

Clár Sláinte Náisiúnta do Mhná & do Naíonáin Feidhmeannacht na Seirbhíse Sláinte, Aonad 7A, Áras Dargan,An Ceantar Theas, Baile Átha Cliath 8 T: 076 695 9991

National Women and Infants Health Programme Health Service Executive, Unit 7A, The Dargan Building, Heuston South Quarter, Dublin 8 T: 076 695 9991

Deputy O'Sullivan, Dáil Éireann, Leinster House Dublin 2

PQ Ref 13328/50 and PQ Ref 13500/20 To ask the Minister for Health if provision will be made for expectant and new fathers to be able to visit their partners in hospital after they have given birth; if uniform rules will be implemented for such visits across hospitals; and if he will make a statement on the matter.

Dear Deputy O'Sullivan,

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

To reduce footfall through maternity units, visiting restrictions were implemented at the start of the Covid-19 pandemic in all public maternity services, similar to measures taken in relation to other public health services. The objective of these restrictions was to reduce the impact of the infection on mothers, babies and staff.

The step of restricting visitors was implemented as part of a suite of actions taken by maternity services to ensure that essential care to women and their babies continued in such a way that any risk to their wellbeing was kept to an absolute minimum. Other actions taken by services included increased use of tele-consultations, additional clinics being provided in the community, clinics being held in larger spaces and areas in the hospitals etc.

Early in the course of the pandemic a high percentage of staff were unable to attend due to concerns over the infection. As is well known a considerable proportion of people with Covid-19 proven infections were front line healthcare workers. At one stage, maternity services were under significant pressures due to the high numbers of staff affected.

Fortunately, notwithstanding that a small number of mothers were very unwell, the issue of staff being infected has improved, with Covid-19 not having had a major impact on the ability of maternity services to continue to care for women and their babies safely, probably in no small part to the visiting restrictions imposed.

As the number of infected cases in the community becomes less it can be anticipated that visiting restrictions on fathers will be eased. This easing of restrictions is already happening in a limited manner

in a small number of maternity services further to local assessments. The maternity community, midwifery and obstetrics, are very keen to return to what was previously the status quo if this can be facilitated safely.

The maternity community is also acutely aware of their responsibilities in keeping the hospital environment as safe as possible for mothers and babies and staff. It is not possible to put precise timelines as to when the restrictions will be lifted in totality as this depends on the progress of the disease in our community which although encouraging is unpredictable. Additionally, different hospitals and services may have to respond differently in line with locally emerging issues and public health advice.

I trust this clarifies the matter.

Yours sincerely,

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

