

Briefing for the Public Petitions Committee on petition PE2240: Improve Gynaecology, Fertility, Early Pregnancy, and Maternity Care in Scotland, lodged by Elizabeth Crammond

Brief overview of issues raised by the petition

[PE2240](#) calls on the Scottish Parliament to urge the Scottish Government to improve gynaecology, fertility, early pregnancy, and maternity services throughout Scotland by reinstating a duty of care on GPs to provide transitioning care for gynaecology, fertility and maternity care and support. Additionally, the petition calls for the introduction of a reactive auditing process to minimise delays and ensure the safe delivery of accessible, uniform services across health boards.

The petition was lodged by Elizabeth Crammond, whose experience was raised during [First Minister's Questions on 10 September 2026](#). Elizabeth tried on multiple occasions to access early pregnancy care after experiencing bleeding during the early stages of a high-risk pregnancy, but was not seen. She experienced a miscarriage after waiting for nine days to access her local NHS early pregnancy service.

Current gynaecology, fertility, early pregnancy, and maternity care pathways in Scotland, and the role of GPs

In the context of the petition, “transitioning care” refers to the care and support offered to women when they transfer between gynaecology, fertility, early pregnancy, and maternity services. For example, a woman who undergoes [in-vitro fertilisation](#) (IVF) and becomes pregnant would experience a transition of care from her fertility clinic to maternity care.

In 2025, the Royal College of Nursing created [guidance to support women who transition from fertility to maternity care](#). The guidance noted that for many women who undergo fertility treatment and become pregnant, the wait of several weeks between being discharged from the fertility clinic and having their first appointment with a midwife can create anxiety, particularly when symptoms such as bleeding are experienced. The guidance stated that access to early pregnancy units is therefore crucial to the mental and physical wellbeing of women in early pregnancy.

Each NHS Board in Scotland has an [Early Pregnancy Unit](#) (EPU), a specialist department that provides care to women in the first trimester of pregnancy. Women who are less than twelve weeks pregnant can self-refer to their local EPU if they need advice, or experience symptoms such as bleeding.

Each NHS Board is responsible for developing its own access arrangements for early pregnancy care, in line with the relevant section of the Scottish Government's [Miscarriage Care in Scotland Delivery Framework](#). For example, the petitioner's [local health board, NHS Fife](#), states that it aims to offer an appointment within seven days

of a patient making contact, depending on their symptoms and appointment availability.

Some women may be asked to monitor their symptoms at home, and others may be given an urgent appointment if their symptoms suggest that they require immediate attention. The Miscarriage Care in Scotland Delivery Framework details the care arrangements that should be offered to women who experience their first, second, third, and any subsequent miscarriage.

The role of GPs

GPs do not currently have a specific defined role in the provision of these aspects of care. However, they would be responsible for referring patients for gynaecology and fertility care, in addition to treating and referring women who present with pregnancy concerns as appropriate. As the Scottish Government noted in [its written response to the petition](#), the overarching duty of GPs to provide care to patients in need would apply in the context of gynaecology, fertility, and pregnancy care.

Oversight and inspection of services

The petition calls for the introduction of a reactive auditing process to minimise delays and ensure the safe delivery of accessible, uniform services across health boards. Currently, each NHS Board is responsible for developing its own internal audit procedures, informed by the Scottish Government's [NHS Scotland blueprint for good governance](#). Additionally, Healthcare Improvement Scotland (HIS) conducts [planned and unplanned inspections](#) of acute hospital services.

As of January 2025, Healthcare Improvement Scotland also has a specific responsibility to conduct inspections of maternity services in Scotland. In March 2026, HIS published [a set of standards for maternity care](#), against which maternity services in Scotland will be assessed. These standards apply to maternity care delivered in all settings, and are applicable to:

- all women and birthing people experiencing maternity care in Scotland
- all babies receiving core newborn care, until their care is transferred to the universal health visiting service, usually at ten days old
- care partners, where appropriate, of people experiencing maternity services.

The [National Maternity and Perinatal Audit](#) (NMPA), led by the Royal College of Obstetricians and Gynaecologists, is a large-scale clinical audit of maternity services in Scotland, England, and Wales. The NMPA has been in progress since 2016, and a range of [audit reports, papers, and other resources](#) have been published.

Scottish Government actions

In its written response to the petition, the Scottish Government stated that it does not consider the introduction of a specific duty for GPs to be necessary, as GPs already have a responsibility to provide care to any patient in need, including those presenting with fertility or maternity-related concerns.

The Scottish Government introduced its [delivery framework for miscarriage care](#) in September 2025. The framework aims to standardise miscarriage care and early pregnancy services across Scotland, and includes guidance on [provision of early pregnancy services](#).

Scottish Parliament actions

The issues discussed in this petition were raised by Jackie Baillie MSP during [First Minister's Questions on 10 September 2026](#). The First Minister apologised to Elizabeth Crammond and others who had shared similar experiences with Jackie Baillie MSP, and offered to explore Elizabeth's case.

Key Organisations and relevant links

- [The National Maternity and Perinatal Audit](#)
- [The Miscarriage Care in Scotland Delivery Framework](#)

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22 September 2026

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at spice@parliament.scot

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