



Clár Sláinte Náisiúnta do Mhná & do Naíonáin
Feidhmeannacht na Seirbhíse Sláinte, Aonad 7A, Áras
Dargan, An Ceantar Theas, Baile Átha Cliath 8
T: 076 695 9991

National Women and Infants Health Programme
Health Service Executive, Unit 7A, The Dargan Building,
Heuston South Quarter, Dublin 8
T: 076 695 9991

25th July 2023

Deputy Duncan Smith
Dáil Éireann,
Leinster House
Dublin 2

PQ 33709/23: To ask the Minister for Health if he will set up a national ambition to reduce the number of neo-natal deaths.

Dear Deputy Smith,

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.

Numerically, the common causes of neonatal death are extreme prematurity and fatal congenital malformations, other important causes are infections and birth asphyxia. The reduction of neonatal mortality requires a wide range of measures and interventions.

NWIHP have in operation a number of programmes which seek to address adverse outcomes in maternity services including neonatal deaths. NWIHP cascade learning to maternity units around the country from past events. Every adverse event, particularly a neonatal death, is the subject of an independent review, external to the relevant hospital group. This is supported by the robust evidence from the Therapeutic Hypothermia (TH) and Vermont Oxford Network (VON) reports. Along with this we have the Neonatal Resuscitation Training (NRT) and the National Neonatal Practice Guidelines.

The Obstetric Event Support Team (OEST) was established with the specific remit of reducing avoidable brain injury.

Included in the scope of cases are babies that:

- Require cooling
- Intrapartum deaths
- Early neonatal deaths

All in babies greater than 35 weeks with no life-limiting conditions. These are the criteria outlined by the RCOG for Each Baby Counts since 2015.

In 2022, Neonatal Resuscitation 8th Edition in line with International Liaison Committee on Resuscitation (ILCOR) rolled out in all 19 maternity services. This involved staff completion of an online examination and followed up by face to face instructor led mentoring and assessment leading to

the awarding of an American Academy of Paediatrics (AAP) / American Heart Association (AHA) E-Card. This cascade followed on from an initial virtual assessment and mentoring of 12 nominated Instructors (from the six maternity networks) by the AAP and AHA. All instructors completed the Advanced Provider online and face to face skills assessment. This was followed by three face to face assessment and peer mentoring (on behalf of the AAP/AHA) of skills for new Instructors and two for experienced instructors.

To date, across the 19 maternity services, 2267 staff have completed the online Advanced Provider course, of which 2213 have received their AAP/AHA E-Cards.

174 Instructors have their online cognitive learning completed, 139 of whom have AAP/AHA E-Cards issued as accredited NRP Instructors in Ireland i.e. this cohort are now internationally recognised as NRP Instructors in the area of Neonatal Resuscitation Training (NRT) in Ireland.

The NRT Project Co-ordinator engaged with the NRT links nationwide and visited the maternity sites in order to support face to face support assessment and mentoring in the maternity services. International AAP/AHA links with NWIHP continue. NWIHP utilise the Laerdal platform as a national database register of NRP instructors and Advanced Providers. This data is submitted to HSE quarterly.

An in-depth audit of NRT equipment and educational aids across all 19 maternity services was completed in Q3 to ensure that all services have in place and have access to defined standard of equipment for NRT purposes; and funding was provided to the 19 maternity services for this equipment in Q4, 2022.

In Q4, 2021 nominations were sought from each Maternity Network for a working group to develop a suite of national NRT standards. This working group completed their work in Q2, 2022. Since then, this work is being amalgamated with fetal monitoring and obstetric emergency standards. This amalgamation is expected to be completed in 2023.

These National NRT Standards and self-audit will be brought to NWIHP for their consensus before they are launched and cascaded to the Maternity Network Hospital Groups and individual maternity sites to benchmark and self-audit against defined best practice in the provision of NRT.

The 2020 Therapeutic Hypothermia (TH) report was published in 2022. The Report also provides the aggregate data for all infants with NE requiring TH for the 5 year period 2016-2020. In 2020, 76 infants had Neonatal Encephalopathy (NE) which required TH. The total number of cases of NE requiring TH for 2016-2020 was 357 infants. The incidence of NE in Ireland is 1.2 per 1000 births. The year-on-year incidence of NE requiring TH is constant. This suggests that the causation(s) are consistent and repetitive.

A number of key messages have emerged this large dataset;

- NE is an important cause of death in term infants. There were 12 deaths in 2020. Over the 5 years 2016-2020 there were 51 deaths.
- First-time mother are 2.5 times more likely to have an infant with NE. Recognition of this increased risk should be built in to all labour ward protocols and governance.
- Looking at sentinel events, the aggregated 2016-2020 data yielded that shoulder dystocia was associated with 11.8% (n=42 of 357) of births whose infants required TH intervention. The figure is overrepresented when compared to 2016-2020 Hospital Inpatient Enquiry (HIPE) data of which 0.8% of

295,743 mothers who delivered with a shoulder dystocia. The background risk factors for this complication are macrosomia, diabetes, BMI and failure to progress in labour.

- Fetal growth restriction (FRG) is a risk factor for NE requiring TH. There were 14 cases in 2020. Detection of small for date's infants facilitates early risk mitigation in terms of delivery and a standardised approach to the detection of small for dates is advocated.
- It is observed that 59% (n=53) of births requiring TH occurred on weekends and/or after 8pm and before 8am in 2020. This data is consistent with the years 2018 and 2019 for which 60% of infants requiring TH were born 'out of hours'. The findings underline the need for senior input into antenatal and labour ward management at all times
- The diagnosis of labour remains a challenge. It is important for the commencement of the appropriate level of care and monitoring.
- Most of the infants required extensive resuscitation at birth – 59% required intubation and 28% required chest compressions. All labour ward and neonatal staff must have up-to-date skills and training in neonatal resuscitation.
- In 2020, 52 infants with NE were born in a tertiary centre, and 24 infants were transferred from other hospitals. 79% of the transfers were undertaken by the National Neonatal Transport Programme (NNTP).
- The Bayley neurodevelopmental assessment carried out at 2 years of life notes delays in this cohort of infants in terms of gross motor skills, language acquisition and cognitive abilities.

The NWIHP are actively engaged with proactively responding to the recommendations of the TH report and have invested resources into the maternity networks in terms of early intervention services, NRP training, CTG and obstetric emergency training, NNEAG work-streams and the development of the OEST. The NWIHP are committed to continually striving to work with sites to reduce the incidence of avoidable cases of NE.

National Neonatal Practice Guidelines are being systematically compiled based on a thorough evaluation of the evidence which commenced in 2022. They will promote and facilitate standardisation and consistency of good clinical practice by providing evidence-based recommendations to neonatal teams in the maternity services for the care of new-born infants.

Neonatal Guideline Development Groups complete draft documents which are critically reviewed by the Neonatal Expert Advisory Group (NEAG). They are then brought to the Neonatal Clinical Advisory Group (NCAG) for approval prior to submission to NWIHP to prepare for final editing.

In 2022 the NWIHP committed to funding regional Neonatal Nurse Tutors in SSWHG, SAOLTA. Furthermore, the NWIHP will support the Coombe CNME with a Nurse tutor for their endeavours to gain QCI level 8 accreditation for Level 8 High Dependency and Special Care of the Newborn neonatal courses. The purpose of this work is to endeavour to support each of the 19 maternity services to have structured access to neonatal nurse education and training programmes to ensure staff are enabled and supported to provide a safe service. In addition, such education and training structures will underpin neonatal nursing career pathways and progression and support the recruitment and retention of neonatal nurses in the 19 maternity services. NWIHP is working closely with Centres of Nursing Midwifery

Education (CNME) in order to standardise the curriculum as well as the availability of neonatal nurse education for all Level 2 and Level 1 Neonatal Units.

NWIHP continue to invest in neonatology with the funding of Health and Social Care Professionals including Consultants, Advanced Nurse Practitioners, Clinical Nurse Specialists, Psychologists, Speech and Language Therapists and Occupational Therapists.

We await the updated Model of Care for Neonatology due to be published in 2024 so as to determine our 2024 service plan for neonatology.

Yours sincerely,



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