10–14 day postnatal appointment            | Not implemented                                             |                                                                                                                                                | Review and update the Maternal Mental Health Guideline to align with Maternal Care Bundle requirements for the self-administration of the Whooley Questions at booking, 25–28 weeks, 31–34 weeks and 10–14 days postnatally. Develop and implement a       | 27/8/26             |                     | Perinatal Mental Health Lead Midwife                                            |          |                                                                                                                                                                                                                              |
|                          |                                                                                                                                                                                                                                                                 |                                                             |                                                                                                                                                | Implement self-administration of the Whooley Questions at booking, 25–28 weeks, 31–34 weeks and 10–14 days postnatally, ensuring accessibility, paper and translated versions are available by 31st March 2027                                             | 27/8/26             |                     | Perinatal Mental Health Lead Midwife / Community Team Leaders / Digital Midwife |          | Escalations to System C - change request has been made (15/6/26) and currently there is no capability in BadgerNet to self administer the whooley questions. Escalation to the ICB by <i>Director of Midwifery (18/6/26)</i> |
|                          |                                                                                                                                                                                                                                                                 |                                                             |                                                                                                                                                | Introduce a quarterly audit of compliance with maternal mental health screening requirements to monitor completion of self-administered Whooley Questions at booking, 25–28 weeks, 31–34 weeks and 10–14 days postnatally by July 2027.                    | 27/8/26             |                     | Digital Midwife / Perinatal Mental Health Midwife                               |          | Unable to audit all requirements currently as not yet embedded into practice.                                                                                                                                                |
|                          |                                                                                                                                                                                                                                                                 |                                                             |                                                                                                                                                | Implement a local process for self-administration of the whooley questions whilst awaiting changes to BadgerNet - via booking email and then with CMWs                                                                                                     | 27/8/26             |                     | community team / perinatal mental health midwife                                |          |                                                                                                                                                                                                                              |
| 4.2                      | When a woman responds positively to either of the Whooley questions or there is concern, she should be invited to complete a further assessment using the Edinburgh Postnatal Depression Scale (EPDS). Where appropriate, this could be by self-administration. | Not implemented                                             |                                                                                                                                                | Review and update the Maternal Mental Health Guideline to align with Maternal Care Bundle requirements for the completion of the Edinburgh Postnatal Depression Scale when clinically indicated . The revised guideline will be ratified through the Trust | 27/8/26             |                     | Perinatal Mental Health Lead Midwife                                            |          |                                                                                                                                                                                                                              |
|                          |                                                                                                                                                                                                                                                                 |                                                             |                                                                                                                                                | Implement the Edinburgh Postnatal Depression Scale on BadgerNet and with a paper option that is available in translated and accessible formats by March 2027                                                                                               | 27/8/26             |                     | Perinatal Mental Health Lead Midwife / Community Team Leaders / Digital Midwife |          |                                                                                                                                                                                                                              |
|                          |                                                                                                                                                                                                                                                                 |                                                             |                                                                                                                                                | Introduce a quarterly audit of compliance with EPDS being recorded for all women who screen positive to the Whooley Questions within a 1 week timeframe by July 2027                                                                                       | 27/8/26             |                     | Digital Midwife / Perinatal Mental Health Midwife                               |          |                                                                                                                                                                                                                              |
|                          |                                                                                                                                                                                                                                                                 |                                                             |                                                                                                                                                | Develop and implement a communication and staff training plan to ensure all relevant maternity staff and service users are informed of the updated requirements and changes to practice.                                                                   |                     |                     |                                                                                 |          |                                                                                                                                                                                                                              |
|                          |                                                                                                                                                                                                                                                                 |                                                             |                                                                                                                                                | Review and update the Maternal Mental Health Guideline to align with the Maternal Care Bundle requirements for onward referral if clinically indicated following completion of the EPDS. Develop and implement a communication and staff training plan to  | 27/8/26             |                     | Perinatal Mental Health Lead Midwife                                            |          |                                                                                                                                                                                                                              |

## Element 5 – Obstetric haemorrhage

Element description: Improving the management of haemorrhage through standardised approaches to timely identification, escalation and response to obstetric bleeding, along with ongoing multidisciplinary review and learning.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Process or Outcome Measure                                                                                                                                                                                            | Data Source                                                          | Technical Definition<br>(for metrics)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MSDS data entry required for numerator | MSDS data entry required for denominator |
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| 5.1                      | Measure cumulative blood loss for all births in community and secondary care settings. This includes ensuring access to key resources including:<br><br>• scales – available at all births with swab weight chart to record and assess blood loss accurately<br>• under-buttock blood collection drapes for assisted vaginal births<br>• access to an obstetric haemorrhage emergency kit – that is, a trolley or grab bag for all births and postnatal settings<br>• documentation tool for individual patient records to be updated in real time | <b>MCB process indicator 5.1a</b><br><br>A clinical guideline is in place for the cumulative quantitative measurement of blood loss during and after labour, escalation (who, what, when) in line with MCB element 5. | N/A                                                                  | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N/A                                    | N/A                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>MCB process measure 5.1b</b><br><br>Percentage of women with bleed >2L with evidence of cumulative measured blood loss in line with clinical guideline in 5.1a.                                                    | Manual audit of case reviews completed in line with intervention 5.3 | <b>Numerator:</b> Number of women with bleed >2L case reviewed in the last quarter, with evidence of cumulative measured blood loss in line with clinical guideline in 5.1a<br><br><b>Denominator:</b> Number of women with bleed >2L case reviewed in last quarter<br><br><b>Guidance:</b><br><br>This metric will derive from manual audits required as part of intervention 5.3. As part of these audits, leads should seek evidence that blood loss has been recorded at more than one time point - not just at the end of intrapartum care. This should be evidenced through routine use of a paper or electronic real-time documentation tool to cumulatively measure blood loss, that is evidenced in records.                                                                                                                                                                                                                                                                                  |                                        |                                          |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>MCB process measure 5.1c</b><br><br>Percentage of women with bleed >1L and <2L with evidence of cumulative measured blood loss in line with clinical guideline in 5.1a.                                            | Manual audit of cases                                                | <b>Numerator:</b> Number of women with bleed >1L and <2L, with evidence of cumulative measured blood loss in line with clinical guideline in 5.1a<br><br><b>Denominator:</b> Number of women with bleed >1L and <2L whose cases have been reviewed<br><br><b>Guidance:</b><br><br>This should be evidenced through routine use of a paper or electronic real-time documentation tool to cumulatively measure blood loss, that is evidenced in records.<br><br>Audit of blood losses of >1L and <2L are intended to improve insight into cases where a haemorrhage has been identified and a massive haemorrhage has been prevented by timely escalation and action. However, as these cases are not required to be reviewed in intervention 5.3 and are more frequent than losses >2L, trusts should agree a scale and frequency of audit that is proportionate and feasible for the clinical team.<br><br>For example, this could be looking 10 consecutive cases of losses >1L and <2L in a quarter. |                                        |                                          |

## Element 5 – Obstetric haemorrhage

Element description: Improving the management of haemorrhage through standardised approaches to timely identification, escalation and response to obstetric bleeding, along with ongoing multidisciplinary review and learning.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Process or Outcome Measure                                                                                                                                                                       | Data Source                                                          | Technical Definition<br>(for metrics)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MSDS data entry required for numerator | MSDS data entry required for denominator |
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| 5.2                      | <p>Standardised definition and reporting of postpartum haemorrhage (PPH) and points of escalation by cumulative measured blood loss:</p> <ul style="list-style-type: none"> <li>• by 500mL loss* and ongoing bleeding: -for community births, escalation and help sought, with plans made for immediate transfer to secondary care.</li> <li>• in secondary care, midwife in charge and the first-line obstetric and anaesthetic staff should be alerted</li> </ul> <p>• by 1,000mL loss,* senior midwife, obstetrician (ST3 equivalent or above) and anaesthetist should all be present and managing as an obstetric emergency</p> <p>• by 1,500mL loss,* consultant obstetricians should be informed, with attendance required if bleeding ongoing, unstable or deteriorating</p> <p>• standardising reporting of PPH at 1,500mL*</p> <p>* Clinical judgement should be used to escalate earlier if required, taking into consideration the woman's individual risk factors that may lead to an earlier deterioration and the skill mix of the clinical team attending.</p> | <p><b>MCB process measure 5.2a</b></p> <p>Percentage of women with bleed &gt;2L case reviewed in previous month with evidence of timely escalations in line with clinical guideline in 5.1a.</p> | Manual audit of case reviews completed in line with intervention 5.3 | <p><b>Numerator:</b> Number of women with bleed &gt;2L case reviewed in the last quarter, with evidence of timely escalations in line with clinical guideline in 5.1a</p> <p><b>Denominator:</b> Number of women with bleed &gt;2L case reviewed in last quarter</p> <p><b>Guidance:</b></p> <p>This should be evidenced through routine use of a paper or electronic real-time documentation tool to record timely escalations, that is evidenced in records.</p> <p>It should be recognised that clinical scenarios may not allow for timely, sequential escalation. Therefore, clinical judgement must be exercised to agree what escalation was possible in the circumstances of each case.</p> <p>Ambitions and trajectories for % reliability should be based on a root-cause analysis of missed escalations and local judgement on what percentage of cases could have been escalated in a more timely manner.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                          |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>MCB process measure 5.2b</b></p> <p>Percentage of women with bleed &gt;1L and &lt;2L with evidence of timely escalations in line with clinical guideline in 5.1a.</p>                      | Manual audit of cases                                                | <p><b>Numerator:</b> Number of women with bleed &gt;1L and &lt;2L , with evidence of cumulative measured blood loss in line with clinical guideline in 5.1a</p> <p><b>Denominator:</b> Number of women with bleed &gt;1L and &lt;2L whose cases have been reviewed</p> <p><b>Guidance:</b></p> <p>This should be evidenced through routine use of a paper or electronic real-time documentation tool to record timely escalations, that is evidenced in records.</p> <p>It should be recognised that clinical scenarios may not allow for timely, sequential escalation. Therefore, clinical judgement must be exercised to agree what escalation was possible in the circumstances of each case.</p> <p>Ambitions and trajectories for % reliability should be based on a root-cause analysis of missed escalations and local judgement on what percentage of cases could have been escalated in a more timely manner.</p> <p>Audit of blood losses of &gt;1L and &lt;2L are intended to improve insight into cases where a haemorrhage has been identified and a massive haemorrhage has been prevented by timely escalation and action. However, as these cases are not required to be reviewed in intervention 5.3 and are more frequent than losses &gt;2L, trusts should agree a scale and frequency of audit that is proportionate and feasible for the clinical team.</p> <p>For example, this could be looking 10 consecutive cases of losses &gt;1L and &lt;2L in a</p> |                                        |                                          |

## Element 5 – Obstetric haemorrhage

Element description: Improving the management of haemorrhage through standardised approaches to timely identification, escalation and response to obstetric bleeding, along with ongoing multidisciplinary review and learning.

| Inter-vention Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Process or Outcome Measure                                                                                                  | Data Source                                                          | Technical Definition (for metrics)                                                                                                                                                                                                                         | MSDS data entry required for numerator | MSDS data entry required for denominator |
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| 5.3               | Multidisciplinary team (MDT) case review should be undertaken for all women with significant bleeds (>2L) and all cases of cryoprecipitate and fibrinogen concentrate use within a month.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MCB process measure 5.3a</b><br><br>Percentage of women with bleed >2L case reviewed within a month.                     | Manual audit of case reviews completed in line with intervention 5.3 | <b>Numerator:</b> Number of women with recorded bleed >2L in a birth in the past quarter, with a case review recorded as taking place within a month.<br><br><b>Denominator:</b> Number of women with a recorded bleed >2L in a birth in the past quarter. |                                        |                                          |
|                   | <b>Expert consensus recommendations:</b> <ul style="list-style-type: none"> <li>Services should agree protocols with laboratories so that Clauss fibrinogen assay results are available within 1 hour of taking blood for testing in cases of coagulopathy, abruption, fetal demise, suspicion of concealed bleeding, maternal cardiac arrest, suspicion of amniotic fluid embolus or PPH &gt;1,000mL.</li> <li>Point-of-care testing (TEG/ROTEM or equivalent) is faster than standard laboratory testing, with clotting results available in minutes rather than hours. This supports early identification and correction of low fibrinogen levels and allows targeted replacement with fibrinogen products infused at a time and dose specific to the woman's need.</li> </ul> | A service level agreement is in place with laboratory services for timely clauss fibrinogen assay results within 1 hour.    | N/A                                                                  | N/A                                                                                                                                                                                                                                                        | N/A                                    | N/A                                      |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A clinical protocol is in place for effective use of point of care coagulation testing (for each Labour Ward where in use). | N/A                                                                  | N/A                                                                                                                                                                                                                                                        | N/A                                    | N/A                                      |

Element 5 – Obstetric haemorrhage

Element description: Improving the management of haemorrhage through standardised approaches to timely identification, escalation and response to obstetric bleeding, along with ongoing multidisciplinary review and learning.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Process Indicator or Process Measure                                                                                                                                                                           | Agreed target performance level by March 2027 | Evidence Name / Reference | Evidence Type    | Reported Result Q1 26/27   | Reported Result Q2 26/27 | Reported Result Q3 26/27 | Reported Result Q4 26/27 | Reported Result Q1 27/28 | Reported Result Q2 27/28 | Reported Result Q3 27/28 | Reported Result Q4 27/28 | Self-Assessment Status | Intervention: Trust Board Validated Assessment Status | Rationale for Trust Board Validated Assessment Status: If intervention is not deemed fully implemented or partially implemented, why? Include resolution in E5 action plan worksheet |
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| 5.1                      | Measure cumulative blood loss for all births in community and secondary care settings. This includes ensuring access to key resources including:<br><br>• scales – available at all births with swab weight chart to record and assess blood loss accurately<br>• under-buttock blood collection drapes for assisted vaginal births<br>• access to an obstetric haemorrhage emergency kit – that is, a trolley or grab bag for all births and postnatal settings<br>• documentation tool for individual patient records to be updated in real time                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MCB process indicator 5.1a<br><br>A clinical guideline is in place for the cumulative quantitative measurement of blood loss during and after labour, escalation (who, what, when) in line with MCB element 5. | N/A                                           | PPH guideline             | Guideline/policy | 5.1a partially implemented |                          |                          |                          |                          |                          |                          |                          | Partially implemented  | Partially implemented                                 |                                                                                                                                                                                      |
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|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MCB process measure 5.1b<br><br>Percentage of women with bleed >2L with evidence of cumulative measured blood loss in line with clinical guideline in 5.1a.                                                    |                                               |                           |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
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| 5.2                      | Standardised definition and reporting of postpartum haemorrhage (PPH) and points of escalation by cumulative measured blood loss:<br><br>• by 500ml loss* and ongoing bleeding: for community births, escalation and help sought, with plans made for immediate transfer to secondary care.<br>• in secondary care, midwife in charge and the first-line obstetric and anaesthetic staff should be alerted<br><br>• by 1,000ml loss,* senior midwife, obstetrician (ST3 equivalent or above) and anaesthetist should all be present and managing as an obstetric emergency<br><br>• by 1,500ml loss,* consultant obstetricians should be informed, with attendance required if bleeding ongoing, unstable or deteriorating<br><br>• standardising reporting of PPH at 1,500ml*<br><br>* Clinical judgement should be used to escalate earlier if required, taking into consideration the woman's individual risk factors that may lead to an earlier deterioration and the skill mix of the clinical team attending. | MCB process indicator 5.2a<br><br>Percentage of women with bleed >2L case reviewed in previous month with evidence of timely escalations in line with clinical guideline in 5.1a.                              |                                               |                           |                  |                            |                          |                          |                          |                          |                          |                          |                          | Partially implemented  | Partially implemented                                 |                                                                                                                                                                                      |
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|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MCB process measure 5.2b<br><br>Percentage of women with bleed >1L and <2L with evidence of timely escalations in line with clinical guideline in 5.1a.                                                        |                                               |                           |                  |                            |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
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Element 5 – Obstetric haemorrhage

Element description: Improving the management of haemorrhage through standardised approaches to timely identification, escalation and response to obstetric bleeding, along with ongoing multidisciplinary review and learning.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Process Indicator or Process Measure                                                                                        | Agreed target performance level by March 2027 | Evidence Name / Reference        | Evidence Type    | Reported Result Q1 26/27 | Reported Result Q2 26/27 | Reported Result Q3 26/27 | Reported Result Q4 26/27 | Reported Result Q1 27/28 | Reported Result Q2 27/28 | Reported Result Q3 27/28 | Reported Result Q4 27/28 | Self-Assessment Status | Intervention: Trust Board Validated Assessment Status | Rationale for Trust Board Validated Assessment Status: If intervention is not deemed fully implemented or partially implemented, why? Include resolution in E5 action plan worksheet |
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| 5.3                      | Multidisciplinary team (MDT) case review should be undertaken for all women with significant bleeds (>2L) and all cases of cryoprecipitate and fibrinogen concentrate use within a month.                                                                                                                                                                                                                                                                                                                                                                           | MCB process indicator 5.3a<br><br>Percentage of women with bleed >2L case reviewed within a month.                          |                                               |                                  |                  |                          |                          |                          |                          |                          |                          |                          |                          | Partially implemented  | Partially implemented                                 |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                             |                                               |                                  |                  |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
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| -                        | <b>Expert consensus recommendations</b><br><br>• Services should agree protocols with laboratories so that Clauss fibrinogen assay results are available within 1 hour of taking blood for testing.<br><br>• Point-of-care testing (TEG/ROTEM or equivalent) is faster than standard laboratory testing, with clotting results available in minutes rather than hours. This supports early identification and correction of low fibrinogen levels and allows targeted replacement with fibrinogen products infused at a time and dose specific to the woman's need. | A service level agreement is in place with laboratory services for timely Clauss fibrinogen assay results within 1 hour.    | N/A                                           |                                  |                  |                          |                          |                          |                          |                          |                          |                          |                          | Partially implemented  | Partially implemented                                 |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                             |                                               |                                  |                  |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
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|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | A clinical protocol is in place for effective use of point of care coagulation testing (for each Labour Ward where in use). | N/A                                           | Postpartum Haemorrhage guideline | Guideline/policy | Partially implemented    |                          |                          |                          |                          |                          |                          |                          | Partially implemented  | Partially implemented                                 |                                                                                                                                                                                      |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                             |                                               |                                  |                  |                          |                          |                          |                          |                          |                          |                          |                          |                        |                                                       |                                                                                                                                                                                      |
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## Element 5 – Obstetric haemorrhage

Element description: Improving the management of haemorrhage through standardised approaches to timely identification, escalation and response to obstetric bleeding, along with ongoing multidisciplinary review and learning.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Intervention: Trust<br>Board Validated<br>Assessment Status | Rationale for Trust Board Validated<br>Assessment Status: If intervention is<br>not deemed fully implemented or<br>partially implemented, why? | SMART actions to achieve full compliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date of last review | Date of next review | Action owner                                                  | Progress | Escalations required<br>(If required, specify who and what) |
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| 5.1                      | Measure cumulative blood loss for all births in community and secondary care settings. This includes ensuring access to key resources including:<br><ul style="list-style-type: none"><li>• scales – available at all births with swab weight chart to record and assess blood loss accurately</li><li>• under-buttock blood collection drapes for assisted vaginal births</li><li>• access to an obstetric haemorrhage emergency kit – that is, a trolley or grab bag for all births and postnatal settings</li><li>• documentation tool for individual patient records to be updated in real time</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                           | Partially implemented                                       |                                                                                                                                                | Review all community birth equipment by 30 September 2026 and provide assurance that weight charts, scales and blood loss measurement resources are available at 100% of planned home<br><br>By October 26, complete an audit of all obstetric haemorrhage cases >2litres to provide assurance that cumulative blood loss has been measured in line with local guidance<br><br>By October 26 complete an audit of all obstetric haemorrhage cases >1 litre <2 litres to provide assurance that cumulative blood loss has been measured in line with local guidance | 07/08/2026          | 26/08/2029          | Community leadership team (community matron and team leaders) |          |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 07/08/2026          | 26/08/2026          | BI team                                                       |          |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 07/08/2026          | 26/08/2026          | BI team                                                       |          |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                     |                                                               |          |                                                             |
| 5.2                      | Standardised definition and reporting of postpartum haemorrhage (PPH) and points of escalation by cumulative measured blood loss:<br><br>• by 500mL loss* and ongoing bleeding:<br>-for community births, escalation and help sought, with plans made for immediate transfer to secondary care.<br>- in secondary care, midwife in charge and the first-line obstetric and anaesthetic staff should be alerted<br><br>• by 1,000mL loss,* senior midwife, obstetrician (ST3 equivalent or above) and anaesthetist should all be present and managing as an obstetric emergency<br><br>• by 1,500mL loss,* consultant obstetricians should be informed, with attendance required if bleeding ongoing, unstable or deteriorating<br><br>• standardising reporting of PPH at 1,500mL*<br><br>*Clinical judgement should be used to escalate earlier if required, taking into consideration the woman's individual risk factors that may lead to an earlier deterioration and the skill mix of the clinical team attending. | Partially implemented                                       |                                                                                                                                                | By October 26 complete an audit of all obstetric haemorrhage cases >2litres to provide assurance that timely escalation has occurred in line with local guidance<br><br>By October 26 complete an audit of all obstetric haemorrhage cases >1litre <2 litres to provide assurance that timely escalation has occurred in line with local guidance                                                                                                                                                                                                                  | 07/08/2026          | 28/08/2026          | BI Team                                                       |          |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 07/08/2026          | 28/08/2026          | BI team                                                       |          |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                     |                                                               |          |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                     |                                                               |          |                                                             |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                                                                                                                                                | Audit all obstetric haemorrhages >2L and cases involving fibrinogen products occurring between April and June 2026 to demonstrate MDT review within 30 days by October 26. Target ≥95%                                                                                                                                                                                                                                                                                                                                                                             | 27/8/26             |                     | BI team                                                       |          |                                                             |

Element 5 – Obstetric haemorrhage

Element description: Improving the management of haemorrhage through standardised approaches to timely identification, escalation and response to obstetric bleeding, along with ongoing multidisciplinary review and learning.

| Inter-<br>vention<br>Ref | Required MCB Intervention                                                                                                                                                                             | Intervention: Trust<br>Board Validated<br>Assessment Status | Rationale for Trust Board Validated<br>Assessment Status: If intervention is<br>not deemed fully implemented or<br>partially implemented, why? | SMART actions to achieve full compliance                                                                                                                                                          | Date of last review | Date of next review | Action owner | Progress | Escalations required<br>(If required, specify who and what) |
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| 5.3                      | Multidisciplinary team (MDT) case review<br>should be undertaken for all women with<br>significant bleeds (>2L) and all cases of<br>cryoprecipitate and fibrinogen concentrate use<br>within a month. | Partially implemented                                       |                                                                                                                                                |                                                                                                                                                                                                   |                     |                     |              |          |                                                             |
|                          |                                                                                                                                                                                                       |                                                             |                                                                                                                                                |                                                                                                                                                                                                   |                     |                     |              |          |                                                             |
|                          |                                                                                                                                                                                                       |                                                             |                                                                                                                                                |                                                                                                                                                                                                   |                     |                     |              |          |                                                             |
|                          | Expert consensus recommendations                                                                                                                                                                      |                                                             |                                                                                                                                                | Confirm with pathology services by 31 August 2026<br>whether agreement exists to provide Clauss<br>fibrinogen results within one hour. Where no<br>agreement exists, develop and implement action | 27/8/26             |                     | Project lead |          |                                                             |