AIMS For a better birth...

Scottish Maternity Update: Review of the Healthcare Improvement Scotland (HIS) Maternity Care Standards published in March 2026

AIMS Journal, 2026, Vol 38, No 2

By Camille Del Pozo and Anne Glover on behalf of the AIMS Campaigns Team

Background

AIMS wrote to Neil Gray, the Cabinet Secretary for Health & Social Care, in January 2025 regarding the implementation of a Continuity of Carer model of care in Scotland, after hearing him address the Scotland Maternity & Midwifery Festival in November 2024.

AIMS had been encouraged to hear the Minister remind the audience that Continuity of Carer is one of the two cornerstone recommendations of Best Start, and that he was keen to make progress. He also mentioned that all NHS Boards had been asked to prioritise underprivileged and minority ethnic groups.

AIMS asked how Healthcare Improvement in Scotland (HIS) are incorporating the Continuity of Carer policy as they develop new Scottish standards for maternity services. We also enquired if there is any published information on the progress of Continuity of Carer, and what the plans are to monitor progress. AIMS has been campaigning for this model of care now for decades. See here for more details: Position Paper Continuity of Carer

AIMS followed up and in July 2025 received a response from the Scottish government assuring us of their continuous commitment to improvement in maternity services. They also confirmed they had commissioned HIS to develop new standards for maternity care, and thedraft standards were published in September 2025. Following the consultation process, HIS published theMaternity Care Standards in March 2026.

What are the Standards?

The publication is over 100 pages and sets out clearly the scope of the standards, the clinical governance and the terminology used throughout. It is well-referenced with both regional and national resources including details of quality assurance and implementation. There is an overarching standard statement for each of the standards together with rationale explaining why the standard is important, and a list of criteria explaining what is required to meet the standard. The appealing aspect of the publication is that it sets out clearly what each standard means for women and babies, for staff, and for the NHS Board, and it

provides examples of what it may look like meeting the standards in practice. These illustrations can be used for the NHS to assess, benchmark and measure performance. Here is a summary of the 11 standards:

1. **Principles of care**: NHS boards ensure all women and babies have equitable, high-quality, safe and compassionate maternity care, which respects their rights, preferences and choices.
2. **Reducing inequalities**: NHS boards actively work to reduce health inequalities and improve outcomes for women and their babies.
3. **Leadership and culture**: Maternity services have effective leadership, robust clinical governance and a culture of openness and learning.
4. **Service planning and facilities:** NHS boards ensure services and facilities deliver safe, high-quality maternity care.
5. **High-performing and functioning teams**: Maternity care is delivered by high-performing and functioning multidisciplinary teams.
6. **Antenatal care**: NHS boards ensure timely, safe and effective antenatal care.
7. **Intrapartum care:** NHS boards ensure timely, safe and effective intrapartum care.
8. **Postnatal and newborn care:** NHS boards ensure timely, safe and effective postnatal and newborn care.
9. **Unscheduled, emergency and critical care**: NHS boards ensure women and babies receive unscheduled emergency and critical care that is timely, safe and effective.
10. **Mental health and wellbeing:** NHS boards ensure women and babies can access mental health and wellbeing care that is timely, equitable, consistent and trauma-informed.
11. **Loss and bereavement:** Women who experience pregnancy or baby loss have compassionate, person-centred, trauma-informed care and support.

Key themes

AIMS is delighted to see **Continuity of Carer** mentioned throughout the standards and referenced to the continuity of carer local delivery care implementation framework

that was published in January 2020. In standard 1: principles of care, it states that "NHS boards should ensure that all women have continuity of carer from a primary midwife. Where obstetric care is required, she should have a primary consultant obstetrician and a consistent obstetric team." (page 8). The primary midwife was referred to throughout the publication, especially for upholding rights for younger mothers and particularly those made vulnerable by their circumstances (Standard 2: reducing inequalities). A primary midwife will offer care and support throughout pregnancy, birth and postnatally; coordinate antenatal care; support the woman through emergency, critical or mental health care; and support the woman if she experiences pregnancy or baby loss. A welcome addition is the mention of the importance of women designing postnatal plans, together with their named midwife.

The document states very clearly in the introduction that women are at the centre of decision making, involved in their care planning, and that it is their **right to make informed decisions**: "You have the right to accept or decline the maternity care you are offered." (Page 13)

"You will be asked for your consent before all examinations or interventions" (Page 13). Women are to be kept fully informed and actively involved in planning their individual care, including personalised care plans. About women with complex care needs, the report says:

"Providing care that is compassionate, person centred and trauma informed enables women to make informed and autonomous decisions regarding their pregnancy." (Page 45)

One of the standards is **reducing inequality** where women and staff work together to ensure the care offered is compassionate, nonjudgemental and personalised: "...address health inequalities and provide equitable access to maternity care for all women and their babies" (page 17). The scope of the standards makes it clear that they apply to women irrespective of their circumstances, their culture or beliefs, the decisions they make about their care, their choice of birth setting. The standards apply to emergencies as well as planned care.

One of the key policies of the standards is Best Start which puts an emphasis on offering women a family-centred, safe and compassionate approach to care. The father, partner, co-parent or other family members are encouraged to be involved and inclusion of the **care partner** (if this is the woman's choice) was evident throughout the publication.

Staffing levels, well-being and professionalism have also been taken into account, with mention of multidisciplinary and interdisciplinary collaboration. Training, resources, competencies and proficiencies for all staff involved in maternity care.

A few questions

Despite stating that women are the centre of all decision making, the language used in intrapartum and postnatal care does not always demonstrate choice for women: "if you require a caesarean" (Page 56), rather than *if you are offered a caesarean.* "You will be regularly assessed to check your and your baby's health and wellbeing" (Page 56), instead of *regular assessment will be offered to you.* "You and your baby

will have postnatal assessments and examinations to make sure you are both well and recovering properly." (Page 63), instead of *you and your baby will be offered postnatal assessments*.

Even though the primary midwife is nominated to be actively involved in planning care with the woman, there is nothing about supporting the woman's choice (plan: "includes the woman's decisions for all aspects of her labour and birth"). AIMS also noticed that the woman is supported to update her birth plan during labour - Standard 7: Intrapartum Care (page 55). AIMS questions how disturbing the birthing woman during labour is conducive to a better birthing experience, rather than discussing potential changes to her birth plan beforehand?

The section about intrapartum care includes the following recommendation: "Women are supported to make informed decisions about labour and birth, which include: potential outcomes or implications if clinical advice or recommendations are declined". AIMS questions this recommendation since this discussion should be held for every aspect of care offered or recommended (using the BRAIN acronym) and not just for care that is declined. We question if this focus on 'this is what might happen if you don't do as we say', invites coercion.

Standard 4 states that NHS boards ensure services and facilities deliver safe, high-quality maternity care but there is no mention of safe staffing (although it is addressed in other standards). This is fundamental to the provision of safe care and it should be mentioned here.

AIMS is asking why there is no mention of when the standards are to be put into practice and when they will be reviewed, monitored and quality-assessed. Is there a timeframe for NHS boards to work towards?

Summary

AIMS welcomes the publication of the Standards for Maternity Care in Scotland and looks forward to the continued roll-out of continuity of carer for all women. This publication should be read alongside the Maternity pathway and schedule of care: clinical guidance and schedule - gov.scotpublished in February 2025, which sets out the core care that all women and babies in Scotland should receive.

Clinical Governance Standards were also published February 2026 by the HIS. These standards are used as clinical governance, to assess, prioritise and manage the delivery of healthcare services:

"Standards are used in clinical governance to benchmark performance. As part of a wider quality management system, self-assessment against standards helps organisations understand their whole system. Healthcare organisations can use standards to plan and prioritise improvement and ensure that their aims are in line with current best practice and national strategies." (Page 5)

We commend the Scottish government for all the work that has been done over the last few years to culminate in various publications all aimed to improve maternity care as they promised. AIMS is interested to observe how the new standards are implemented as part of the quality assurance and management system. As always improvements need money to make it happen and AIMS often sees

effort and finance contributed to reviews and inquiries with recommendations not being achieved due to lack of funding. Does the Scottish government have funds available to invest in maternity care?

AIMS notes that these standards were published in March 2026, the same time as the publication of the Framework for maternity healthcare professionals to support individualised care for women who choose alternative / non-standard birth choices by the Scottish Perinatal Network.