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6th October 2020

Deputy Sherlock,
Dáil Éireann,
Leinster House
Dublin 2

PQ Ref 24936/20 To ask the Minister for Health his plans to restore maternity services in full for women; and if he will make a statement on the matter.

Dear Deputy Sherlock,

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 note that the Department of Health has already furnished with you a response in relation to the restriction on visitors' aspect of this PQ. I have examined the outstanding matter and the following outlines the position.

In response to the Covid-19 pandemic and the challenges it presented from a safety perspective regarding the provision of maternity services both to women and their babies and staff, the HSE have put in place a significant programme of work to ensure to the maximum extent possible that women continue to have access to the full range of maternity services they require.

Maternity services continue to provide care for women throughout all stages of their pregnancy – antenatal, labour, birth and postnatal. In relation to low risk women, all maternity services have endeavoured to provide this care as close to home as possible by means of providing clinics in the community as distinct to the acute hospital sites. If appropriate women are cared for after the birth of their child by their maternity service in their homes utilising early transfer home schemes.

The mode of delivery of some components of care have changed in response to the pandemic, for example the provision of parent education has moved to an online platform with maternity services around the country establishing on-line antenatal educational programmes and resources for women and their partners. The maintenance of direct interaction with women and their partners was considered an essential element in the provision of classes during the Covid-19.

Examples of developments undertaken to date in maternity services around the country in this area include virtual classes, virtual hospital tours, on-line Q&A sessions, video clips, infant feeding classes, parent-education classes for inpatient women post birth and one to one virtual classes/conversation.

Public health nurses continue to attend and support women in their home further to their discharge from hospital, however again with safety in mind, this package of care has been amended such that there is a

telephone consultation between the nurse and the women prior to the home visit, so as to reduce to safe limits the time spent by the nurse in the woman's house for each visit.

In summary, the HSE continues to provide full maternity services to women, albeit as set out above, in response to Covid, modes of delivery of certain components of care have had to be changed so as to ensure the safety of women, babies and staff.

I trust this clarifies the matter.

Yours sincerely,



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