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Deputy Sherlock,  
Dáil Éireann,  
Leinster House  
Dublin 2

**PQ Ref 11941/21 To ask the Minister for Health if he will address a matter raised in correspondence (details supplied).**

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 have examined the matter and the following outlines the position.

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.

At present services continue to facilitate the presence of birthing partners during delivery, however access by birthing partners during the anomaly scan and for postnatal visits have been significantly curtailed across the majority of maternity services given the exceptional high rates of community transmission. Access to Neonatal Intensive Care Units by parents continues to be facilitated albeit in a very structured and controlled manner so as to minimise risk to babies and staff.

It is important to note that the levels of restrictions in place at any point in time in maternity services are subject to continual review by service providers, with all services undertaking an active review of same on at least a weekly basis, with some service reviewing same on a daily basis. These deliberations are informed both by the current significant challenges that the health service is facing in relation to the management of the Covid-19 pandemic but also in relation to the on-going roll out of the vaccination programme both to front line healthcare providers and ultimately the general population which will inform further on-going reviews of the position both from a patient and staff safety perspective.

Risk assessments are carried out in individual hospitals and are not collated centrally and if an individual patients wants to know why their hospital has restrictions in place they should be locally available. Whilst the maternity service regrets any restrictions that are in place the primary function of these

restrictions are to keep maternity patients safe. The recent association between COVID placentitis and still birth whilst unproven 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.

Throughout the pandemic every maternity service has remained acutely aware and very sensitive to specific situations regarding pregnancy loss, still birth and unexpected complications. It is readily acknowledged that these are outcomes and circumstances that affect women and their partners significantly. It is not possible for services to have advanced knowledge as to which women will be receiving distressing and upsetting news. However as and when these situations arise or are known or suspected in advance, maternity services will endeavour in these situations to ensure that women have the on-site support of their partner.

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.

I trust this clarifies the matter.

Yours sincerely,



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