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17/12/2020

Deputy Lahart
Dáil Éireann,
Leinster House
Dublin 2

PQ ref 43425/20: To ask the Minister for Health if the guidelines of the HSE for pregnant women are in line with international research; and if he will make a statement on the matter

PQ ref 36597/20: To ask the Minister for Health if the position with regard to the attendance of partners during labour and birth has changed; and if he will make a statement on the matter

Dear Deputy Lahart

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

All involved in the provision of maternity services are aware of the difficulty and distress that the current restrictions on accompanying persons due to COVID 19 have caused. All service providers look forward to the restoration of normal visiting and the accommodation of partners.

With regards to birth all 19 maternity units appreciate the necessity for partners to accompany labouring women. It is not policy, as is occasionally stated, that partners are only allowed in for the last hour of labour. Once a woman is diagnosed in labour and is in the labour ward birth partners are allowed to be present across all 19 maternity hospitals.

The HSE has recently reclassified partners as “essential accompanying person” for the purpose of the anatomy scan, which is usually done at 20 weeks. Whilst all units will aspire to facilitating this, it may be difficult due to underlying infection rates in both the community and hospital staff. Additionally there may be infrastructural issues with some scanning facilities that will make compliance with infection control difficult. Where hospitals are unable to facilitate partners they have been asked to document their reasons and review the circumstances weekly.

COVID infection in pregnant women is potentially serious. Many countries, including England, have recorded maternal deaths with COVID infection and pregnancy. To date we are fortunate that out of approximately 45,000 births no maternal death associated with COVID has been reported. This welcome outcome is due to the underlying infection rate in the community, the characteristics of the population and the application of rigorous preventive measures in the maternity community.

There are circumstances apart from birth and the anatomy scan where circumstances dictate that the presence of a partner would be supportive. All units are advised to interpret any restrictions in a compassionate manner in order that women can be supported as far as possible.

I trust this clarifies the matter.

Yours sincerely,



Mary-Jo Biggs, General Manager, National Women and Infants Health Programme