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28th June 2021

Deputy Ryan,
Dáil Éireann,
Leinster House
Dublin 2

PQ Ref 24410/21: To ask the Minister for Health if a consistent approach will be introduced throughout the State to allow partners to attend pre-natal appointments and births; and if he will make a statement on the matter.

Dear Deputy Ryan,

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 the impact of Covid-19 on services and the pregnancy experience for every mother and their partner is kept to a minimum. Pregnant women are no more likely to be diagnosed with Covid-19 in comparison to non-pregnant women. However if they are diagnosed with Covid-19, they are more likely to have serious complications than non-pregnant women. The recent association between COVID placentitis and still birth underlines the importance of keeping maternity services as safe as possible. As the numbers of COVID cases in the community decrease and as the number of adults being vaccinated increases the maternity community look forward to a return to normality.

The HSE prioritises the health and safety of its service users and its staff. Managing the infection risks within our maternity service is paramount to providing a safe service to the women who use the maternity services and their babies. Managing the risk of infection has to take account of the fact that many maternity hospitals work within sites with infrastructural challenges. Taking these challenges into account it was and is necessary for the HSE to develop guidance on visiting in maternity hospitals that seeks to balance the competing requirements for partners to be present to support women but also giving priority to the safety, welfare and privacy of all women and infants that use the service, and its staff.

The guidance on visiting, including partners in the maternity context, is provided by the HSE's Anti-Microbial Infection Prevention and Control (AMRIC) team. This guidance is updated regularly, in line with the changing circumstances of the pandemic, the prevailing transmission rates and the level of vaccination in the population.

The AMRIC's guidance for hospitals advises that where possible visiting should be planned in advance, should avoid heavy footfall in the hospital and wards at any one time, and visitors should avoid

interacting with other visitors or patients they are not visiting. In addition to the generic hospital guidance, there is specific guidance for maternity services:

1. Maternity Services should facilitate partners with a minimum 30-minute visit daily;
2. Partners (or an accompanying person) should be facilitated throughout the process of labour and childbirth – however it may not be possible to facilitate women in multi-occupancy wards before they go to the labour ward;
3. Partners (or an accompanying person) should be facilitated at the anomaly scan, or any other visit that may involve communication of particular emotional significance; and
4. Parents should be facilitated in visiting a child in the NICU.

It is important to note that the above circumstances are where the partner/accompanying person does not have symptoms of Covid-19.

If these guidance protocols cannot be met, the hospital should maintain and update their risk register and review them regularly. Where there are site specific restrictions these should be communicated to patients.

In mid-June HSE Acute Operations and the NWIHP engaged with the six hospital groups and sought confirmation as to the compliance across the 19 maternity services in the four areas specified in the AMRIC guidance. All 19 hospitals are fully compliant as of Monday 21st of June with the above maternity guidance.

AMRIC revised the guidance on Wednesday 23rd June to cover the attendance of partners in the following circumstances:

- Attendance at Early Pregnancy Assessment Units;
- Routine visits with a woman considered to have a higher risk pregnancy, who for clinical purposes will require additional scanning over and above that normally provided; and
- Emergency presentations in late gestation.

In addition the revised guidance advises that these areas are not exhaustive, and local discretion should be used to facilitate partners in other circumstances.

It is expected that this revised guidance will be introduced on a phased basis of implementation at local level. HSE Acute Operations and the NWIHP will continue to engage with the six hospital groups regarding the compliance to the revised guidance across the 19 maternity services

The primary area not addressed in the guidance relates to routine antenatal appointments. These are planned visits that a woman makes at regular intervals during her pregnancy, with the frequency of those visits increasing in later gestation. The challenge with facilitating partners for routine antenatal appointments relates to the physical infrastructure in our maternity services.

Further planning will be required to develop guidance that can support partners to attend at routine antenatal appointments. This will be examined once the guidance for unplanned attendance is implemented.

I trust this clarifies the matter.

Yours sincerely,

M. Jo

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