# Maternity Information Systems and Connecting for Health

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# Maternity Information Systems

Where are we now?

Where do we want to be?

How can we get there?

## Where are we?

- Comprehensive maternity system     40%

- Collecting maternity data     40%

- No maternity system     20%

## What were we doing?

- CTG display and archiving
- Intrapartum management
- Fetal medicine systems
- Antenatal screening
- Neonatal systems
- Risk management

## Clinical Engagement

- Large active user groups
- Debated design issues
- Voted on priorities
- Delivered updates
- Managed local requirements

## National Program for IT

- A vision for the future
- Join up healthcare systems
- End fragmented care processes
- Cross traditional care boundaries
- Fast timescales
- Cost effective, fast and reliable systems
- Achieved through a single supplier approach

## National Program for IT

- Underestimates maturity of this marketplace

- Underestimates existing functionality

- Assumes existing systems will be replaced

## Questions from key users

- It is believed that a one size fits all approach is being taken.
- Are fetal medicine requirements covered?
- Is CTG monitoring / archiving provided?
- What about intrapartum care and partograms?
- Is specialist neonatal care included?
- How will midwives be supported?

## So what are the dangers?

Success is... systems being used by clinicians

but

Systems cant be imposed and wont be used

unless they

Offer choice and local configuration

Are clinically relevant and comprehensive

Useable in all clinical situations

## Where do we want to be?

- Involved
- See a design proposal
- Ensure no loss of functionality
- And no loss of scope
- Get realistic timescales

# Do we need a single system?

| Single system | Multiple systems |
|---|---|
| Easier to implement | Needs a Data Spine |
| Cheaper | Harder to integrate |
| Single supplier | Multiple suppliers |
| Less flexible | More market responsive |
| Higher risk | Less risk |
| A single patient record? | A single maternity record |

# What kind of system do we need?

- All maternity care
- Intrapartum care inc partogram and CTG
- Specialist care in fetal and neonatal units
- Follow national standards eg NICE & NSF
- Standard core data set (SNOMED termed)
- National processes eg NN4B & CREvents
- Local workflow design and additional data
- Support the multidisciplinary team

## Where do Midwives fit in?
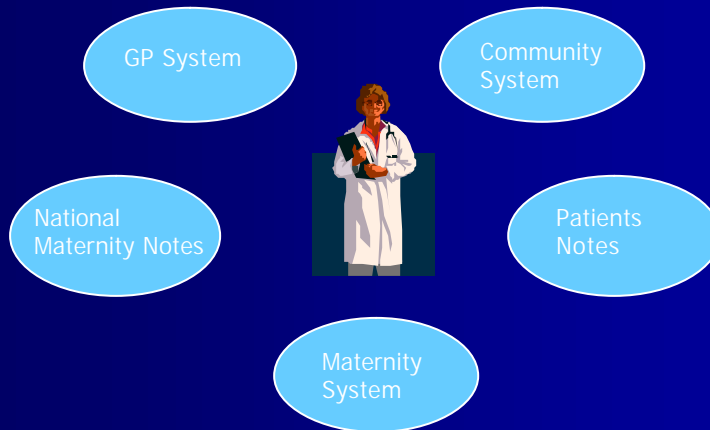


## What do we need to do?

- Start from national standards (eg NICE, NSF…)
- Create a core data set to support these
- Create a single information infrastructure; standards, data, messages, guidelines, decision support…
- Set up the bodies to manage this
- Lobby for a pluralist approach – this is about creating a sound framework and encouraging innovation.