

# DAPB3066 Digital Maternity Record Standard release 2

Change  
Specification



# Data Alliance Partnership Board

The Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, has approved a change to an existing information standard for publication under section 250 of the Health and Social Care Act 2012.

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Governance, Assurance and Testing (DGAT) team and endorsed by the Data Assurance Board (DAB).

This information standard comprises the following documents:

- Change Specification (this document)
- Implementation Guidance
- Requirements Specification
- Data Model

An Information Standards Notice (DAPB3066 Amd 01/2025) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the [NHS England Digital](#) website. Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

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# Document management

## Revision History

Version	Date	Summary of Changes
0.1	28/11/2024	Drafting.
0.2	11/02/2025	Updates and amendments from DSAS assurance.
0.3	04/03/2025	Further updates from assurance and template change.

## Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
Rob Wakefield	Deputy Director of Programmes	04/03/2025	
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## Approved by

This document must be approved by the following people:

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Rob Wakefield	Rob Wakefield	Deputy Director of Programmes	06/03/25	0.3
Julia Gudgeon	Julia Gudgeon	Chief Midwifery Information Officer	06/03/25	0.3
Tim Ellis	Tim Ellis	Head of Digital Delivery	06/03/25	0.3

## Glossary of Terms

Term / Abbreviation	What it stands for
AoMRC	Academy of Medical Royal Colleges
Better Births	The National Maternity Review undertaken by NHS England
EPR	Electronic patient record
DAPB	Data Alliance Partnership Board.
DAPB3066	The Digital Maternity Record Standard
HCRS	Healthy Child Record Standard
MTP	Maternity Transformation Programme
ICB	Integrated Care Board
ISN	Information Standards Notice
MTP	Maternity Transformation Programme
MSDS	Maternity Services Data Set
PRSB	Professional Record Standards Body
Refset	In the context of this Standard, a Refset is a group of SNOMED clinical terms that is represented by a single reference, rather than a list of all the terms contained therein
SNOMED CT	Structured clinical vocabulary for use in an electronic health record. SNOMED CT has been adopted as the standard clinical terminology for the NHS in England

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## 1. Overview

### 1.1. Summary

Standard	
Standard Number	DAPB3066
Standard Title	Digital Maternity Record Standard (DMRS, release 2)
Description	<p>DMRSv1 was initially published by the PRSB in October 2019 and the Data Coordination Board (DCB) issued an Information Standards Notice (ISN) in November 2019: the DCB 3066 Digital Maternity Record Standard, Release 1. This standard mandated that all maternity service providers must implement the entire record standard by November 2021. However, owing to pressures on maternity services during the COVID19 pandemic, this compliance was suspended.</p> <p>The <a href="#">Three-Year Delivery Plan for Maternity and Neonatal Services</a>, published in March 2023 (<a href="#">NHS England, 2023</a>), sets out the following objectives:</p> <ul style="list-style-type: none"> <li>• For NHS trusts to ‘have, and be implementing, a digital maternity strategy and digital road map’</li> <li>• For trusts to ‘procure an EPR system – where that is not already being managed by the Integrated Care Board (ICB) – that complies with national specifications and standards, including the <a href="#">digital maternity record standard</a> and the <a href="#">maternity services data set</a> and can be updated to meet maternity and neonatal module specifications as they develop’</li> <li>• For NHSE to ‘set out the specification for compliant electronic patient records for maternity services’ and publish a refreshed DMRS and MSDS by March 2024</li> </ul> <p>In response to these objectives, a refresh of the DMRS was commissioned in July 2023 to ensure that requirements were refreshed and the new DMRSv2 standard incorporated the new models of care before compliance was mandated. This would provide an opportunity to undertake development work in collaboration with health and care organisations, who will be charged with fulfilling the ISN mandate.</p> <p><b><u>In Scope</u></b></p> <p>The new models of care to be added to the refreshed standard will reflect the following requirements described in the Maternity Care Standard Consultation (PRSB, 2023, unpublished) and include:</p>

	<ul style="list-style-type: none"> <li>• Personalised care and support planning for maternity services</li> <li>• Informed decision making</li> <li>• Midwifery continuity of carer</li> <li>• Equality and diversity data requirements</li> <li>• Maternal medicine</li> <li>• Fetal medicine</li> <li>• Smoking cessation</li> <li>• Maternity Early Warning Score (MEWS) / Newborn Early Warning Track and Trigger-2 (NEWTT-2)</li> </ul> <p>Also added:</p> <ul style="list-style-type: none"> <li>• Care of women under 18</li> <li>• Care of women living in more diverse circumstances</li> <li>• Women having multiple births, suffering from bereavement or loss, or experiencing an unplanned pregnancy.</li> </ul> <p>The refresh also considered how other PRSB standards align with the DMRSv2, for example, the 'Personalised Care and Support Plan (PCSP)' and 'About Me' standards.</p> <p><b><u>Out of scope</u></b></p> <ul style="list-style-type: none"> <li>• Neonatal assessment and care</li> <li>• The process of endorsement by partners</li> </ul>
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<b>Release</b>	
<b>Description</b>	The release of DMRS R2 represents a significant change from the previous version and reflects the new models of care and best practice that have come into operation after the release of the previous version of the standard.

Implementation Date	<p><b><u>System Conformance</u></b></p> <p>From 31/12/2025 all Maternity service providers MUST implement the entire record standard.</p>
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## 1.2. Supporting products

This document should be read in conjunction with the following:

Ref #	Title
1	Digital Maternity Record Standard Release 2 - Data model
2	Digital Maternity Record Standard Release 2 - Requirements Specification
3	Digital Maternity Record Standard Release 2 - Implementation Guidance

## 1.3. Related standards

Reference	Title
DCB3009	<a href="#">Healthy Child Record Standard</a>
DCB1513	<a href="#">Maternity Services Data Set</a>

## 2. Change specification

### 2.1. Reason for release

The Digital Maternity Record Standard has a requirement for an up-to-date record standard that reflects maternity care provision from the start of antenatal care through to discharge from the maternity service, and to provide confidence that the right foundation blocks are in place for future health record updates.

The release of DMRS R2 represents a significant change from the previous version and brings the standard in alignment with the new models of care and best practice that have come into operation after the release of the previous version of the standard.

The new models of care added to the refreshed standard will reflect the following requirements:

- Personalised care and support planning for maternity services
- Informed decision making
- Midwifery continuity of carer
- Equality and diversity data requirements
- Maternal medicine
- Fetal medicine
- Smoking cessation
- Maternity Early Warning Score (MEWS) / Newborn Early Warning Track and Trigger-2 (NEWTT-2)
- Care of women under 18
- Care of women living in more diverse circumstances
- Women having multiple births, suffering from bereavement or loss, or experiencing an unplanned pregnancy.

A number of requirements have resulted from the National Maternity Review, which led to the publication of the [Better Births report](#) in February 2016. Better Births highlighted the need for Maternity Services in England to become safer, more personalised and provide better access to information for pregnant women. The publication of Better Births resulted in the establishment of the [Maternity Transformation Programme](#), and the updated version of the data set forms part of the 'Sharing Data and Information' workstream of the programme.

The following documents/policies all provide further context to the changes required for MSDS v2.0:

[Maternity Transformation Programme/Better Births report](#)

[NHS Five Year Forward View](#)

## [Saving Babies' Lives Version 3](#)

The remainder of this section details the reasons for the changes (Justification for changes).

## 2.2. Justification for changes

### 2.2.1. Reflecting emerging models of care and best practice

The current structure of the DMRS faces several limitations that hinder its ability to seamlessly integrate with modern healthcare systems, impacting patient care coordination, data accuracy, and system interoperability. The introduction of DMRS Release 2 (R2) seeks to address these limitations by restructuring sections to accommodate emerging models of care and best practice. These updates are vital for improving clinical interoperability, patient care, and the overall usability of healthcare records.

### 2.2.2. Inclusion of New Sections, Data Items, and Implementation Guidance

The updated Digital Maternity Record Standard (DMRS) introduces new sections, data items, and detailed implementation guidance to support structured and comprehensive maternity care. These updates reflect an in-depth analysis of current gaps, stakeholder needs, and emerging care models. By incorporating these changes, the standard aims to enhance care coordination, address health inequalities, and improve outcomes for women, babies, and their families throughout the maternity journey.

The inclusion of implementation guidance provides clarity on using these enhanced records to promote consistent practices across healthcare settings. This guidance ensures that the new data items and sections are effectively integrated into clinical workflows, reducing ambiguity and fostering seamless data exchange among healthcare professionals.

### New Sections Introduced in DMRS R2

A total of 19 new sections have been added to the standard, each designed to address specific aspects of maternity care and improve the quality of information recorded.

Section	Purpose
About Me	Captures personal preferences and information for personalised care.
Additional Support Plan	Details additional care or support required for specific needs.
Alcohol Record	Records alcohol consumption and prenatal exposure.
Alert	Highlights critical alerts relevant to maternity care
Contingency Plan	Outlines alternative plans for unexpected circumstances.
Diagnosis	Provides structured documentation for maternal and fetal diagnoses.

Fetus Details	Captures individualised records for each fetus
Formulation	Documents clinical decision-making processes
Health Care Professional	Records details of health care professionals
Investigation Requests	Records details of diagnostic and screening tests requested
National Screening Programme Results	Records results from national screening programmes
NIPE Examination Results	Documents Newborn and Infant Physical Examination (NIPE) findings
Perinatal Pelvic Health	Records details of maternal pelvic health, including issues like incontinence or prolapse.
Pregnancy Status	Provides an overview of the current pregnancy
Problem List	Lists ongoing or past health issues impacting maternal or fetal health.
Signpost Details	Records details where patients are signposted to additional services, such as free dental care
Smoking Record	Records smoking history and carbon monoxide test results.
Treatment and Intervention	Captures treatments provided to woman
Document	Records administrative details of care documentation.

Table showing sections added to DMRS R2

### New Data items

The new data items introduced complement the new sections and also provide detailed and specific fields for recording information critical to maternity care.

Requirements	Action
Information about induction of labour, especially in cases of loss.	Induction of labour record entry included in labour section, capturing indication of labour, methods used for cervical priming, date and time of artificial rupture of membranes, and date and time syntocinon was commenced.
Individualised data in the case of multiple pregnancy for each fetus in a clear and cohesive record, including the growth and development of each fetus, any complications unique to each and planning for delivery and postnatal care.	Standard designed to accommodate multiple pregnancies and has an individualised record for each fetus.

More than one GP can now be captured in the record.	Standard now allows for military personnel care consistency – they may be cared for by an NHS GP and a military GP during their maternity pathway.
2021 census ethnicity groups placeholder.	Person demographics' section does not reflect the ethnicity groups in the 2021 census, so a placeholder for ethnicity 2021 census code was added to the standard pending development of code by NHS data dictionary.
Categorised individual requirements and disabilities.	There was an absence of specific terms and categories of learning or physical disability and also as to when sign language should be included. Standard includes categorised individual requirements as well as "history" to record any disabilities.
Updated language used to describe place of maternal birth.	Changed to 'country code (birth)'.
The age of the egg/embryo donor when freezing takes place.	In the context of IVF/egg donation, the age of the donor of the egg/embryo when freezing takes place (which may be clinically relevant) is now recorded in the standard.
Preference for seeing female doctors or midwives.	The ability to record a request for care by a female clinician is included in the new standard.
Specific names of any used drugs/substances.	Free text field added to social context section where specific drug and details can be recorded to capture the type of substance(s) being used or misused.
Specific questions regarding previous births which may impact maternal pelvic floor health.	New section added called "perinatal pelvic health". New data items added to capture history of tears or forceps delivery, post-natal symptoms such as dyspareunia, sexual symptoms or dysfunction, bladder or bowel incontinence, or symptoms of pain or pelvic organ prolapse.
Carbon monoxide testing and smoking history.	Inclusion of smoking record section into the standard, which includes elements to record carbon monoxide testing.
Prenatal alcohol exposure.	Specific alcohol use section added to standard to record alcohol use in more detail to help reduce risk of alcohol affecting the fetus.
Consanguinity (the woman's relationship to the baby's biological father).	New data item to record consanguinity added to the maternity record details section
Capturing Midwifery Continuity of Carer (MCoC)	New data items added in the contact with professional section.
Capturing women's understanding about their care and what they have been told.	Data items added to the informed decision-making section of the standard to be completed by the healthcare provider, asking people to summarise their care to establish their understanding of the situation

Signposting to other services, such as eligibility for free dental care.	Data items added to the standard at initial booking and post-natal check showing details of signposting provided to the woman.
Details about the wider healthcare team involved in multidisciplinary maternity team (MDT) care, across all settings	Specific team names can now be recorded alongside practitioner names and job titles, so that context is clear across different organisations
Phrase 'shared decision making' changed to 'informed decision making'.	Changed to 'informed decision making' following Royal College of Midwives, 2021 guidelines.

Table showing data items added to DMRS R2

### Implementation Guidance

To ensure effective use of the new and previously existing sections and data items, detailed implementation guidance has been provided to clarify where and how information should be recorded.

Requirements	Action
Capturing chronicity and amnionicity for fetus	Implementation guidance added to Procedures and therapies section advising chronicity and amnionicity be captured, when applicable.
In the case of unplanned pregnancy, use of the ' <a href="#">London Measure of Unplanned Pregnancy</a> ' (LMUP) ( <a href="#">Barrett et al., 2004</a> ; <a href="#">NHS England, 2023c</a> ) to assess how planned or unplanned a pregnancy is	Implementation guidance has been added to the assessment section to support the implementation of LMUP
Whether the woman is under jurisdiction of the criminal justice system	The implementation guidance now specifies type of contact with criminal justice system under the social context section
Whether the mother was previously a looked after child	The implementation guidance advises that this be recorded in the social context section
Nature and method of conception, including details of and reasons for artificial insemination	To be recorded in clinical summary section. Further guidance added in implementation guidance.
Variation in literacy levels and challenges associated with language differences, crossing borders and accessing care in a second language	Implementation guidance added to educational history standard to advise that this is where level of literacy should be captured
Non-traditional family structures, gender identities and relationship status	The implementation guidance advises that this be recorded in the social context section
History of previous pregnancies	Implementation guidance highlights that birth experience can be recorded within the Assessments section.

Carbon monoxide testing and smoking history	Inclusion of smoking record section into the standard, which includes elements to record carbon monoxide testing
Desire for information to be recorded about the woman's "bump progress"	Implementation guidance added to indicate that symphysis fundal height should be captured in physical examination

## Benefits

- New sections and data items, such as "Fetus Details" and "Health Care Professional" enable precise recording of personalised care plans and team involvement, ensuring seamless coordination across providers.
- Capturing data on social determinants of health, such as homelessness, food poverty, and language barriers, ensures that care plans are tailored to the diverse needs of patients, promoting equity.
- Comprehensive records of critical factors like carbon monoxide levels, prenatal alcohol exposure, and pelvic health provide healthcare professionals with the information needed to identify risks early and implement targeted interventions.
- New data items, such as preferences for female clinicians and non-traditional family structures, support personalised care that respects patients' values and identities.
- The inclusion of national screening programme results and NIPE examination findings ensures that all aspects of maternal and fetal health are captured, monitored, and acted upon efficiently.
- Data items in the "Informed Decision-Making" section empower healthcare providers and patients to collaborate, ensuring patients fully understand their care and treatment options.
- Standardised guidance ensures uniform data collection, reducing variability and promoting consistency in care delivery, even for transient populations like military personnel.

## Impact of not progressing

Failing to adopt the updated DMRS poses significant clinical and equity risks. The inability to capture detailed data on social determinants of health, screening results, and prior birth experiences would hinder early risk identification and timely interventions, leading to fragmented care and adverse maternal and neonatal outcomes. Furthermore, the lack of inclusivity in data fields, such as non-traditional family structures or clinician preferences, risks alienating vulnerable groups and exacerbating health inequalities. Without these updates, inconsistent documentation and misalignment with standards would undermine care delivery, trust in healthcare services, and the ability to provide equitable, high-quality maternity care. It also poses significant reputational risks in the event of failure to deliver on the associated public commitment to publish a revised DMRS.

### 2.2.3. Definition of Clinical terminology

SNOMED CT is a globally recognised, structured clinical terminology designed for use in electronic health records. By adding SNOMED CT to DMRS R2, the standard provides a consistent and precise method for documenting diagnoses, procedures, observations, and findings across all care settings.

Clinical terminology defined for DMRS R2

- Placenta delivery
- Maternal delivery
- Birth outcome
- Labour onset
- Congenital abnormalities
- Maternal Medicine
  - Diabetes and Endocrinology
  - Gastroenterology hepatology
  - Haematology
  - Heart
  - Kidney
  - Lung
  - Neurology
  - Rheumatology

#### **Aim:**

To integrate SNOMED CT into DMRS R2, enabling consistent, structured, and precise documentation of clinical terms such as diagnoses, procedures, and findings. This ensures standardised communication across care settings, improving data accuracy and facilitating better coordination in maternity care.

#### **Benefits:**

- **Consistency in Documentation:** SNOMED CT provides a universal clinical language, reducing ambiguity in recording critical information like placenta delivery, labour onset, and congenital abnormalities.
- **Enhanced Care Coordination:** A standardised approach improves information exchange between healthcare providers, leading to seamless transitions of care.
- **Comprehensive Maternal Health Management:** The inclusion of maternal medicine categories, such as endocrinology and neurology, ensures holistic care for mothers with pre-existing conditions or complications.
- **Improved Data Quality:** Precise terminology supports better analytics and decision-making, fostering research and improving maternity care outcomes.

#### **Impact of Not Progressing:**

Failure to incorporate SNOMED CT into DMRS R2 would result in inconsistent and imprecise documentation across maternity care. Misaligned terminology would hinder effective data sharing and care coordination, leading to fragmented care and potential clinical errors. Without standardised terms for critical maternal and neonatal conditions, healthcare providers would face challenges in delivering timely and targeted interventions, adversely affecting outcomes. Additionally, the absence of structured clinical terminology

would limit the ability to analyse and improve care pathways, missing an opportunity to enhance maternity services and address health disparities effectively.

## **Data Integrity and Efficiency Through Referenced Data Items**

The updated Digital Maternity Record Standard (DMRS R2) seeks to address critical challenges in maternity care documentation by introducing innovative mechanisms, such as the use of referenced data items. This approach ensures that information recorded across the standard is linked, consistent, and free from duplication. These enhancements are designed to not only reduce administrative burdens but also provide healthcare professionals with a cohesive and comprehensive view of patient records, enabling more effective decision-making and improved outcomes for mothers and babies

### **Aim**

To integrate referencing data items into DMRS R2, ensuring that information captured across different sections of the standard is linked and avoids duplication. This creates a streamlined and cohesive documentation process, improving efficiency and data consistency.

### **Benefits:**

- **Eliminating Redundancy:** By referencing data items instead of duplicating them, the standard reduces repetitive entries, saving time for healthcare providers and minimising documentation errors.
- **Enhanced Data Integrity:** Referenced data ensures that updates made in one section automatically reflect in all relevant areas, maintaining consistency across the record.
- **Improved Workflow Efficiency:** A streamlined documentation process simplifies clinical workflows, allowing healthcare providers to focus more on patient care.
- **Facilitated Analysis and Reporting:** Referenced data enables easier aggregation and analysis of information, supporting evidence-based decision-making and research.
- **Optimised Record Navigation:** Linking related data items provides healthcare professionals with a clearer and more organised view of patient records, enhancing care coordination.

### **Impact of Not Progressing:**

Failing to implement referencing data items in DMRS R2 would perpetuate inefficiencies in maternity record-keeping. Duplication of data increases the risk of inconsistencies, leading to conflicting information that compromises clinical decision-making. Healthcare providers would face unnecessary administrative burdens, reducing the time available for direct patient care. Moreover, fragmented records could result in delays in identifying critical issues, impacting maternal and neonatal outcomes. Without a more cohesive system, opportunities to leverage data for insights, research, and service improvements would be missed, limiting the potential for achieving excellence in maternity care.

## Change Control

This Change Specification represents a summary of changes included in DMRS R2 which should be read in conjunction with the DMRS Release 2 Data Model to fully understand the changes to the data set.

### 3. URL details

URL name	Link
Healthy Child Record Standard	<a href="https://digital.nhs.uk/data-and-information/information-standards/governance/latest-activity/standards-and-collections/dapb3009-healthy-child-programme">https://digital.nhs.uk/data-and-information/information-standards/governance/latest-activity/standards-and-collections/dapb3009-healthy-child-programme</a>
Maternity Transformation Programme/Better Births report:	<a href="https://www.england.nhs.uk/mat-transformation/">https://www.england.nhs.uk/mat-transformation/</a>
NHS Five Year Forward View	<a href="https://www.england.nhs.uk/publication/nhs-five-year-forward-view/">https://www.england.nhs.uk/publication/nhs-five-year-forward-view/</a>
Saving Babies' Lives Version 3	<a href="https://www.england.nhs.uk/publication/saving-babies-lives-version-three/">https://www.england.nhs.uk/publication/saving-babies-lives-version-three/</a>