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22/10/2020

Deputy O'Reilly
Dáil Éireann,
Leinster House
Dublin 2

PQ Ref 26416/20

Dear Deputy O'Reilly,

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.

On foot of the publication of the HSE Midwifery Workforce Planning Project Report in 2016, it was identified by the HSE that an additional 196 midwives, in both clinical and non-clinical roles, were required across the maternity services. To address this acknowledged deficient an additional 100 WTE midwives were approved and funded in 2016, whilst a further 71.45 WTE were approved and funded in 2017.

With the commencement of the National Women and Infants Health Programme in the HSE in 2017, the focus on midwifery staffing and workforce was further informed by the National Maternity Strategy and the model of care identified and recommended. Notably the Midwifery Workforce Planning Report 2016 was based on the model of care in operation in 2014 and it was acknowledged within this report that the implementation of the National Maternity Strategy 2016 – 2026, will *'have a significant impact to the way midwifery services are delivered and will impact on workforce requirements'*.

To address the development and changes happening in the delivery of midwifery services with particular reference to the deployment of the supported care pathway across the public service and the on-going development of specialist midwifery services, NWIHP approved a further 77 WTE midwifery posts across the 19 maternity services in 2018. This tranche of posts included specialist perinatal mental health midwifery posts, advanced midwifery practitioner posts and 52 WTE registered midwifery posts to enable the development and delivery of the midwifery supported care pathway in all 19 services. Investment in midwifery workforce in 2020 prioritised the further development of advanced midwifery practitioner posts (ensuring that all sites and services had in place these specialised posts) and midwifery lactation consultants.

In line with the requirements of the Strategy, the NWIHP is undertaking an exercise to assess midwifery workforce requirements going forward, which is informed by not only Birthrate Plus but also the Model of Care as set out in the National Maternity Strategy, recent HIQA maternity service inspections, the findings of the National Maternity Experience Survey and midwifery priorities identified at local and

regional level by Directors of Midwifery and Clinical Directors. This work to date has informed NWIHP's Estimates submission for 2021, which focuses on the further development of specialist midwifery posts in such areas as diabetes, practice development and lactation and also seeks to further develop and enhance midwifery supports available to women in the postnatal period. Funding for an additional 64 midwifery posts of various levels has been sought by NWIHP as part of the 2021 Estimates process.

In the last week the National Women and Infants Health Programme has been notified of an additional €12 million development funding for 2021 across its work programme including maternity services, gynaecology and infertility. The Programme will be engaging directly with each of the six maternity networks over the coming weeks to discuss their midwifery staffing levels and priorities to inform investment in this area in 2021.

I trust this clarifies the matter.

Yours sincerely,



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