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6th August 2021

Deputy Richmond
Dáil Éireann,
Leinster House
Dublin 2

PQ Ref 23196/21 To ask the Minister for Health if there are currently waiting lists in maternity hospitals throughout Dublin for women seeking perinatal mental health care; if so, the length of the waiting lists; the number of persons waiting; and if he will make a statement on the matter.

Dear Deputy Richmond

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.

All women referred to the Specialist Perinatal Health Teams receive a comprehensive mental health assessment. This follows the recognised format of such assessments and consists of a history obtained from the women by the assessing clinician together with a mental status examination. A collateral history from partner, relative or equivalent other is also taken, provided the women consents. From all of this a diagnosis is made and appropriate care and treatment discussed and agreed with the women.

In relation to the six hub teams in place in our tertiary maternity services – CUMH, Galway, Limerick, NMH, Rotunda and the Coombe, the following access times are currently in place:

	<i>Urgent Referral</i>	<i>Routine Referral</i>	<i>Inpatient Referral</i>
<i>Associated Access Times</i>	Two weeks, but across all hubs capacity is in place to review and see the referred woman within 24 – 48 hours depending on the level of urgency. Most women will have access within one week.	Nine weeks but across all hubs capacity is in place to see the referred women earlier if deemed clinically appropriate. Most women will have access within 4 to 6 weeks.	Three days, but across all hubs capacity is in place to see the referred woman within 24 hours depending on the level of urgency. Most women will have access within 1 – 2 days.

Referrals received by these services are all individual assessed and clinical triaged with a number of factors informing the level of triage assigned including reasons for referrals, stage of gestation and other issues which may be pertinent including potential child protection issues etc. As clinical indicated, referrals received may be followed up in the first instance by a telephone consultation either with the

referring clinician to ensure that the team has the fully range of information required to ensure robust triaging and/or with the referred woman to ensure the safety and quality of her care package.

I trust this clarifies the matter.

Yours sincerely,



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