

HIS Maternity Standards

Do you have any general comments on the standards? *

- Yes
- No

If yes, please give details.

This response has been prepared on behalf of the Scottish Pharmacy Board of the Royal Pharmaceutical Society (RPS). We welcome the draft Maternity Care Standards and the opportunity to comment as part of the consultation. We are pleased that the Standards recognise pharmacists as members of the multidisciplinary team providing care to women and babies.

We recognise the role of the primary midwife in co-ordinating care for women including care provided by professionals within the multi-disciplinary team. Pharmacists provide women with lifestyle advice at all stages of life including pre-conception, pregnancy and post-natal stages. Pharmacists are accessed by women for person-centred advice on the treatment of minor ailments through services such as Pharmacy First and Pharmacy First Plus in community pharmacy. Advice may be sought from pharmacists across all settings – community, GP practices and secondary care - in relation to medicines management for long term conditions when planning a pregnancy, during pregnancy, post-natally and are regularly approached for advice on the use of medicines in breastfeeding.

4. Would you like to give more detailed feedback on any of the individual standards?

- All of the standards
- None of the standards
- Standard 1: Principles of care
- Standard 2: Leadership and culture
- Standard 3: High performing and functioning teams
- Standard 4: Core care: antenatal, intrapartum and postnatal assessment and care
- Standard 5: Unscheduled and unplanned care
- Standard 6: Mental health and wellbeing: women/birthing people and babies
- Standard 7: Loss and bereavement

5. Do you support Standard 1: Principles of care as currently written?

- Strongly support
- Slightly support
- Neither support or oppose
- Slightly oppose
- Strongly oppose
- Don't know

Please tell us why you think this.

The RPS supports these principles of care which emulates the ethos promoted by Realistic Medicine – of note, the Standards do not specifically name these but refer to

them in Reference 32 – for consistency and read across to other relevant care standards and strategies, it may be helpful to name these in the text.

6. Do you have any changes you would like to propose to Standard 1: Principles of care?

- Yes X
- No

If yes, please give details.

We have pharmacists in community, primary care and hospital settings who provide advice and make prescribing decisions for women across all stages of conception, prenatal and postnatal care. The lack of access to records is an ongoing issue, resulting in inefficiencies. The current national electronic maternity patient record system (in the majority of Health Boards is Badgernet) is not fully integrated with primary and secondary care systems. This fragmentation significantly limits the ability of healthcare professionals across different settings to access and share timely, relevant information. As a result, opportunities for delivering truly integrated, person-centred care to pregnant women are compromised. Seamless information flow is essential to support continuity of care, informed decision-making, and effective multidisciplinary collaboration throughout the maternity journey. Addressing this gap should be a priority within the standards to ensure equitable, safe, and coordinated care across all sectors. In community pharmacy, as more services are provided using independent prescribing through Pharmacy First (Plus), more research/evaluation should be undertaken to understand the needs of this cohort when presenting for assessment, advice and treatment.

7. Do you support Standard 2: Leadership and culture as currently written?

- Strongly support X
- Slightly support
- Neither support or oppose
- Slightly oppose
- Strongly oppose
- Don't know

Please tell us why you think this.

We support the principles broadly and more specifically are pleased to see sustainability considerations included. The inclusion of Entonox monitoring in the maternity standards reflects a growing recognition of the need to balance high-quality clinical care with environmental responsibility and staff wellbeing. It complements national sustainability strategies and our own RPS Sustainability campaign.

8. Do you have any changes you would like to propose to Standard 2: Leadership and culture?

- Yes X
- No

Commented [RB1]: could we perhaps bulk up the Q6 answer & highlight the fact that we have pharmacists in community, primary care/GP practice and hospital settings who will increasingly see pregnant women in the context of prescribing decisions having to be made and the lack of records access may lead to unnecessary pressures on already stretched maternity unit staff. Or something to that effect. We could highlight the need for more research re: pregnant women presenting for assessment & treatment via Pharmacy First (Plus) services and their needs

If yes, please give details.

We would like to emphasise the role of the pharmacist and pharmacy teams (in a specialty where there is a strong emphasis on treatment policies and procedures, often involving medicines) in ensuring compliance with medicines legislation, national guidance and standards on medicines governance, including controlled drugs. Pharmacy teams have pivotal role in supporting **safer use of medicines, treatment optimisation and implementation of evidence based and cost-effective medicines use.**

9. Do you support Standard 3: High performing and functioning teams as currently written?

- **Strongly support X**
- Slightly support
- Neither support or oppose
- Slightly oppose
- Strongly oppose
- Don't know

Please tell us why you think this.

10. Do you have any changes you would like to propose to Standard 3: High performing and functioning teams?

- Yes X
- No

We would like to refer to our RPS prescribing competency framework ([A Competency Framework for all Prescribers | RPS](#)) in the context of wider professional groups and prescribing activity and adequate assurance around the use of midwifery formulary.

11. Do you support Standard 4: Core care: antenatal, intrapartum and postnatal assessment and care as currently written?

- **Strongly support X**
- Slightly support
- Neither support or oppose
- Slightly oppose
- Strongly oppose
- Don't know

Please tell us why you think this.

12. Do you have any changes you would like to propose to Standard 4: Core care: antenatal, intrapartum and postnatal assessment and care?

- Yes X
- No

If yes, please give details.

We would like to draw attention to the role of the pharmacist in public health and promoting healthy lifestyle. For example, community pharmacies are available to

support smoking cessation at all stages, and provision of free Vitamin D for breastfeeding mothers.

Pharmacists across all settings play a part in supporting throughout the pregnancy journey. They play an important role in sharing appropriate information, analysing data, supporting prescribing decisions, especially when balancing risk of destabilising long term condition and minimising risk to babies.

13. Do you support Standard 5: Unscheduled and unplanned care as currently written?

- **Strongly support X**
- Slightly support
- Neither support or oppose
- Slightly oppose
- Strongly oppose
- Don't know

Please tell us why you think this.

14. Do you have any changes you would like to propose to Standard 5: Unscheduled and unplanned care?

- Yes X
- No

If yes, please give details.

We would again like to emphasise the importance of a shared record and lack of integration of maternity notes. This is a particular issue for unscheduled care who may not have access to the necessary information.

15. Do you support Standard 6: Mental health and wellbeing: women/birthing people and babies as currently written?

- Strongly support
- **Slightly support X**
- Neither support or oppose
- Slightly oppose
- Strongly oppose
- Don't know

Please tell us why you think this.

RPS are mindful of the importance of mental health and wellbeing for women and babies and support the standards as written. We have indicated slightly support as we believe there is a missed opportunity to describe the standards for women who are living with long term conditions which may or may not be a mental illness. A number of these standards would also apply to women who live with a long term condition which will require person-centred pre-conception advice and multidisciplinary support to manage their condition and medication, including those which may be teratogenic and will require holistic care throughout pregnancy and into early parenthood. Pharmacists play a crucial role in providing expert advice on the use of medicines during pregnancy and breastfeeding. We suggest that consideration is given to incorporating the needs of women who live with long term conditions to the standards.

16. Do you have any changes you would like to propose to Standard 6: Mental health and wellbeing: women/birthing people and babies?

- Yes X
- No

If yes, please give details.

See Question 15

17. Do you support Standard 7: Loss and bereavement as currently written?

- Strongly support X
- Slightly support
- Neither support or oppose
- Slightly oppose
- Strongly oppose
- Don't know

Please tell us why you think this.

18. Do you have any changes you would like to propose to Standard 7: Loss and bereavement?

- Yes X
- No

If yes, please give details.

There is a specific reference to the prescription of venous thromboembolism (VTE) prophylaxis following pregnancy loss at any stage of their maternity pathway.

Feedback from members who work in this field brought it to our attention that whilst there is guidance from Royal College of Obstetricians and Gynaecologists on the prescribing of VTE prophylaxis following a loss at full-term there is currently no guidance on prescribing in pre-term loss and this should be clarified in the standards.

19. Do you feel that anything is missing from the standards? *

- Yes X
- No

If yes, please give details

There is a requirement to incorporate the needs of women with long term conditions and pre-conception advice and support to manage conditions and medication throughout pregnancy and breastfeeding where appropriate. There is a focus on mental health, which is important, but there must also be a recognition of medicines used in women with other long term conditions.

20. The HIS Standards and Indicators team is working with stakeholders to map out what support might be needed to implement the standards.

What support do you need to implement the standards?

It is important to consider medicines governance, policies and protocols with expert advice from pharmacists for the local service and population, but also access to pharmacists for person-centred advice on use of medicines in pre-conception, pregnancy and breastfeeding at the earliest opportunity.

21. Would you like to be sent the final standards when they are published?

Yes

If yes, please include your email address. *

- Yes
- No

Email (if applicable)

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