



Integrated Health Area Manager, Galway Roscommon

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22nd Sept., 2025.

Deputy Louis O'Hara,
Leinster House,
Kildare St.,
Dublin 2.

RE: PQ 45386/25 - To ask the Minister for Health the reason for the recent decision to expand the number of maternity cases to be transferred away from Portiuncula University Hospital to other hospitals; the person in the HSE or Department who made this decision; how this decision was made; whether she had any involvement, input or knowledge of the process of making this decision; and if she will make a statement on the matter.

Dear Deputy O'Hara,

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 decision to transfer higher risk maternity care from Portiuncula University Hospital (PUH) to Galway University Hospital (GUH) or another unit of a woman's choosing was taken as a result of a significant number of adverse clinical outcomes in PUH from late 2023 up to the second quarter of 2025.

This decision was taken in consultation and agreement with the HSE West and North West Regional Management Team, the Department of Health, the HSE CEO, the National Clinical Director and members of the National Women's and Infants Health Programme (NWIHP)

To date seven of twelve external reviews into the care provided to women and their babies at PUH are completed and have been shared with the families. One of the review teams also prepared an overarching summary document. In this summary the review team laid out four common themes of concern:

- Communication.
- Governance.
- Clinical care, Leadership and Clinical Governance.
- Infrastructure.



A previous review of maternity care in PUH took place in 2018 (Walker report 2018) which highlighted similar concerns around governance, training and consultant presence. The Walker report also highlighted concerns in relation to reliance on locum consultants, communication and timely recognition of deteriorating clinical situations.

Although changes were made following the Walker review, similar issues have been identified by the current review process.

Well-established pathways are already in place for the transfer of care for women with high-risk pregnancies to GUH. Considering the safety issues highlighted in these reviews an implementation team has been established to expand this to other groups of higher-risk women whose care will be delivered in GUH or the hospital of their choice.

The implementation team, which is led by the Clinical Director for the HSE WNW Women's and Children's Network, includes representation from GUH, PUH, the external management team, the National Women's and Infants Health Programme (NWIHP) and a service user and GP representative.

The implementation team have agreed the expanded categories of higher risk women and will be issuing communications to GPs in the coming weeks. The implementation team is conducting a full and comprehensive risk assessment of the impact of the transfer of women and is developing plans on how to mitigate this risk.

I hope this clarifies the matter.

Yours sincerely,

Ann Cosgrove,
Integrated Health Area Manager, Galway Roscommon,
HSE West and North West.