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Deputy Sean Canney TD Dáil Éireann Leinster House Dublin 2

PQ No. 21127/21

To ask the Minister for Health his position on the use of antigen testing to facilitate visitors to visit patients in hospital, including antenatal visits; and if he will make a statement on the matter. -Seán Canney

Dear Deputy Canney,

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.

Response:

In its response to COVID testing requirements, the HSE has put in a place a range of COVID related guidances, testing capacity and contact tracing systems. Over 2020, significant capacity to respond to hospital and community testing needs has been developed to ensure rapid availability of COVID test results for patients. The HSE has also put in place a system of antigen testing for all hospitals as an additional testing approach to support requirements hospitals may have. All hospitals (including maternity services) continually assess their requirements for COVID testing and where additional capacity is required, hospitals will put in place the necessary testing capacity. The use of all testing approaches is determined by clinical and public health requirements.

The HPSC has issued guidances titled "COVID-19 Guidance on visitations to Acute Hospitals including Children's Hospitals, rehabilitation services and other healthcare settings providing a similar intensity of care" (<u>https://www.hpsc.ie/a-</u> z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/visitorsvi siting/Guidance%20on%20visitations%20to%20Acute%20Hospitals.pdf) which sets out the

Since the commencement of the Covid-19 pandemic, maternity services have been committed to ensuring that to the best of their ability the impact of Covid-19 on services and the pregnancy experience of every mother and their partner should be kept to an absolute minimum wherever feasible. Every restriction and deviation from normal practice across the country is a cause of concern

and deeply regretted at local and national level. Maternity services and their dedicated staff are acutely aware of how unique the pregnancy journey is for each woman and her family and are mindful how the presence of loved ones can offer unique support and care in this journey.

With regard to the presence of partners or support personnel at maternity appointments, labour wards and delivery theatres, it is of course desirable that the impact of Covid-19 on the experience of women and their families in maternity care is kept to an absolute minimum. In this regard the National Women & Infants Health Programme can provide absolute assurance that the midwifery and obstetric community are acutely aware of the important support provided by partners or companions and that service providers across the 19 services wish to facilitate this as far as possible.

Maternity services are a core, essential service and as such need to be able to provide 24/7 care to all women requiring it as the country continues to deal with the Covid-19 pandemic. However, it should be noted that in the context of the current public health emergency, each of our 19 maternity units/hospitals are facing significant challenges. Such challenges may vary considerably between units and, indeed, over time as the situation evolves with a range of factors needing to be taken into account including staffing levels, infrastructure, local rates of infections, national advice etc. In that context it is important to remember that any changes to how services operate, including restrictions, are put in place to minimise the risk of spread of Covid-19 in the community and to protect hospital staff and patients as much as possible.

The Health Protection Surveillance Centre has issued guidance regarding attendance at hospitals during the pandemic, which includes attendance at maternity hospitals. The guidance advises that restrictions on partners' visiting; accompanying persons in labour; or parents visiting neonatal intensive care units, should be based on a documented risk assessment that is regularly reviewed. In the context that the situation regarding community transmission continues to improve, and as the immunisation of frontline workers begins to take effect, NWIHP has engaged with the clinical leads in each of the maternity networks to request that as part of their on-going review of their policies at local and regional level, that these two elements would now be factored in, hopefully with a view to current arrangements being altered, with NWIHP continuing to advise that the overarching need remains the requirement to protect the health of our pregnant population in so far as possible.

Finally, it should be acknowledged that the recent association between COVID plancentitus and still birth underlines the importance of keeping maternity as safe as possible. As the numbers of COVID in the community decrease and as the number of adults being vaccinated increases the maternity community looking forward to a return to normality.

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.

Yours sincerely,

Dr. Ciaran Browne

Acute Hospitals Operations