

# DAPB3066 Digital Maternity Record Standard release 2

Requirements  
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
- Implementation Guidance
- Requirements Specification (this document)
- 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 [Standards and collections - NHS England Digital](#). 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	25/11/2024	Drafting.
0.2	20/11/2025	Updates and amendments from DSAS assurance.
0.3	28/02/2025	Further updates from assurance and template change.

## Reviewers

This document must be reviewed by the following people:

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This document must be approved by the following people:

Name	Signature	Title	Date	Version
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Glossary of Terms

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<b>Term / Abbreviation</b>	<b>What it stands for</b>
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 (DMRS)
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. Introduction

The Better Births Report (National Maternity Review, 2016) was the output of a Maternity Review commissioned by NHSE. The report describes the vision for maternity services across England and makes recommendations about how they become safer, more personalised, kinder, more family-friendly, and that everyone using maternity services should have access to their own health and maternity record. It was intended these actions would enable people to make decisions about their care and know where to access support that is centred around their individual needs, preferences, and circumstances.

The Maternity Transformation Programme (MTP) followed this and was a major national programme whose aim was to drive the transformation of maternity services and deliver the vision described within the Better Births Report. The MTP brought together a wide range of organisations which led nine national work programmes.

Recommendations were also made in subsequent reports such as the Long-Term Plan (NHS England, 2019), the East Kent Maternity Report (Kirkup, 2022), and the Ockenden Report (Ockenden, 2022). The MTP was also responsible for responding to the government's safety strategy, which sets out a range of ambitions including to significantly reduce the rate of stillbirths, maternal and neonatal deaths, and neonatal brain injuries.

Digital Maternity Record Standards (DMRSv) was initially approved and published by the Data Coordination Board (DCB) in November 2019, the DCB3066 Digital Maternity Record Standard (Release 1) mandated that all maternity service healthcare providers must implement the entire record standard by November 2021. Owing to pressures on maternity services during the COVID19 pandemic, this compliance was suspended.

The Three-Year Delivery Plan for Maternity and Neonatal Services, published in March 2023 (NHS England, 2023), sets out the following objectives:

- For NHS trusts to 'have, and be implementing, a digital maternity strategy and digital road map'
- For trusts to 'procure an EPR system – where that is not already being managed by the ICB – that complies with national specifications and standards, including the digital maternity record standard and the maternity services data set (DCB1513) and can be updated to meet maternity and neonatal module specifications as they develop'
- For NHSE to 'set out the specification for compliant electronic patient records for maternity services' and publish a refreshed DMRS and Maternity Standards Data Set (MSDS) by March 2024

In response to these objectives, a new version of the DMRS was commissioned in July 2023 to ensure that requirements were refreshed and DMRSv2 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.

Since time of publication of the original DMRSv1, new models of care have been developed in relation to:

1. Personalised Care and Support Plan for maternity
2. Informed consent tool (including decision support tools with patient information aids)
3. Equality & Diversity maternity policy
4. Midwifery continuity of carer
5. Maternal medicine
6. Fetal Medicine
7. Perinatal pelvic floor health
8. Smoking cessation
9. MEWS / NEWTT-2
10. Post natal GP
11. Perinatal mental health

The previous version of the DMRS had not been updated in line with the development of those new models of care. This posed potential risks to patient safety and could result in increased waste of clinical time, degraded patient experience and higher costs for the NHS in maternity litigation.

Maternity services in England are currently unable to capture all the local, regional, and national data requirements in one seamless system. Better Births (National Maternity Review, 2016) reported that health professionals are working under significant pressure and spend a great deal of their time collecting data and filling in forms, yet the data produced is often of poor quality, incomplete, or paper-based, when it should be electronic. Additionally, some aspects of care have no data collected at all. Better Births also noted that professionals worry about the threat of litigation which encourages obstetricians and midwives to practice in a risk-averse way, which contributes to the administrative and data collection burden.

To enable the maternity safety ambitions to be realised, it is necessary to ensure that the correct digital infrastructure exists to support safe practice. The need for an up-to-date record standard that reflects maternity care provision from start to finish will provide confidence that the right foundation is in place for a fully digital future.

An improved maternity record is expected to result in better data, which may contribute to quicker recognition of actual or potential harm or poorer outcomes. This in turn should assist the development of safer clinical practice through quality improvement activities.

## 1.1. Releases

DAPB3066 Release 2 ensures that each provider and related clinical system/Electronic Patient Record (EPR) that has been commissioned to support NHS services is storing the same data in a standardised format.

## 1.2. Purpose

The purpose of this document is to detail the requirements for healthcare providers and their system providers so that they can implement and conform to DAPB3066. This will also enable healthcare providers and their systems to be in a position to begin sharing information via future mechanisms that would be developed by NHS England.

The standard was developed originally in 2019 and was revised by the PRSB in 2024 through consultation to include new models of care and current best practice.

Through this document, the standard will be referred to as DAPB3066.

## 1.3. Supporting Documents

Document Name	Purpose
DAPB3066 Digital Maternity Record Standard Release 2 Data Model	Provides the data model setting out the detailed content, format, structure, detailed implementation guidance and rules needed for a healthcare provider to implement the standard. Provides the SNOMED CT codes and refsets for the data model.
DAPB3066 Digital Maternity Record Standard Release 2 Implementation Guidance	Provides high level guidance and context to healthcare providers involved in the implementation of DAPB3066.
Digital Maternity Record Standard Release 2 Change Specification	Details the changes made from the previous version of DMRS.

All documents are available on the NHS England website: [DAPB3066 Digital Maternity Record Standard - NHS England Digital](#)

*NB – The above table details the documentation comprising the DAPB3066 standard.*

Further information can be found on the PRSB Maternity Record Standard webpage (<https://theprsb.org/standards/maternityrecord/>)

## Definitions

Documentation supporting this standard will refer to some or all of the following terms:

Term	Description
Data Item	<p>This is a label for the unit of data contained in a record section which describes an attribute stored within an <b>Element</b>. This could be an option in a drop-down list for example.</p> <p>“General Surgery Service” and “Urology Service” are two such data items in the “Specialty” <b>Element</b> of the “Performing Professional” <b>Section</b>.</p>
Value Sets	<p>Value sets describe precisely how the information is recorded in the system and communicated between systems. This is required for interoperability (for information to flow between one IT system and another). The information can be text, multi-media or in a coded format. If coded it can be constrained to SNOMED CT and specific SNOMED CT reference sets, NHS Data Dictionary values or other code sets.</p>
Element	<p>This is a label for sub-sections (or sub-headings) in relation to a specific record entry.</p> <p>For example, the GP Practice <b>Section</b> may be composed of the following Elements:</p> <ul style="list-style-type: none"> <li>• GP Name</li> <li>• GP Practice Details</li> <li>• GP Practice Identifier</li> </ul>
Record entry	<p>A record entry within a section is used where a set of information is repeated for a particular item, and there can be multiple items. For example, for each formulation there is a set of information associated with that formulation. Other examples include personal and professional contacts.</p>
Section	<p>This is a label for a high-level section within the record. For example, ‘Care and support plan’ and ‘Personal Contacts’ are sections. This could also be referred to as a ‘container’ or ‘heading’. A section will appear in a record only once.</p>



Record	This is a label for the overarching record as a whole. In the instance of the DAPB3066 Digital Maternity Record Standard
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Release 2, this is the combination of all the sections listed within the data model.

Name	Conformance	Cardinality	Description	Value Sets
Personalised care and support plan	M	1...1	The person's details and contact information.	
Version: 2.0				
Person demographics	M	1...1	The person's details and contact information.	
GP practice	M	1...1	Details of the person's GP practice.	
About me	R	0...1	About me	
Professional contacts	R	0...1	The details of the person's professional contacts.	
Personal contacts	R	0...1	The details of the individual's personal contacts.	
Formulation	R	0...1	Details of the person's formulation.	
Formulation record entry	R	0...*	This is the formulation record entry. There may be 0 to many record entry/entries under a sec	
Date	R	0...1	The date the formulation was made.	Date and time.
Location	R	0...1	The location where the formulation was made.	NHS data dictionary: - Organisation d
Coded value	R	0...1	The coded value for location	NHS data dictionary: - Organisation d
Free text	R	0...1	Free text field to be used if no code is available	Free text
Performing professional	R	0...1	The professional who made the formulation.	
Name	R	0...1	The name of the professional.	Free text.
Role	R	0...1	The role the professional has in relation to the person e.	FHIR value set :- SDSJobroletype
Grade	R	0...1	The grade of the professional.	Free text
Speciality	R	0...1	The speciality of the professional e.g. physiotherapy, onc	NHS data dictionary - Activity treatm
Professional identifier	R	0...1	Professional identifier for the professional e.g. GMC num	NHS data dictionary :- Professional n
Organisation	R	0...1	The name of the organisation the professional works for.	
Contact details	R	0...1	Contact details of the professional	NHS data dictionary - UK phone numt
Formulation	R	0...1	An account, shared by a therapist and person, of the per	Free text
Person completing record	R	0...1	Details of the person completing the record.	
Name	R	0...1	The name of the person completing the record.	Free text.
Role	R	0...1	The organisational role of the person completing record.	FHIR value set :- SDSJobrole
Grade	R	0...1	The grade of the person completing the record.	Free text.
Speciality	R	0...1	The main speciality of the person completing the record.	NHS data dictionary :- Activity treatr
Organisation	R	0...1	The organisation the person completing the record work	NHS data dictionary :- Organisation i
Coded value	R	0...1	The coded value for location	NHS data dictionary :- Organisation i
Free text	R	0...1	Free text field to be used if no code is available	Free text
Professional Identifier	R	0...1	Professional identifier for the person completing the record	NHS data dictionary :- Professional re
Date completed	R	0...1	The date and time the record was completed.	Date and time.
Contact details	R	0...1	Contact details of the person completing the record.	NHS data dictionary :- UK telephone

Figure 1: Diagram detailing key terms as used in the Digital Maternity Record Standard

### 1.4. Scope

#### Healthcare Providers

The scope of DAPB3066, with regards to healthcare providers and their respective levels of compliance is as follows:

- All Maternity service healthcare providers **MUST** implement the entire record standard
- All Ultrasonography service healthcare providers **MUST** implement the Scan Report heading and all the Elements contained therein
- All other Service Healthcare providers including, but not limited to, those listed below, who have an active involvement during a pregnancy episode, **MAY** implement the entire Standard:
- General Practice
- Urgent Care and Ambulance

- Gynaecology
- Radiology
- Neonatal
- Community Services (such as Health Visiting)
- Acute Services
- Screening Services

*NB – the terms “MUST” and “MAY” are defined in section 2.1, below.*

DAPB3066 will impact:

- All health IT systems providers providing systems to the healthcare providers detailed in the above scope.

The above scope is the result of guidance from clinical, technical and governance subject matter experts. The scope is constrained at this stage but widening the scope to mandate other types of provider will be considered in future releases of the ISN. **Only maternity service healthcare providers are mandated to implement the entire record standard at this stage.**

## 1.5. Related Standards

Healthcare providers should become compliant with the Healthy Child Record Standard when recording information which ultimately needs to be held within a baby’s record.

Eight specific Headings (known as Sections in the HCRS) and their respective data items in the HCRS have been identified for Maternity healthcare providers to consider recording about the baby at the point of birth (to support future interoperability with Healthy Child Programme healthcare providers):

1. Birth details
2. Newborn Blood Spot Screening
3. Feeding Status
4. Newborn and Infant Physical Examination (72 hours).
5. Discharge Details
6. Vaccinations (for newborn Hepatitis B or BCG)
7. Medications and medical devices (for Vitamin K administration)

## 8. Observations (for head circumference, length and weight)

In addition, there are commonalities across these two Standards (such as Investigation Results, and its respective data items). Thus, there may be additional benefit in Maternity healthcare providers recording information against these headings about the baby as well as the mother, namely a consistent and standardised approach to data management which enables effective interoperability between Maternity and Child Health information systems.

Approaches to managing the record split between mother and baby may vary considerably. As such, the Healthy Child Record Standard headings that a healthcare provider considers becoming compliant with will need to be defined at a local level, by the healthcare provider themselves.

Consultation has taken place with the owners of the Maternity Services Data Set (DCB1513 MSDS v2.0) which already collects data on maternity service users.

## 1.6. Benefits

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

- 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 healthcare 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 Newborn and Infant Physical Examination (NIPE) 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.

### Definition of Clinical terminology

- 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 decisionmaking, fostering research and improving maternity care outcomes.

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

- **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.

## 2. Digital Maternity Record Standard Requirements

### 2.1. Requirements definition

This document defines the specification that healthcare providers (termed the PROVIDERS), need to work with their system providers (termed the SYSTEM) to implement the requirements of the DAPB3066 Digital Maternity Record Standard.

**NB: the onus is on healthcare PROVIDERS to instruct their SYSTEMS to comply with the STANDARD via their local contracts.**

The requirements within this specification are assigned levels using the following terms:

**MUST** - This word, or the term "SHALL", mean that the definition is an absolute requirement of the specification.

**SHOULD** - This word, or the adjective "RECOMMENDED", mean that there may exist valid reasons in particular circumstances to ignore a particular item, but the full implications must be understood and carefully weighed before choosing a different course.

**MAY** - This word, or the adjective "OPTIONAL", mean that an item is optional. One provider may choose to include the item because their local processes require it or because they feel that it enhances the product, while another provider may omit the same item.

## 2.2. Healthcare Provider Requirements

Reference	Requirement
P01	Healthcare PROVIDERS <b>MUST</b> read the Requirements Specification (this document) in conjunction with the Implementation Guidance, and Digital Maternity Data Model Specification.
P02	Healthcare PROVIDERS <b>MUST</b> review their system compatibility against this standard to identify any changes required to current practice and systems to ensure compliance with the standard.
P03	Healthcare PROVIDERS <b>MUST</b> ensure that their current system is updated to be conformant with the standard.
P04	Healthcare PROVIDERS <b>MUST</b> comply with <a href="#">DCB0160 Clinical Risk Management</a> : its Application in the Deployment and Use of Health IT Systems.
P05	Healthcare PROVIDERS <b>SHOULD</b> provide adequate training for all staff involved in collection and recording of this data.
P06	Where changes are made to how a user interacts with the system, an owner <b>MUST</b> produce appropriate guidance to be made available to the healthcare organisation.
P07	Healthcare PROVIDERS <b>SHOULD</b> review the <a href="#">Healthy Child Record Standard (http://www.digital.nhs.uk/isce/publication/dcb3009)</a> to define which headings they will become compliant with.  <i>NB Refer to section 1.5 Related Standards, above, for more information.</i>
P08	Healthcare PROVIDERS <b>MUST</b> confirm compliance with DAPB3066 to NHS England.
P09	Healthcare PROVIDERS, when procuring new systems or modifying agreements with existing system providers, <b>MUST</b> have ensured that supplier organisations are compliant with the clinical safety standards <a href="#">DCB0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems</a> and <a href="#">DCB0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems</a> .

<b>P10</b>	Healthcare PROVIDERS <b>SHOULD</b> ensure that the Requirements Specification, and other supporting documents, have been reviewed within one month of the publication date of this Information Standard, in order to establish which services are covered by the scope, how the elements within the Maternity Data Model Specification are defined, and what elements should be included in a Maternity Record.
<b>P11</b>	It <b>MUST</b> be possible to validate any mandatory items at the point of data entry to prevent a user from not completing an associated field.
<b>P12</b>	Healthcare PROVIDERS <b>SHOULD</b> provide adequate training for all staff involved in collection and recording of this data.
<b>P13</b>	Where there are suggested changes to either the DMRS data model, or the DMRS implementation guidance documentation, PROVIDERS <b>SHOULD</b> contact the <a href="#">PRSB support and maintenance service</a> .

### 2.3. IT System Requirements

**NB: the onus is on healthcare PROVIDERS to instruct their SYSTEM providers to comply with the STANDARD via their local contracts.**

Reference	Requirement
<b>ITS01</b>	A SYSTEM <b>MUST</b> be compliant with the DMRS data model, release 2.0, which is available via this <a href="#">link</a> . Other formats are also available by emailing the <a href="#">PRSB support service</a> .
<b>ITS02</b>	For each Section that a SYSTEM implements, a SYSTEM <b>MUST</b> implement all Elements detailed therein.
<b>ITS03</b>	A SYSTEM <b>MUST</b> structure the Elements within the record as per the data model, release 2.0. This does not preclude any other simpler or aggregated views of the data within the clinical SYSTEM.
<b>ITS04</b>	A SYSTEM <b>MUST</b> allow a user to record any information in the correct format and under the correct Section.
<b>ITS05</b>	A SYSTEM <b>MUST</b> implement DMRS release 2 as per the scope detailed within section 1.4 of this DMRS release 2 Requirements Specification.

<b>ITS06</b>	A SYSTEM <b>MUST</b> offer configurable viewing of the record as per the provider's internal workflow requirements.
<b>ITS07</b>	A SYSTEM <b>MUST</b> conform to regular updates of terminology releases via Technology Reference Data Update Distribution (TRUD).
<b>ITS08</b>	A SYSTEM <b>MUST</b> ensure that <b>ALL</b> data recorded on maternity service users (within the scope above – see section 1.4) <b>MUST</b> be updated to the new standard.
<b>ITS09</b>	A SYSTEM <b>MUST</b> ensure that for each record entry within a Section, the SYSTEM allows the performing professional, person completing the record, date, and location details to be recorded and stored.
<b>ITS10</b>	The timestamps within the record <b>SHOULD</b> be recorded in GMT.
<b>ITS11</b>	<p>A SYSTEM <b>SHOULD</b> become compliant with the <u>Healthy Child Record Standard</u> for the following eight headings:</p> <ol style="list-style-type: none"> <li>1. Birth details</li> <li>2. Newborn Blood Spot Screening</li> <li>3. Feeding Status</li> <li>4. Newborn and Infant Physical Examination (72 hours) aka NIPE</li> <li>5. Discharge Details</li> <li>6. Vaccinations (for newborn Hepatitis B or BCG) 7. Medications and medical devices (for Vitamin K administration) 8. Observations (for head circumference, length and weight).</li> </ol> <p><i>NB please refer to section 1.5 Related Standards, above, for more information.</i></p>
<b>ITS12</b>	A SYSTEM <b>SHOULD</b> become compliant with the Healthy Child Record Standard for any other Headings deemed appropriate by the provider.
<b>ITS13</b>	The interface <b>MUST</b> be compliant with NHSE Accessible Information (AIS) standards.

<b>ITS14</b>	Where changes are made to how a user interacts with the SYSTEM (for example the user interface) the SYSTEM <b>SHOULD</b> produce appropriate guidance to be made available to the health and/or care organisation.
<b>ITS15</b>	The SYSTEM <b>SHOULD</b> ensure DMRS release 2 information is accessible and updated either in real time, or as close to real time as possible.

## 2.4. Healthcare Provider and IT System Conformance Criteria

This section describes the tests that can be measured to assess that the information standard is being implemented correctly.

Reference	Criteria
<b>PITSCC01</b>	<p>Healthcare providers have read the following documents:</p> <ul style="list-style-type: none"> <li>- Digital Maternity Record Standard Release 2 Information Standards Notice (ISN) Digital Maternity Record Standard Release 2 Requirements Specification (this document)</li> <li>- Digital Maternity Record Standard Release 2 data model</li> <li>- Digital Maternity Record Standard Release 2 Implementation guidance.</li> </ul> <p>This relates to P01.</p>
<b>PITCC02</b>	The provider ensures that relevant staff can evidence that they have completed training around the recording of DMRS release 2 information. This relates to P05.
<b>PITSCC03</b>	The healthcare provider ensures that the system supports the recording of all mandatory, required, and optional elements. This relates to ITS01; ITS02; ITS03; ITS04; P02; P03; and P04.
<b>PITSCC04</b>	The healthcare provider ensures elements in the system are structured as per the DMRS release 2 data model and in the format specified. This relates to ITS01; ITS02; ITS03; ITS04; ITS05; P02 and P03.

<b>PITSCC05</b>	The DMRS release 2 information is accessible and updated in either real time, or as near to real time as possible. This relates to ITS13.
<b>PITSCC06</b>	The healthcare provider ensures that the PRSB is made aware of any suggested changes to either the data model, or the implementation guidance document through the <a href="#">PRSB support and maintenance service</a> . This relates to P13.
<b>PITSCC07</b>	The system provider ensures that their healthcare provider is made aware of any functional changes that may impact the recording of the DAPB PCSP information standard (for example user interface changes) and they provide appropriate support to users. This relates to ITS06 and ITS13.
<b>PITSCC08</b>	The system allows for a viewable audit trail, including time(s), date(s) and author(s). This relates to ITS09.
<b>PITSCC09</b>	The interface is compliant with NHSE <a href="#">Accessible Information (AIS)</a> standards. This relates to ITS13
<b>PITSCC11</b>	Healthcare providers described in Section 1.4 of the DAPB Requirements specification can evidence compliance with DMRS release 2 (this standard). This relates to ITS01; ITS05; P01; P02; P03.
<b>PITSCC12</b>	Healthcare providers have ensured their system provider can offer configurable viewing of the record as per the provider's internal workflow requirements. This relates to ITS06.
<b>PITSCC13</b>	Healthcare providers have ensured that their system providers are compliant with the clinical safety standards DCB0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems ( <a href="https://digital.nhs.uk/data-and-information/information-standards/governance/latest-activity/standards-and-collections/dcb0129-clinical-risk-management-its-application-in-the-manufacture-of-health-it-system">https://digital.nhs.uk/data-and-information/information-standards/governance/latest-activity/standards-and-collections/dcb0129-clinical-risk-management-its-application-in-the-manufacture-of-health-it-system</a> ) and that the healthcare providers are compliant with DCB0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems <a 300="" 80="" 946="" 964"="" data-label="Page-Footer" href="https://digital.nhs.uk/data-and-information/information-standards/governance/latest-activity/standards-and-&lt;/a&gt;&lt;/td&gt; &lt;/tr&gt; &lt;/table&gt; &lt;/div&gt; &lt;div data-bbox=">Copyright © 2025 NHS England</a>

	collections/dcb0160-clinical-risk-management-its-application-in-the-deployment-and-use-of-health-it-systems). This relates to P09.
<b>PITSCC14</b>	Healthcare providers have ensured their system provider conforms to regular updates of terminology releases via Technology Reference Data Update Distribution (TRUD). This relates to ITS07
<b>PITSCC15</b>	Healthcare providers have ensured that for each record entry within a section, their system provider allows metadata (specifically the performing professional, person completing the record, date, time and location details) to be recorded and stored. This relates to ITS09 and ITS10
<b>PITSCC16</b>	Healthcare providers have ensured through their system provider, that timestamps within the DMRS release 2 are recorded in GMT. This relates to ITS10.

### 3. URL details

<b>URL name</b>	<b>Link</b>
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>
DCB0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems	<a href="https://digital.nhs.uk/data-and-information/information-standards/governance/latest-activity/standards-and-collections/dcb0129-clinical-risk-management-its-application-in-the-manufacture-of-health-it-systems">https://digital.nhs.uk/data-and-information/information-standards/governance/latest-activity/standards-and-collections/dcb0129-clinical-risk-management-its-application-in-the-manufacture-of-health-it-systems</a>
DCB0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems	<a href="https://digital.nhs.uk/data-and-information/information-standards/governance/latest-activity/standards-and-collections/dcb0160-clinical-risk-management-its-application-in-the-deployment-and-use-of-health-it-systems">https://digital.nhs.uk/data-and-information/information-standards/governance/latest-activity/standards-and-collections/dcb0160-clinical-risk-management-its-application-in-the-deployment-and-use-of-health-it-systems</a>
BETTER BIRTHS Improving outcomes of maternity services in England	<a href="https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternityreview-report.pdf">https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternityreview-report.pdf</a>

Three Year Delivery Plan for Maternity and Neonatal Services	<a href="https://www.england.nhs.uk/wpcontent/uploads/2023/03/B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf">https://www.england.nhs.uk/wpcontent/uploads/2023/03/B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf</a>
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