Clár Sláinte Náisiúnta do Mhná & do Naíonáin
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30th March 2021,

Deputy Cullinane,
Dáil Éireann,
Leinster House
Dublin 2

**PQ Ref 16496/21: To ask the Minister for Health the reason for the delay in the implementation of report issued by an organisation (details supplied) in October 2011 with a series of recommendations on vaginal birth after caesarean birth; and if he will make a statement on the matter.**

**PQ 16497/21: To ask the Minister for Health the safeguards in place to ensure timely implementation of a report issued by an organisation (details supplied) in October 2011 with a series of recommendations on vaginal birth after caesarean birth; and if he will make a statement on the matter.**

**PQ ref 16495/21: To ask the Minister for Health the details of his plans to implement a report issued by an organisation (details supplied) in October 2011 with a series of recommendations on vaginal birth after caesarean birth; and if he will make a statement on the matter.**

Dear Deputy Cullinane,

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.

The "Report" to which the Deputy refers is a clinical practice guideline produced in October 2011 with a due date for revision in 2013. A new process is now in place involving a collaboration between the HSE's National Women and Infants Health Programme and the Institute of Obstetrics and Gynaecology to ensure timely production and revision of clinical guidelines in the area of maternity and gynaecology with a dedicated National Clinical Lead and Programme Manager in place to support same as of Q1 2021.

The guideline referred to will be considered for prioritization of review shortly. Similar to all clinical guidelines produced and as stated in the one referred to, the purpose of the clinical guideline is to guide clinical judgement but not to replace it. As set out in this guideline "*In individual cases a healthcare professional may, after careful consideration, decide not to follow a guideline if it is deemed to be in the best interests of the woman and her baby*" i.e. like all guidelines these are in place to aid clinical practice rather than an absolute template to cover all clinical situations.

The fundamental issue with vaginal delivery after caesarean section is to maximise the number of women achieving a vaginal delivery whilst minimising the number of women who suffer from a uterine rupture in labour. Many factors, including patient preference, feed into this decision making equation and both clinician and patient should be comfortable with the suggested pathway. Many maternity services, particularly the larger sites and services, have in place specific midwifery provided clinics targeted at supporting women choosing to have a vaginal delivery further to a C-section.

Commencing in 2019, the Irish Maternity Indicator System (IMIS) began collecting data on vaginal birth after a C-section rates in maternity hospitals. This data for the first year in 2019 was incomplete as it was a new national metric, however it is anticipated by NWIHP that the IMIS report regarding 2020 data which is due to be published in Q2 2021 will provide more comprehensive data regarding this metric across the 19 maternity units and services, thereby further informing and underpinning work in this area.

I trust this clarifies the matter.

Yours sincerely,

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