

By E-mail
Mr Stuart Todd
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21 May 2013

Dear Mr Todd

CONSIDERATION OF PETITION PE1454

Further to your letter of 30 April 2013 in regards to the above petition, I offer below the Scottish Government's response.

Please respond to the recommendations in the submission from Dr Marjory MacLean of 21 February 2013 (PE1454/B).

In her summary of recommendations, Dr MacLean states that:

- 1. She strongly supports the need for each unit to have one or 2 midwives and/or nurses with a special interest in the management of hyperemesis in each maternity unit in Scotland.**

In my colleague, John Froggatt's, response of 6 March 2013, he explained that responsibility for service provision is devolved to NHS Boards and the Scottish Government expects them to ensure services meet the needs of their local population and the principles and descriptors outlined in policy.

Due to the range of early pregnancy complications which can be experienced, service provision for specific conditions is not set out within the Refreshed Framework. We would expect NHS Boards to ensure that all staff providing early pregnancy care for women have the knowledge and skills to care for women experiencing complications associated with early pregnancy.

- 2. Ideally, earlier treatment as an out-patient would reduce the need for in-patient stay.**

Although Early Pregnancy Units, as described in the Refreshed Framework for Maternity Care in Scotland, were not designed to deal with hyperemesis, some units in Scotland have

extended the role of the Early Pregnancy Assessment Service (EPAS) to include outpatient management of hyperemesis.

A recent audit of management of hyperemesis in Scotland has confirmed that of the 17 maternity units in Scotland, all have a guideline for management of hyperemesis in place. Nine units perform out-patient management of hyperemesis, mostly in obstetric triage. Six units have a member of staff with a special interest in this area.

3. There may be scope for fluid replacement in the patient's home as practiced in USA, and is currently being developed in one area in England.

Decisions on where and how services are delivered to patients are devolved to NHS Boards in Scotland. However we would expect Boards to ensure that there are appropriate services in place which take cognisance of best practice and follow national guidelines produced by professional bodies.

4. It was suggested that a SIGN guideline was required and this would be a good start, but even better would be a national guideline from the Royal College of Obstetricians and Gynaecologists (RCOG)

The Scottish Government currently has no plans for national level guidelines on hyperemesis. The Scottish Government would expect NHS Boards to implement and adhere to best practice guidance and national guidelines produced by professional bodies. I understand that the Royal College of Obstetricians and Gynaecologists has also been contacted to respond on this point.

5. Every unit provides women suffering from hyperemesis with information about support groups such as Pregnancy Sickness Support Group.

We would expect NHS Boards to ensure that all staff providing early pregnancy care for women have the training and skills to support women experiencing complications associated with early pregnancy. In addition, we would expect that staff should be able to signpost women to additional sources of information and help such as support groups in their area.

6. I hope there will be support for a Scottish Hyperemesis Network for professionals working in this area.

Dr MacLean has confirmed that she is happy to discuss this further with the appropriate professional bodies and we would be supportive of this proposal.

NHS Boards, in implementing the Refreshed Framework for Maternity Care in Scotland, are expected to adhere to its overarching principles of ensuring that the care and support provided to women, babies and their families is person centred, safe, effective, equitable, timely and efficient.

Yours sincerely

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