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Deputy Smith,  
Dáil Éireann,  
Leinster House  
Dublin 2

**PQ47272/21: To ask the Minister for Health his views on the lack of separate wards in hospitals to treat women experiencing stillbirth or miscarriage; his further views on the fact that the loss, trauma and devastation experienced by women in these situations is compounded by not having a dedicated, separate space in which to grieve and process their loss; his plans to address this; and if he will make a statement on the matter.**

Dear Deputy Smith,

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 HSE has in place National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death. These Standards, first published in 2016, cover the full range of pregnancy losses – from ectopic, to first and second trimester loss to losses experienced latter in the pregnancy.

Areas covered by these standards include communication requirements, treatment options, postnatal care, bereavement care after discharge, education and training for staff and policies, procedures and guidelines needed to support and enable good quality care for women and their families experiencing a loss during their pregnancy.

The implementation of these Standards has been supported by means of the allocation of a Clinical Midwife Specialist in Bereavement Care being allocated to all 19 maternity sites and services. Providing bereavement care is an integral part of a Maternity service. All Maternity Hospitals/Units have established Bereavement Specialist Teams to assist and support parents, families and professionals dealing with pregnancy loss. These teams comprise of staff members who have undertaken specialist and extensive education in bereavement care and will include the dedicated clinical midwife specialist in bereavement care for each maternity unit. They will be supported in their work by staff from other disciplines including obstetricians, paediatricians, neonatologists, chaplains, social workers and palliative care teams.

The clinical midwife specialist is the named contact person for a woman and her partner when they experience a loss.

Each Maternity Unit is aware of, and is measured against these bereavement standards, with a specific audit tool developed at national level to manage this process, provide feedback to services and ensure and enable a continual quality improvement cycle in this area of service delivery.

A Report on the implementation of these National Standards was recently published in July 202 which reports that significant progress has been made in the area of bereavement across our 19 maternity units and services and that the allocation of dedicated specialist midwives in this area of care, supported by strong executive and clinical management and governance structures, is having an impact on ensuring that women and their families are supported at this very challenging and difficult period.

In relation to the issue you raise regarding the infrastructure available within maternity services to support this care, again significant inroads have been made in this area since the publication of the National Standards in 2016. Fifteen of our nineteen services now have in place a dedicated in-patient bereavement facility, with the remaining four having plans in place to progress these. Additionally all nineteen of our units have access to dedicated quiet spaces for breaking bad news. NWIHP continue to work with the services in this regard in terms of supporting and providing funding to enable these plans to come to fruition and be actively implemented.

In all circumstances, maternity services will endeavour to provide women with single rooms wherever possible with due consideration being given to the location of these rooms and their proximity to for example postnatal areas of maternity services versus for example gynaecology services – the latter being preferable. Where available and free, this is the dedicated inpatient bereavement room, where the women and her partner can stay together day and night. This is the standard of care that all maternity units aim for.

Every effort continues to be made to implement the HSE Bereavement Standards and also taking into considerations the Covid -19 Guidance. For babies' critically ill or receiving palliative or end of life care, as per the HSE Standards, everything possible is done to achieve parental presence and participation in care.

I trust this clarifies the matter.

Yours sincerely,



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