

Northern Ireland's Regional Maternity Hand Held Record

Operational Guidance



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Guidance Details	
Document Type	Standard Operating Procedure Guidance
Document Name	Operational Procedural Guidance for Northern Ireland's Regional Maternity Hand Held Record
Description	This guidance has been prepared to describe 'best practice' for the use and management of the Northern Ireland's Regional Maternity Hand Held Record (MHHR).
Version	1.0
Effective from	1 st October 2012
Review date	1 st October 2015 [earlier if requirements change]
Owner	Public Health Agency for Northern Ireland (PHA)
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Related Documents	Northern Ireland's Regional Maternity Hand Held Record [Version 3] [2012] Regional Maternity Hand Held Record User Guidelines Manual [Version 1] [2009]
Superseded documents	None

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Northern Ireland Regional Maternity Hand Held Record Operational Guidance

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Introduction

Northern Ireland's regional Maternity Hand Held Record (MHHR) is based on an accumulation of evidence around best practice in maternity care and aims to communicate the story of client care. It was developed to take into consideration the information provided on the computerised Northern Ireland Maternity Information System (NIMATS) and the needs of the three main 'stakeholders' in maternity care: the woman, her baby, and her care providers.

Structured maternity records should be used for antenatal care, and maternity services should have a system whereby women carry their own notes. When a standardised, national maternity record with an agreed minimum data set becomes available, this should be adopted.

[RCOG 2008]

Maternity records should be structured, standardised, national maternity records, held by the woman.

[NICE 2012]

The purpose of the regional MHHR is to serve as a central repository for planning the delivery of care; and documenting communication with and interactions between members of the multi-disciplinary health care team, between the health care team and the woman to provide safe, person-centred care. The overall objectives of the MHHR are:

- to act as a tool of communication
- to facilitate co-ordination of care and continuity of care
- to improve maternal, fetal and neonatal surveillance
- to promote safe, effective, and evidence based maternity care
- to provide appropriate and adequate information for informed choice
- to avoid duplication of information
- to empower women to be partners in their care
- to promote a culture of excellence in record keeping

All members of multi-disciplinary team who provide direct care to the woman and the baby should record in the regional MHHR. The MHHR is a multi-disciplinary record and replaces any clinical/midwifery notes previously used to record all aspects of maternity care.

The woman should be asked if she wishes to carry these notes from booking through to completion of her maternity episode when the notes will be handed to the community midwife for secure return to the Health and Social Care Trust (HSCT) in which the birth took place.

Purpose of this guidance

The purpose of this document is to give guidance and to assist in the implementation of a more co-ordinated and uniform approach to the use of the MHHR across all HSCTs in Northern Ireland (Appendix 1).

The objectives of this guidance are:

1. To describe the management of the MHHR so the record can be used as an effective information and communication source from initiation to record closure
2. To ensure the security, authenticity and integrity of all MHHRs and to aid working efficiency and accountability across the HSCTs.
3. To ensure compliance with all legal and statutory obligations

This guidance is aimed at all members of the multi-disciplinary team who have responsibility for maternity care. Each HSCT is responsible for developing local operational procedures and contingency plans to inform the use of the MHHR within their own Maternity Service.

This is a 'live' document and is subject to change as procedures develop.

Maternity services should have systems in place where women carry their own maternity notes

(Arulkumaran et al 2011 p32)

In placing consumers at the centre of maternity services and facilitating shared decision making, women are being increasingly encouraged to participate in writing and holding their own maternity records

(Wackerle et al. 2010)

It is not the intention of this document to replicate the advice and guidance on records management within the DHSSPS document *Good Management Good Records* (2012a).

Distribution list

This Operational Guidance will be issued electronically. A single hard copy will be sent to the Head of Midwifery for each of the HSCT's listed below:

Belfast Health and Social Care Trust

Northern Health and Social Care Trust

South Eastern Health and Social Care Trust

Southern Health and Social Care Trust

Western Health and Social Care Trust

The Head of Midwifery will be responsible for distributing further copies to all relevant personnel within their HSCT.

In addition, copies of this Operational Guidance will be held at the PHA and will be available via the LSA website for Supervision of Midwives - www.nipec.hscni.net/supervisionofmidwives/

Standards for record management

The principles of the Data Protection Act (1998) and all local and national legislation, guidance and policies in relation to records management should be adhered to at all times. For the purpose of this guidance the following standards apply:

Authenticity

An authentic MHHR is one that can be proven to be what it purports to be, to have been created or sent by the person purported to have created or sent them, and to have been created or sent at the time purported.

Reliability

The contents of a MHHR should be trusted as a full and accurate representation of the activities or transactions to which they relate. MHHRs must be sufficient in content, context and structure to reconstruct the relevant activities of the woman's pregnancy episode.

Integrity

The integrity of the MHHR refers to it being complete and unaltered. A record should be protected against unauthorised alteration. No alternatives may be used or alteration made to the pages within the MHHR (v3) unless ratified by the Regional Maternity Hand Held Record Steering Group (see Appendix 2) as any authorised annotation, addition or deletion to a record should be explicitly indicated and traceable.

Usability

A useable record is one that can be located, retrieved, presented and interpreted. All HSCT's must have a robust system which can identify the location of any MHHR for women that are currently or have been under their care.

Secure

MHHRs must be securely maintained to prevent unauthorised access, alteration, damage or removal. While the MHHR is being 'hand held' it is the responsibility of the woman to keep the record and its contents secure. To assist with this, the MHHR has an expandable flap and

elastic strap closure system. Once the MHHR is returned to the HSCT at the completion of care, it must be stored securely for 25 years (NMC 2004, BMA 2011, DHSSPS 2012a)

Instructions for completing the MHHR

All entries in the MHHR must be completed in line with professional codes of practice in relation to record keeping guidance.

All HSCT staff must adhere to record keeping and information management requirements that are set out in legislation, statutory and regulatory codes of practice, voluntary codes of practice, sector specific regulations such as the Freedom of Information Act 2000, and the Data Protection Act 1998.

- Maintaining patient confidentiality is integral to high standards of professional practice within health care (NMC 2008, GMC, 2009). To promote confidentiality, a woman's personal details must not be included on the outer cover of the MHHR.
- Alerts must **NOT** be recorded in writing on the front cover of the MHHR because recording alerts or other information in this way may unintentionally breach patient confidentiality.
- The woman's (or baby's (Infant Chart)) name and unique identifier number **must** be entered at the top of every page. (A computer generated label may be used.). It is the long term goal of the project team that the woman's Health and Care Number (HCN) will become the unique identifier number on the MHHR.
- As there is potential for the woman to move between HSCT's during her pregnancy episode, to minimise risk and confusion with different 'NIMATS' and hospital numbers, the Health and Care Number (HCN) which is everyone's unique identifier should eventually be the only number on the front of the MHHR.
- Demographic and clinical details must be updated at each contact including recording information given to the woman, treatment and discussion with the woman about future management, where appropriate.
- All entries should be current, accurate, complete, logical, clear, concise and legible. They should be easily understood by anyone, and readable when photocopied/scanned/digitised. Entries being current means the need for contemporaneous completion of relevant data. There may be a delay when awaiting the results of investigation(s) e.g. booking blood results but reports etc. should be completed as soon as possible.
- All entries in the MHHR must be unambiguous, with no jargon, meaningless phrases, irrelevant speculation and offensive or subjective statements.

- If an abbreviation is used it should be stated in full in the text where it is first cited. Each HSCT should have a list of standard maternity related abbreviations.
- All entries must be dated, timed (24 hour clock) and signed with a legible signature with full name and job title printed next to the first entry.
- To compile a permanent and comprehensive record of all staff who provide/document maternity care for each woman, all staff writing in the MHHR should sign and print their name, and record their job title in the ‘Registry of Signatures’ sections. This can facilitate later scrutiny of maternity records for the purposes of case review, audit or litigation should this be necessary.
- No entry should be erased. Errors should be scored out with a single line. Any error should be indicated and initialled and the corrected entry written alongside with date time (24 hour clock) and signature. The use of correction fluid is forbidden.

For detailed guidelines for completing each section of the MHHR refer to the Regional Maternity Hand Held Record User Guidelines Manual (Lagan et al 2009).

Ordering MHHRs and supplement pages

Each HSCT is responsible for the ordering, storage and maintenance of their own supply of MHHRs and supplement pages.

Catalogue No	Item
WCA4000	MATERNITY HAND HELD RECORD (complete record)
WCA4001	Pack of 50 pages: Antenatal Record of Management/Care
WCA4002	Pack of 50 pages: Infant Record of Management/Care
WCA4003	Pack of 50 pages: Intranatal Record of Management/Care
WCA4004	Pack of 50 pages: Postnatal Record of Management/Care
WCA4005	Pack of 50 pages: Information for Rhesus Negative Women
WCA4006	Pack of 50 pages: Inpatient Antenatal Examination pages
WCA4007	INFANT RECORD (complete record)
TBC	Pack of 50 pages: Assessment and Prevention of Pressure Ulcers for Women ‘At Risk’
TBC	Pack of 50 pages: Venous Thromboembolism (VTE) Risk Assessment for Hospitalised Antenatal Women

These can be ordered through:

Central Services Agency Regional Supplies Service
77 Boucher Crescent
Belfast
County Antrim
BT12 6HU

Telephone: 028 9066 7799

Fax: 028 9066 8989

Initiating a MHHR

The regional MHHR should be created and issued by the woman's care provider at the time of her first antenatal (booking) visit following confirmation of pregnancy, irrespective of where she is booked for delivery.

The woman should be given the option to carry her MHHR from her booking visit. The 'booking' visit should take place ideally by 10 weeks (NICE 2008)¹.

The Health & Social Care Business Services Organisation Information Technology Services can provide the facility to allow any HSCT to have access to NIMATS in another HSCT so the woman's antenatal booking details can be completed on the system regardless where the woman is living or booked for confinement².

Technology Services
Centre House
79 Chichester Street
BELFAST
BT14JR

Tel: 028 9054 2200

The woman should have only one MHHR per pregnancy episode. All HSC staff including General Practitioners (GP) involved in providing any care to the woman in relation to her pregnancy should record that care and management in the woman's MHHR. The rationale for this is to:

- provide optimal communication of the woman's care between healthcare professionals

¹ Current practice in SEHSCT and NHSCT (Causeway locality)

² Procedure in SEHSCT

- avoid fragmented care and promote optimal continuity of care, especially when transfer of care occurs within and between HSCTs and carers
- facilitate efficient audit and filing
- facilitate information gathering for complaints, incidents and claims

A second MHHR within the same pregnancy episode should only be initiated if the original record is 'lost' or 'missing' (see page 13).

The un-booked pregnant woman

A MHHR should still be initiated for any pregnant woman who presents at a Maternity Unit within Northern Ireland even though she is not 'booked' for delivery in any unit in Northern Ireland.

If the woman is remaining in the HSCT area she should be given a 'booking' antenatal appointment and asked to bring the MHHR with her to this appointment.

If the woman is not staying within Northern Ireland the MHHR should be retained by the unit and the woman provided with a photocopy of relevant sections of her MHHR for her to show her new care provider(s) and her pregnancy episode closed on the Patient Administration System (PAS).

Information to be given to women when issued with a MHHR

Whilst the woman does not 'own' the MHHR used for her pregnancy episode, they do have responsibilities for managing the record. At booking the clinician should ensure the woman is content to carry her record and should inform the woman:

- The MHHR is the only complete maternity record maintained for her antenatal care and it is **her responsibility for keeping it safe and ensuring the information remains confidential**
- To bring the MHHR to all hospital/community appointments/admissions throughout the period she holds the MHHR, including any attendance's with GP, the Gynaecological Department (early pregnancy) and the Accident and Emergency department
- The MHHR remains the property of the HSCT and will be returned to the HSCT where she gave birth for storage at the end of her maternity care episode.

As additional information is added to the record, the clinician should check at each contact the woman is still content to carry the MHHR.

When a woman decides she does not wish to carry her MHHR

It is recognised that there may be occasions when a woman may choose not to hold her MHHR. Maternity staff may also consider that in some individual cases (e.g. for vulnerable women) it may be more appropriate to retain the MHHR within the maternity unit where she is booked for confinement or in the community clinic. This should be discussed with the woman and noted on PAS.

To promote confidentiality, enhance continuity of communication and care, and maintain the safety and integrity of the record, local procedures need to be developed to ensure her MHHR is available for all appointments and if the woman unexpectedly present herself to the maternity unit outside 'normal working hours'.

Subsequent antenatal visits

Following the booking appointment the woman's next appointment *should be scheduled at 16 weeks to review, discuss and record the results of all screening tests undertaken* (NICE 2008 p52). At this appointment the woman's booking antenatal bloods should be filed in her MHHR³. A record of the results should also be recorded on NIMATS.

Each HSCT is required to have procedures in place to...

Make sure the hand-held maternity notes contain a full record of care and the results of all antenatal tests.

(NICE 2012)

Transfer of antenatal care to another care provider/hospital

If the woman transfers to another care provider/hospital within Northern Ireland, the woman should take the original MHHR with her. A separate/second MHHR is NOT initiated.

As stated in the *Protocol for the Inter Hospital Transfer of Patients and Their Records*:

In order to ensure that all relevant information is communicated from one hospital/facility to another it is essential that the following documentation/information is transferred with the patient...

Patients medical records medicine Kardex. it should be noted that a transcription of the Kardex MUST NOT BE MADE. Evidence shows that transcription is a significant source of error.

(CREST 2006, p.6-7)

³ NHSCT (Causeway Locality), SHSCT and WHSCT procedures in place

When there is transfer of a woman's care during her pregnancy, the transfer and the new location of the MHHR should be recorded on the Patient Administration System.

If the woman moves out of Northern Ireland to give birth, the original hospital/care provider should keep the MHHR, and provide the woman with a photocopy of the MHHR for her to show her new care providers.

Postnatal period

Women discharged from Maternity units to an address within Northern Ireland should be given their MHHR to carry in the postnatal period.

Women who live 'cross border' but deliver in a HSCT in Northern Ireland should be provided with a copy of their postnatal record to date and 'NIMATs' Child Health System printouts [CHSa and CHSb] for the Public Health Nurse⁴.

At the first postnatal contact, women should be advised of the signs and symptoms of potentially life-threatening conditions (as highlighted in the MHHR) and to contact their healthcare professional immediately or call for emergency help if any signs and symptoms occur (NICE 2006, p.6).

Once the community midwife transfers the woman's care over to the Health Visitor and GP, each HSCT must have procedures in place for the MHHR to be returned to the maternity unit where the woman gave birth for secure storage⁵.

Filing information in the MHHR

MHHRs must not contain loose pages. It is every user's responsibility to maintain the tidiness and the integrity of the record, and to ensure that loose pages are always securely and appropriately filed to prevent loss while being transported or handheld.

To provide an accurate picture of the care provided, professional notes must be filed in 'date order' and within the relevant section of the MHHR the note/document relates to; e.g. antenatal referrals in the antenatal section, anaesthetic records for women who had a caesarean section filed in the intrapartum section, baby observation or feeding charts (where applicable) in the infant chart.

Individual pages must never be removed from the MHHR or separated from a records entirety.

⁴ WHSCT procedure in place

⁵ NHSCT, SEHSCT, WHSCT procedures in place

All staff must endeavour to file reports within the MHHR in a timely manner. If the MHHR is no longer available in the HSCT, reports should be forwarded to the HSCT where the record is being held if they are not available elsewhere for example, they may be available electronically – e.g. radiology reports are now available across all HSCTs irrespective of where the procedure took place, NIMATs reports are available across all HSCTs.

The clear pocket at the back of the record must be used for patient identification labels/addressographs only.

All machine-produced recordings e.g. cardiotocography (CTG) tracings, scan pictures must be securely filed to ensure minimum deterioration. The brown envelope within the MHHR is provided for this purpose.

There may be exceptions when it is not appropriate to file professional notes while the MHHR is being hand held e.g.

- Records made by social services or psychologists
- Sensitive information that the woman herself does not wish to be included in the MHHR
- Large volume records such as intensive care unit charts.

Each HSCT must have procedures in place that ensure that should the exceptions mentioned above occur, relevant staff are alerted to the existence of other documentation and the location of such documents/information.

Forgotten MHHR

In the event of a woman not bringing her MHHR to an appointment, details of her examination and visit should be recorded on an *Antenatal Record of Management / Care* page. This page should be given to the woman to insert in her MHHR.

If a woman is being admitted and has forgotten her MHHR; with her consent, and where practical, a partner/relative/friend should be asked to bring her MHHR to the maternity unit as soon as possible.

Missing MHHR

Where problems are encountered accessing a client's record or locating a missing MHHR and the situation cannot be resolved, this should be reported to the appropriate manager. The practitioner should also keep a record of the measures that they have taken (NMC 2010).

In the event of a lost MHHR, the woman should be issued with a new record.

The Midwife or Obstetrician must record on the front of the new MHHR '*Replacement Record*' (with date of issue recorded) and inside on the *Antenatal Record of Management / Care* page the date and the reason for a new record.

As women are encouraged to carry their MHHR, the integrity and safety of the record is paramount. Valuable information can be repopulated in the event of a lost or damaged MHHR from information captured on systems such as NIMATS, General Practitioner, radiology and laboratory systems and CTG central monitoring systems. It is imperative that all relevant users know how to record and complete appropriate information on these systems. However it is recognised that creating a replacement MHHR may result in the loss of some irretrievable information.

If the original MHHR is found subsequently the two records should then be amalgamated into one record.

Tracking of MHHR

Tracking is required to ensure retrieval, prevent the loss of MHHRs, monitor use, maintain security and audit transactions.

All HPSS organisations should have in place an organisational records management strategy, identifying the resources needed to ensure that records of all types (administrative as well as patient/client's) are properly controlled, tracked, readily accessible and available for use, and eventually archived or otherwise disposed of.

Organisations have a statutory duty to make arrangements for the safe keeping and eventual disposal of their records.

(DHSSPS 2012a)

The location of MHHRs should always be tracked and an audit trail kept of the last known handler of the record.

A system for tracking MHHRs must be determined at local level - between

- health professionals and the woman
- health professionals and health professionals, and
- health professionals and administration staff.

The responsibility for the MHHR will lie with the last person to whom the record has been tracked to.

It is a recommendation that all MHHRs should be tracked using the PAS⁶ and staff who transfer records are responsible for ensuring the new location is recorded on PAS. A similar process should be in place for the receiving HSCT to confirm safe receipt.

Final filing destination of MHHRs

To ensure consistency and reduce the likelihood of confusion to the location of a MHHR, the record should be returned at the end of her pregnancy episode to the HSCT where the woman had her intrapartum care, irrespective of where she has had her antenatal or postnatal care.

Transporting of MHHR

MHHRs must be transported by a secure method. Transportation packaging methods employed must be fit for purpose and in accordance with individual local HSCT procedures for the transfer of records⁷.

All MHHRs irrespective of being transferred internally within a HSCT or externally i.e. between one HSCT and another should be marked 'private and confidential' and addressed to a named person.

Subject to negotiation between HSCTs there is the possibility that inter-Trust transport systems may be used.

Access to a MHHR

All users of health and social care services have the right to expect that any personal information they provide will be treated as confidential. A wide range of policies and standards exist which provide guidance for health professionals to ensure that patients are fully involved with decisions about the use of their information and that information provided by them is kept confidential. The Code of Practice on Protecting the Confidentiality of Service User Information (DHSSPSNI 2012b)⁸ provides support and guidance and is an invaluable reference point for all those involved in health and social care in relation to decisions about the protection, use and disclosure of service user information.

The Data Protection Act (1998) covers personal information including health records such as the MHHR. The Act gives clients and users the right, on making an adequate written request, to be supplied with a permanent copy of any information held on computer about them, and/or

⁶ BHSCT and NHSCT procedure in place

⁷ e.g. WHSCT community midwives return MHHRs using specific courier bags

⁸ In January 2012 the DHSSPS launched the Code of Practice to, "...provide support and guidance, for all those involved in health and social care, concerning decisions about the protection, use and disclosure of service user information."

to be supplied with permanent copies of any written records held. These rights are known as subject access rights (ICO 2012).

Service user access

As the MHHR is a ‘hand held’ document all women will have access to their own record.

Sharing information from the MHHR with other health professionals

All healthcare professionals have a professional and ethical duty to respect a woman’s confidentiality and should only be accessing her MHHR if they are involved in her care. They must maintain the standards of confidentiality laid down by their professional body.

Currently in Northern Ireland there is no equivalent to section 251 (Control of patient information) of the National Health Service Act 2006, which states:

The Secretary of State may by regulations make such provision for and in connection with requiring or regulating the processing of prescribed patient information for medical purposes as he considers necessary or expedient-

(a) in the interests of improving patient care, or

(b) in the public interest

Without this legislation in place in Northern Ireland, it is important to recognise that any sharing of information without the patient’s consent could be open to legal action under the common law duty of confidentiality.

(DHSSPS & HSC 2011 p8)

Women ‘*have the right to ask for their information to be withheld from [their midwife] or other health professionals*’ (NMC 2010).

The woman must be informed that the MHHR and its contents will be shared among different members of the multi-disciplinary team for the purpose of her care. In certain circumstances, information may need to be released to third parties with or without the woman’s consent if failure to disclose would place her or others at risk of harm (NMC 2008, GMC 2009).

Sometimes, women may ask for certain, usually extremely sensitive information to be kept private and clinicians should respect this request. In addition to the Routine Enquiry and UNOCNI alerts within the MHHR, clinicians can use an asterisk to indicate other sensitive information that the woman does not want documented in the MHHR. In such cases, the care provider will know to ask the woman what the asterisk indicates. All HSCTs should have procedures in place for checking for, storing and accessing sensitive information.

Administrative staff & MHHR

Non-clinical staff are increasingly required to access patients' and clients records for administrative purposes. It is essential that all such staff are given training on confidentiality and record security and that a confidentiality clause is included in their contracts. Their access to the MHHR should be restricted to what they need for carrying out their specific duties.

Use of information from MHHR by secondary uses

Use and disclosure of information from the MHHR may be used for the purpose of evidence based practice and for a rational approach to health and social care service provision. The following are examples of such secondary uses: planning; commissioning; risk management; investigating complaints; auditing; teaching; health and social care research; public health monitoring; registries; infectious disease reporting.

Practitioners need to be aware of national and local legislation, and local policies and guidelines governing confidentiality with regard to the supply and use of information for secondary purposes (NMC 2010, DH 2011).

Training on use of MHHR

Training / awareness on record keeping practices and records management of the MHHR should be provided to all clinical staff using the record as part of each HSCT's induction programme.

Audit of record keeping practices

Record keeping is an integral part of professional practice, designed to inform all aspects of the care process (GMC 2006, HPC 2008, NMC 2009). Accurate and effective record keeping is fundamental to high quality patient/client care. It also enables effective communication between health professionals involved in patient/client's care, and expresses individual professional accountability and responsibility and patients/clients individual needs/requests.

Regular record keeping audits should be conducted. An audit tool for the MHHR has been developed which can be accessed at: www.nipcc.hscni.net/supervisionofmidwives/

Requesting amendments to MHHR

It is anticipated that through time there may be legislative changes, new professional policies and guidance which will require amendments or additions to the MHHR.

Before any person submits a request for an amendment or addition to the MHHR they must discuss the request with relevant members of the multi-disciplinary team within their own organisation. Where applicable MHHR 'users' (i.e. the woman) opinion about the requested amendment should also be sought.

The *Request Amendment to Regional MHHR* form (appendix 2) should then be completed and submitted by email to the Chair of the Regional Maternity Hand Held Record Steering Group. A request for an amendment will not be accepted unless this form is completed in full.

When the form is received, the request will be considered at the next meeting of the Regional Maternity Hand Held Record Steering Group. This group meets bi-annually. Once a decision has been made, it will be recorded in the minutes of the meeting and the Groups decision will be communicated by email to the person who made the request.

If the request is '*Approved*' or '*Approved with Modifications*' in the interim period between the current version of the MHHR being updated for reprinting, the amendment will be sent to all HSCTs electronically for insertion in the MHHR.

If the request is '*Not Approved*' an explanation will be provided explaining why the request was rejected.

Review of the MHHR

The MHHR will be reviewed at annually. HSCTs should take into account when the next version is due when ordering supplies of the current version.

ACKNOWLEDGEMENTS

The author wishes to express her gratitude for the intellectual contributions and expert advice provided throughout the process of compiling this guidance. The following were involved:

Zoe Boreland	South Eastern Health & Social Care Trust
Denise Boulter	Public Health Agency
Brenda Devine	Department of Health, Social Services and Public Safety
Martina Doolan	Northern Health & Social Care Trust
Agnes Flood	Northern Health & Social Care Trust
Lorna Hawe	Northern Health & Social Care Trust
Brenda Kelly	Southern Health & Social Care Trust
Vera Kelso	Southern Health & Social Care Trust
Elaine Madden	South Eastern Health & Social Care Trust
Ken Macdonald	Information Commissioner's Office
Christina Menage	Belfast Health & Social Care Trust
Maureen Miller	Western Health & Social Care Trust
Prof Roy McClelland	Privacy Advisory Committee
Gordon Purdy	Health & Social Care Business Services Organisation Information Technology Services
Jacqueline Robinson	Northern Health & Social Care Trust
Amanda Sayers	Western Health & Social Care Trust
Catherine Vint	Information Commissioner's Office
Verena Wallace	Local Supervising Authority

ABBREVIATIONS

DHSSPSNI	Department of Health Social Services and Public Safety for Northern Ireland
GMC	General Medical Council
H&CN	Health & Care Number
HSCT	Health & Social Care Trust
ICO	Information Commissioners Office
MHHR	Maternity Hand Held Record
NICE	National Institute for Health and Clinical Excellence
NIMATS	Northern Ireland Maternity Information System
NMC	Nursing and Midwifery Council
PAC	Privacy Advisory Committee
PAS	Patient Administration System
PHA	Public Health Agency
RCOG	Royal College of Obstetricians and Gynaecologists
UNOCINI	Understanding the Needs of Children in Northern Ireland

GLOSSARY OF TERMS

Cross Border Women

Refers to women who reside outside Northern Ireland, often women living in the Republic of Ireland

The Health and Care Number (H&CN)

The H&CN is a unique numeric identifier, allocated to each patient on first registration with the system. H&C numbers have been inserted into all GP, PAS and most community systems.

Maternity Hand Held Record (MHHR)

A multidisciplinary record that is 'Hand Held' by women accessing maternity care.

Patient Administration System (PAS)

PAS is the operational system used in hospital sites throughout Northern Ireland to manage and track patients. It consists of a series of modules that cover different aspects of hospital activity. It has a function which allows the tracking of medical records.

Privacy Advisory Committee (PAC)

The Privacy Advisory Committee (Northern Ireland) oversees the implementation of recommendations agreed by Minister on Protecting Personal Information. The recommendations included the development of a comprehensive Code of Practice on Confidentiality (3rd resource) designed to help healthcare staff make the right decisions about protecting and disclosing patient information.

UNOCINI

The 'Understanding the Needs of Children in Northern Ireland' (UNOCINI) is a framework developed support professionals in assessment and planning to better meet the needs of children and their family.

BIBLIOGRAPHY

This guidance has been written taking cognisance of the following documents and information sources:

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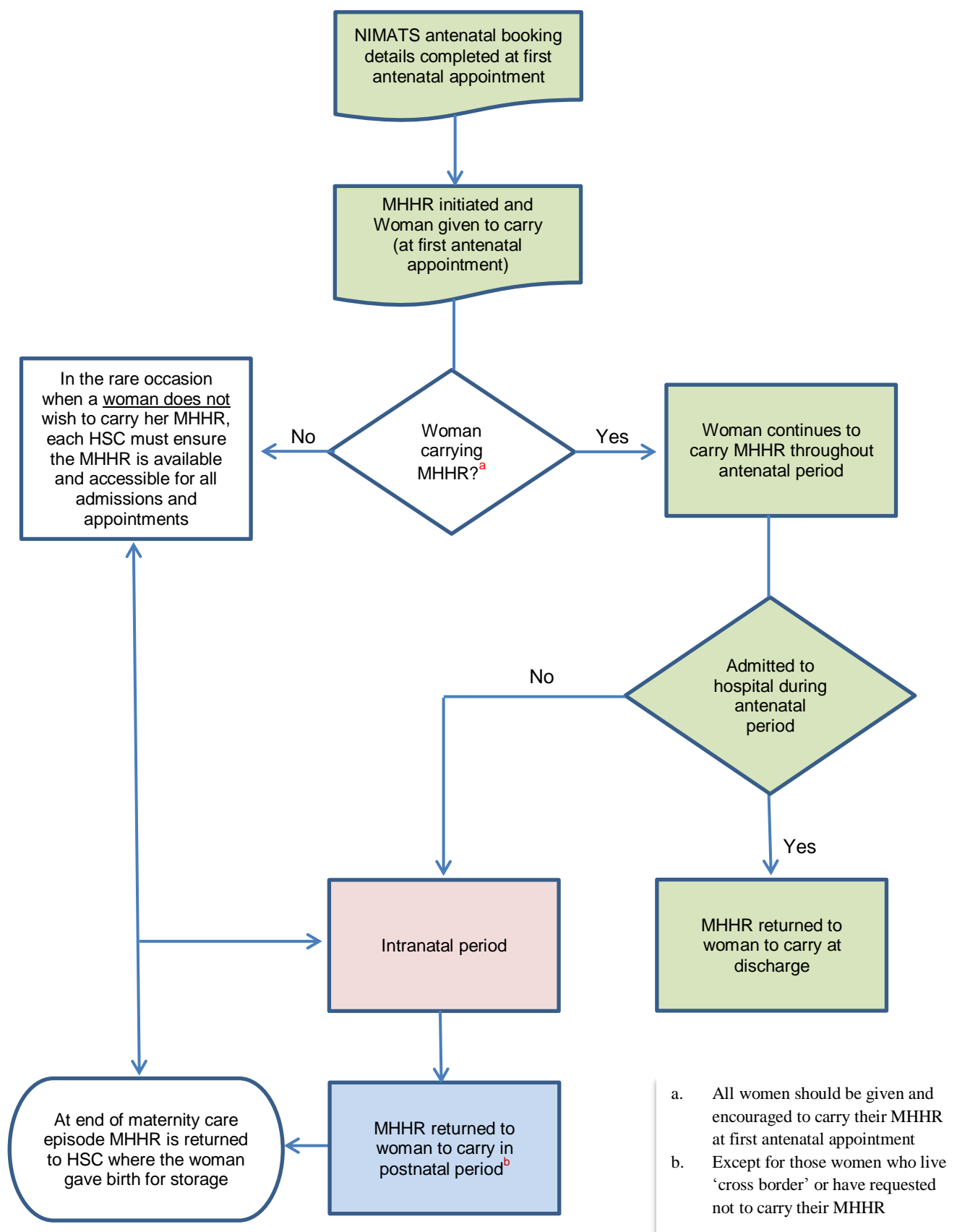
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Pathway for Maternity Hand Held Record



Request for Amendment to Regional Maternity Hand Held Record

Name of Person Submitting Request :	
Role:	Health and Social Care Trust (HSCT):
Contact Telephone No:	Contact email address:
Request (include section and page of MHHR request relates to (if applicable))	
Reason for request (include where applicable what benefits are expected from the amendment)	
Have you discussed this request with others within your HSCT? - if yes please provide details	
Have you discussed this request with others outside your HSCT? - if yes please provide details	
Is there new legislation, professional policy/guidance to support the request? - if yes please provide details	
Example template of proposed amendment attached? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Please provide any other background information which you think would be useful:	
Signature:	Date:
Once form is completed please forward by email to: denise.boulter@hscni.net	
Date request received:	Date discussed at regional meeting:
Decision by steering group: Approved <input type="checkbox"/> Approved with modifications <input type="checkbox"/> Not Approved <input type="checkbox"/>	
Comments:	