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Deputy Healy-Rae  
Dáil Éireann,  
Leinster House  
Dublin 2

**PQ 55096/22: To ask the Minister for Health his views with regards to homebirth services (details supplied); and if he will make a statement on the matter.**

**Details supplied: Minister, there is a HSE recommendation to limit home births to women who live within 30 minutes of a maternity hospital. This move would restrict the options for women and families in rural areas around one of the most important life events. It is also contrary to the National Maternity Strategy's priority to ensure 'Women have access to safe, high quality, nationally consistent, woman-centred maternity care'. This recommendation was developed with no input from midwives, clinicians, or women's health advocates. I firmly agree with the Midwives Association of Ireland's call for a reconsideration of this policy by engaging all stakeholders. I am asking you to reject the HSE proposal, and commit to ensure that homebirths will be facilitated and that there will be increased investment in maternity services, especially midwife led services in rural areas.**

Dear Deputy Healy-Rae,

The Health Service Executive has been requested to reply directly to you in the context of the above Representatives Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

The HSE Homebirth Service is delivered by Self Employed Community Midwives (SECMs) in accordance with a range of clinical guidelines and within scope of practice and compliance requirements as provided by the HSE. One of the criteria which has long been identified by the HSE as requiring consideration as part of assessing a woman's suitability for the HSE Homebirth Service is the distance of the woman from the nearest maternity unit.

The HSE Home Birth Service is now being integrated into maternity services in Ireland in line with the objectives of the National Maternity Strategy. As part of this process, a requirement for more specific guidance at national level regarding the appropriate distance a woman should live from the relevant maternity hospital was identified.

In undertaking this exercise, a range of issues and factors were taken into account by the HSE including:

- Transfers rates into maternity units of mothers who commenced labouring at home in the National Homebirth Service 22% of women are transferred to hospital during labour, with such transfers predominantly being required for first time mothers (NPEC – 'Planned Homebirths in Ireland triennial report 2018-2020').
- the primary reasons why women were transferred including those cases where the need for transfer related to the immediate and urgent care needs of the baby as distinct from the woman;
- the method of transfer,

- the need to factor in ambulance response times i.e. the time taken by an ambulance to reach the home of a woman further to a call for assistance being made by the relevant SECM,
- the need to factor in time needed by ambulance personnel to assess the woman and transfer the woman into the ambulance and
- response times by maternity services further to arrival of the woman in the ambulance at the relevant maternity service, particularly in cases where emergency theatre access may be identified as required and such has to be secured in busy theatre complexes.

Further to this consideration, it has been identified that all women accessing the National HSE Homebirth Service would reside 30 minutes or less blue light distance from their nearest maternity service. It is important to note that this time relates to the time taken for the ambulance to reach the nearest maternity unit with its siren on.

In identifying this distance, the HSE is aware that there is a balance of risk to be considered. If a woman has an emergency in a maternity hospital, and an emergency caesarean section is called for, the woman must get to theatre within 30 minutes.

In the event of a serious risk to a mother or a baby either prior to birth or after birth in the HSE's Home Birth Service being identified by the relevant SECM, this recommendation is designed both to a) ensure the best possible chance of getting to a maternity hospital in a timely manner so as to support the best outcome for the mother and/or baby and b) to ensure that the clinical determination of the SECM to escalate and request clinical assistance is acted upon in a safe and timely manner by the wider HSE services including ambulance and local maternity services.

Whilst the Home Birth Service is small relative to the overall birthing numbers in Ireland the HSE and its National Women and Infants Health Programme recognise that it is an important pathway for women. The objectives of the HSE regarding the HSE Homebirth Service is both to enable women a choice of care pathway whilst at all times providing a service that is safe for both mothers and their babies in line with the objectives of the National Maternity Strategy.

I trust this clarifies the matter.

Yours sincerely,



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