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31st March 2023

Deputy Cairns,
Dáil Éireann,
Leinster House
Dublin 2

PQ Ref 14005/23: To ask the Minister for Health if he will support the 'Izzy' sticker's initiative in public maternity healthcare settings

Dear Deputy Cairns,

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 later 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.

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.

As part of the work undertaken regarding the implementation of the National Standards, an alert symbol / notice was introduced into all maternity units such that women and their partner(s) experiencing a bereavement were identifiable to all relevant maternity staff at each point of contact. For those units and services using paper files, this alert symbol was by means of a sticker being attached to the file, or if using electronic files, by means of an electronic alert being included in file. This sticker was either locally designed or was a sticker designed nationally by the Irish Hospice Foundation. This alert symbol in the first instance was used in relation to the pregnancy package of care during which the pregnancy loss / bereavement occurred.

Regarding subsequent pregnancies, previous late stage pregnancy losses/still births would be recorded in the mother's medical history for her current pregnancy. NWIHP is also aware that several units have also adopted a process whereby an alert symbol/notice was applied to the relevant current clinical file (paper or electronic) such that all relevant maternity staff having contact with the woman would be readily aware of the loss from a previous pregnancy and the clinical circumstances surrounding this loss.

In terms of the query raised regarding the application of a sticker, as you will note from the above extensive work in this area has been undertaken as part of the implementation of the National Standards. However NWIHP understands that a number of the issues being raised in relation to this area relate to the subsequent pregnancy care packages, both in terms of whether an alert symbol / notice is easily identifiable by staff members and the nature and design of that alert symbol / notice.

The responsibility for the monitoring of the implementation of the National Bereavement Standards resides with NWIHP. An Oversight Group for the National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death ('the Standards') was established in 2019 to oversee the continued implementation and ongoing development of the Standards in the 19 Maternity Units/Hospitals in the Republic of Ireland.

This Oversight Group is now being reconstituted under the auspices of NWIHP as a National Advisory Group – largely advisory, reviewing materials, suggesting issues of importance for the National Women and Infants Health Programme (NWIHP) to consider in improving bereavement care and pregnancy loss supports.

Within this structure, NWIHP would propose looking at the issue raised, in terms of seeking advice on same, and determining what work would be required in this area and how best approached.

In order for any changes in this area to be adopted at a national level, it would be required that this is approached and undertaken in a structured manner which would by its nature involve significant work, engagement and collaboration with several parties and would also need to be mindful of the use of both paper and electronic records.

I trust this clarifies the matter.

Yours sincerely,



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