



BASELINE REPORT

DEVELOPMENT OF THE SUPPORTED CARE PATHWAY

**Irish Maternity Services
2020**

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FOREWORD

*Message from the National Lead Midwife National Women and Infants Health Programme,
Ms Angela Dunne.*

The year 2020 was a challenging year for maternity services as Covid 19 adversely impacted most aspects of life in Ireland. Despite these challenges maternity services continued to provide care around the clock to mothers and babies throughout the country. Notwithstanding all of the challenges that maternity services faced during the course of 2020 further significant progress was made in relation to the development and deployment of the Supported Care Pathway.

The undertaking of this baseline exercise has provided the National Women and Infants Health Programme (NWIHP) with a wealth of information and data supplied by front line providers as to the progress made regarding the development of this key care pathway for women.

In publishing this report, I am proud to report on the many positive achievements that have been made across our maternity sites further to our previous baseline study in 2019, including:

- All **19** units and services now have in place antenatal midwifery clinics for normal risk women with **174** midwifery led clinics being held per week across the country. The development of these clinics enables our consultant colleagues to further focus and manage other women who require specialist medical care during their pregnancy.
- The national average percentage of women who are managed via the supported care pathway now stands at **24%**.
- Maternity services now provide midwifery clinics in the community in **59** different locations around the country.
- **13** of our services are now providing early transfer home services, with many of these services now providing this care option to women being discharged from any of the three care pathways (supported, assisted & specialised).
- The implementation of home-away-from-home delivery rooms continue **at pace**; and
- In response to Covid-19, maternity services around the country developed a suite of innovative services responses including on-line **antenatal classes**, virtual appointments, virtual tours of facilities etc.

On behalf of the NWIHP I would like to take this opportunity to acknowledge the Directors of Midwifery across all 19 units and their teams for their time, dedication, diligence and commitment as they continue to strive to ensure that every woman's journey through our maternity services is a good experience and that women are provided with the range of care and support as envisaged in the National Maternity Strategy. I would also like to acknowledge, with thanks, the work of my colleague Claire Plunkett who collated the results of this baseline exercise and compiled this report.

INTRODUCTION

A core component of the National Maternity Strategy's Model of Care *"is the establishment of a community midwifery service, as an outreach service from the hospital, working alongside the public health nurse services and general practice service, that will provide the woman with integrated care as close to home as possible"*.

In describing the Model of Care, the National Maternity Strategy classifies pregnant women/babies into three risk groups; normal risk, medium risk (requiring a higher level of oversight) and high risk (requiring a more intensive level of care, either throughout or at a particular stage of care). A choice of pathway of maternity care will be available to women based on this risk profile thereby enabling women to see the most appropriate professional based on their clinical need.

For women/babies classified as normal risk, the availability of the supported care pathway as provided by a community based midwifery service within a multidisciplinary framework is recommended. As set out in the Strategy, within this pathway, responsibility for the co-ordination of care to a woman will be assigned to a named Clinical Midwife Manager, and care will be delivered by the community midwifery team, with most antenatal and postnatal care being provided in the community and home settings.

The supported care pathway can be broken down into its three main components:

- 1. Antenatal** - care provided to women during their pregnancy.
- 2. Intrapartum** - care provided to women and their babies during labour and immediately after birth.
- 3. Postnatal** - care provided to women further to the birth of their baby.

The development of the supported care pathway, within maternity services was reviewed across the 19 maternity services in the context of its three constituent parts via a 2020 baseline assessment exercise. This is the second such baseline assessment of the supported care pathway to be undertaken by the NWIHP, the first was undertaken in Q1 of 2019. The primary function of both assessments was to capture and detail the progress which has been made within Irish maternity services regarding the development and deployment of the supported care pathway further to investment made in services on the foot of the National Maternity Strategy.

Despite the impact that Covid-19 has had on all services, this assessment has demonstrated that further growth in the Supported Care Pathway has been achieved nationally in 2020. The 19 maternity units have also shared examples of innovations that were developed and implemented in response to the challenges their services faced due to Covid-19. This report will outline the growth at national level and share some of the innovations which have been developed to ensure services continue to be delivered to women and babies in our maternity services despite Covid-19.

CHAPTER 1

Supported Care Pathway - Antenatal Care

At the time of the publication of the National Maternity Strategy in 2016, 6 Maternity services were providing the Supported Care Pathway to normal risk women. This increased to 16 sites by 2019, and in 2020 **18 of the 19** Maternity services had implemented the antenatal component of the supported care pathway (figure 1). The final maternity site was in the process of implementation at the time this baseline report was undertaken in December 2020 and it was anticipated they would deploy the pathway in 2021.

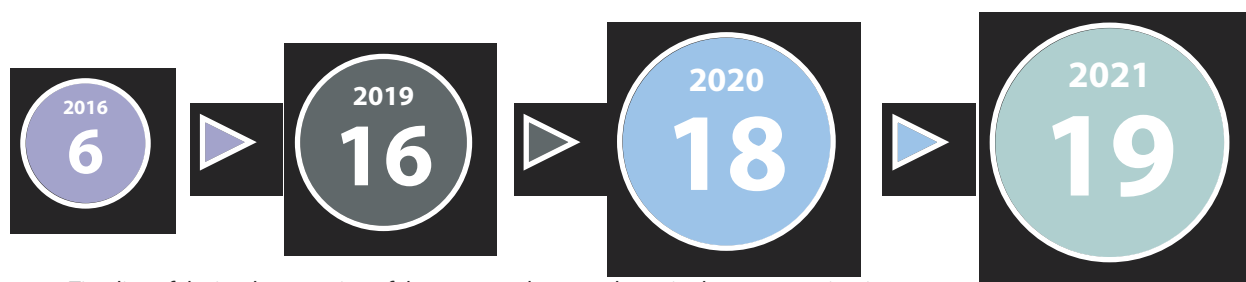


Figure 1: Timeline of the implementation of the supported care pathway in the 19 maternity sites.

Maternity Services with Supported Care Pathway	2016	2019	2020	Projected 2021
Ireland East Hospital Group				
National Maternity Hospital	✓	✓	✓	✓
St Luke's Hospital Kilkenny		✓	✓	✓
Midland Regional Hospital Mullingar		✓	✓	✓
Wexford General Hospital	✓	✓	✓	✓
Dublin Midlands Hospital Group				
Coombe Women's & Infants University Hospital	✓	✓	✓	✓
Midland Regional Hospital Portlaoise				✓*
RCSI Hospital Group				
Rotunda Hospital	✓	✓	✓	✓
Cavan General Hospital		✓	✓	✓
Our Lady of Lourdes Hospital Drogheda		✓	✓	✓
South/South West Hospital Group				
Cork University Maternity Hospital	✓	✓	✓	✓
Kerry General Hospital		✓	✓	✓
South Tipperary General Hospital			✓	✓
University Hospital Waterford	✓	✓	✓	✓
University of Limerick Hospital Group				
University Maternity Hospital Limerick		✓	✓	✓

Maternity Services with Supported Care Pathway	2016	2019	2020	Projected 2021
West/North West Hospital Group				
University Hospital Galway		✓	✓	✓
Letterkenny General Hospital		✓	✓	✓
Mayo General Hospital			✓	✓
Portiuncula Hospital General & Maternity Ballinasloe		✓	✓	✓
Sligo General Hospital		✓	✓	✓
Total	6	16	18	19

* In May 2021, Portlaoise implemented the supported care pathway into its service.

Table 1: Breakdown of sites offering the supported care pathway.

The national average percentage of women who are managed through the supported care pathway is currently at **24%** (figure 2).

Breakdown of the ranges of uptake across the 18 maternity sites:

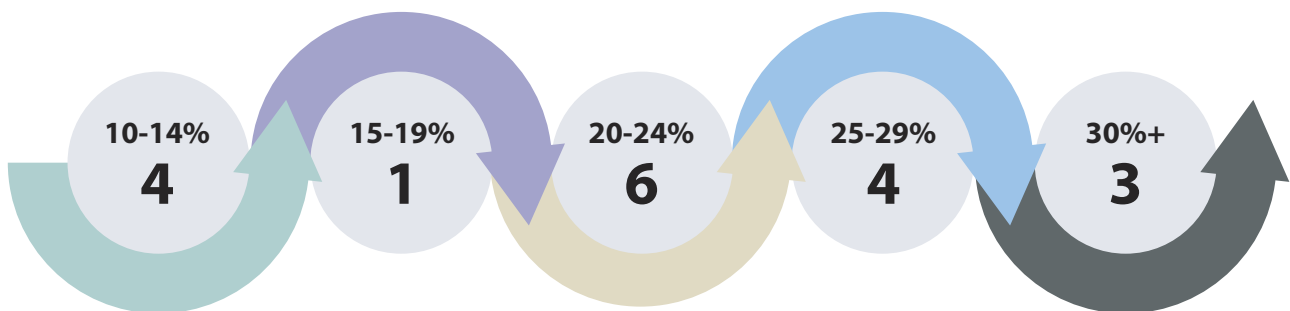


Figure 2: Percentage breakdown of women managed through the supported care pathway across the 18 maternity sites.

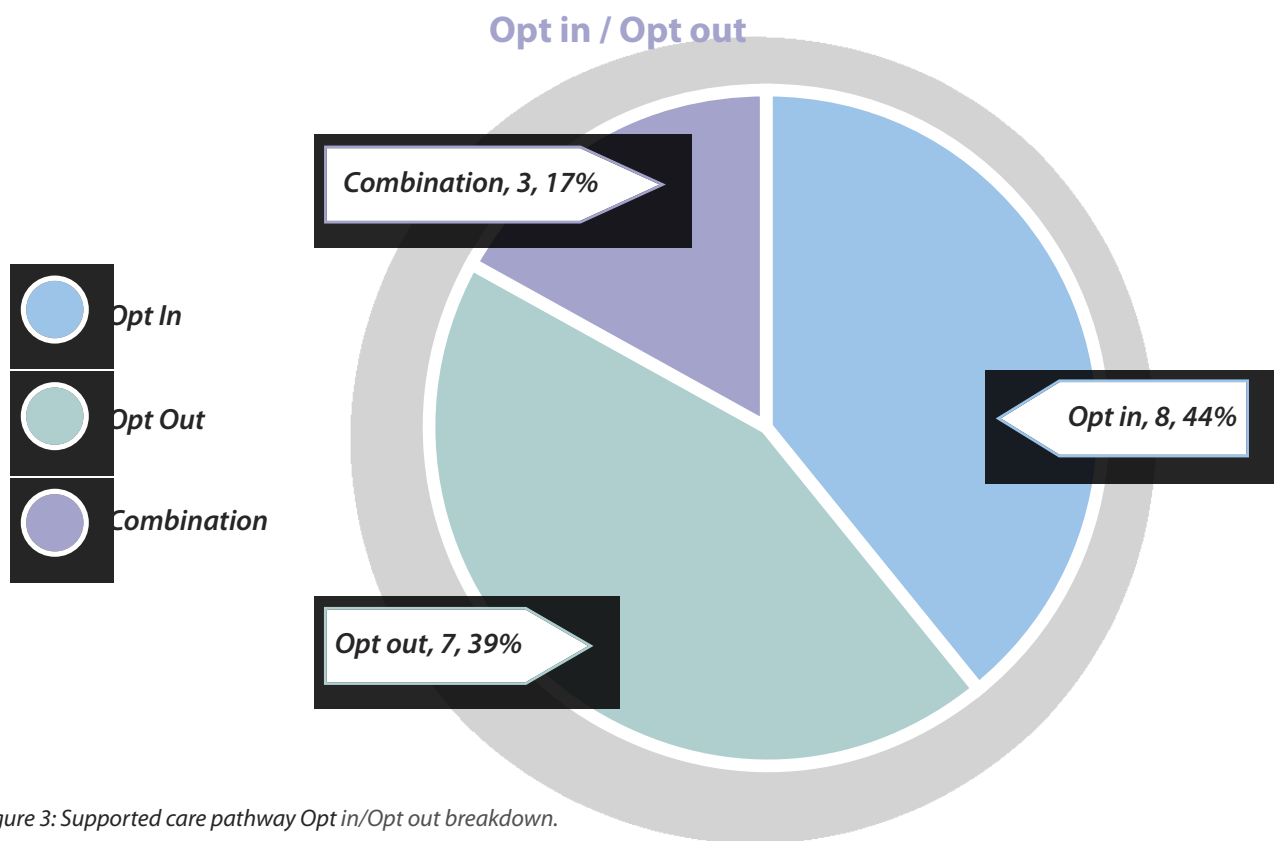
There were 3 different routes identified in terms of women being placed onto the supported care pathway further to their booking in clinic:

- Opt in
- Opt out
- Combination of the above

Opt in is where women themselves seek direct access to the pathway, or alternatively further to being clinically assessed within the maternity service at their booking in clinic are offered the option.

Opt out is where the maternity service places women on the supported care pathway following assessment but with the option for the woman to withdraw i.e. opt out and choose an alternative care pathway.

Out of the 18 Maternity services that were providing the antenatal component of the supported care pathway, the most common route for women into the supported care pathway is via the Opt In route (figure 3).



In terms of women being risk assessed and deemed clinically appropriate for the antenatal component of the supported care pathway, two primary types of clinical governance arrangements were identified:

1. Women being risk assessed and signed off as appropriate by the relevant midwife at the booking in clinic.
2. Women further to being risk assessed by the midwife, being referred to the relevant medical team for final sign off and approval for placement in the supported care pathway.

Currently 50% of women are being risk assessed and signed off as appropriate by the relevant midwife at the booking in clinic (*Figure 4*), while the remaining 50% are being risk assessed and signed off by the medical team.

With the ongoing development and embedding of the supported care pathway in our maternity services, it is envisaged that over time further services will transition to the system where the majority of women are clinically risk assessed and signed off by midwives and placed on the supported care pathway.

Obstetrician/Midwifery led risk assessment for entry into the SCP

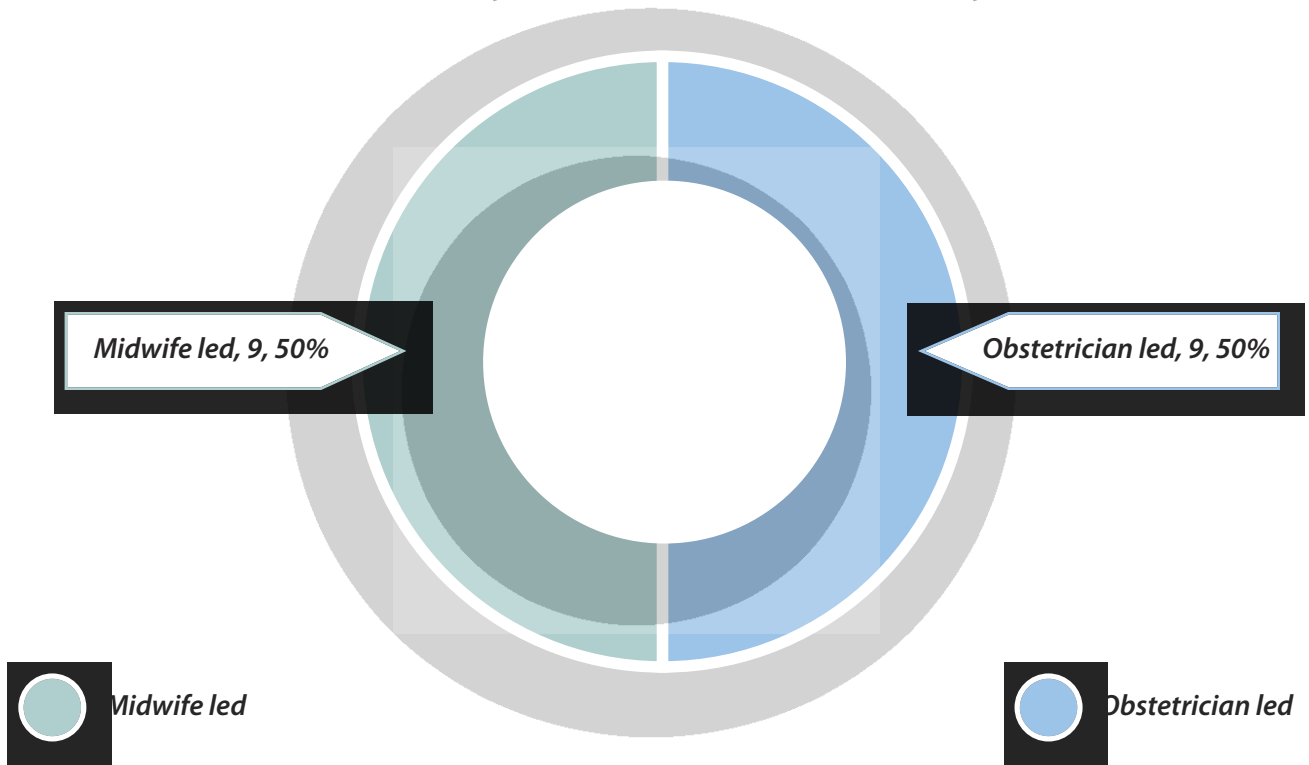


Figure 4: Percentage of women currently risk assessed by midwives/medical team.

Regarding the direct delivery of midwifery care in the community, **17 of the 19** Maternity Services are actively delivering midwifery provided antenatal clinics in the community.

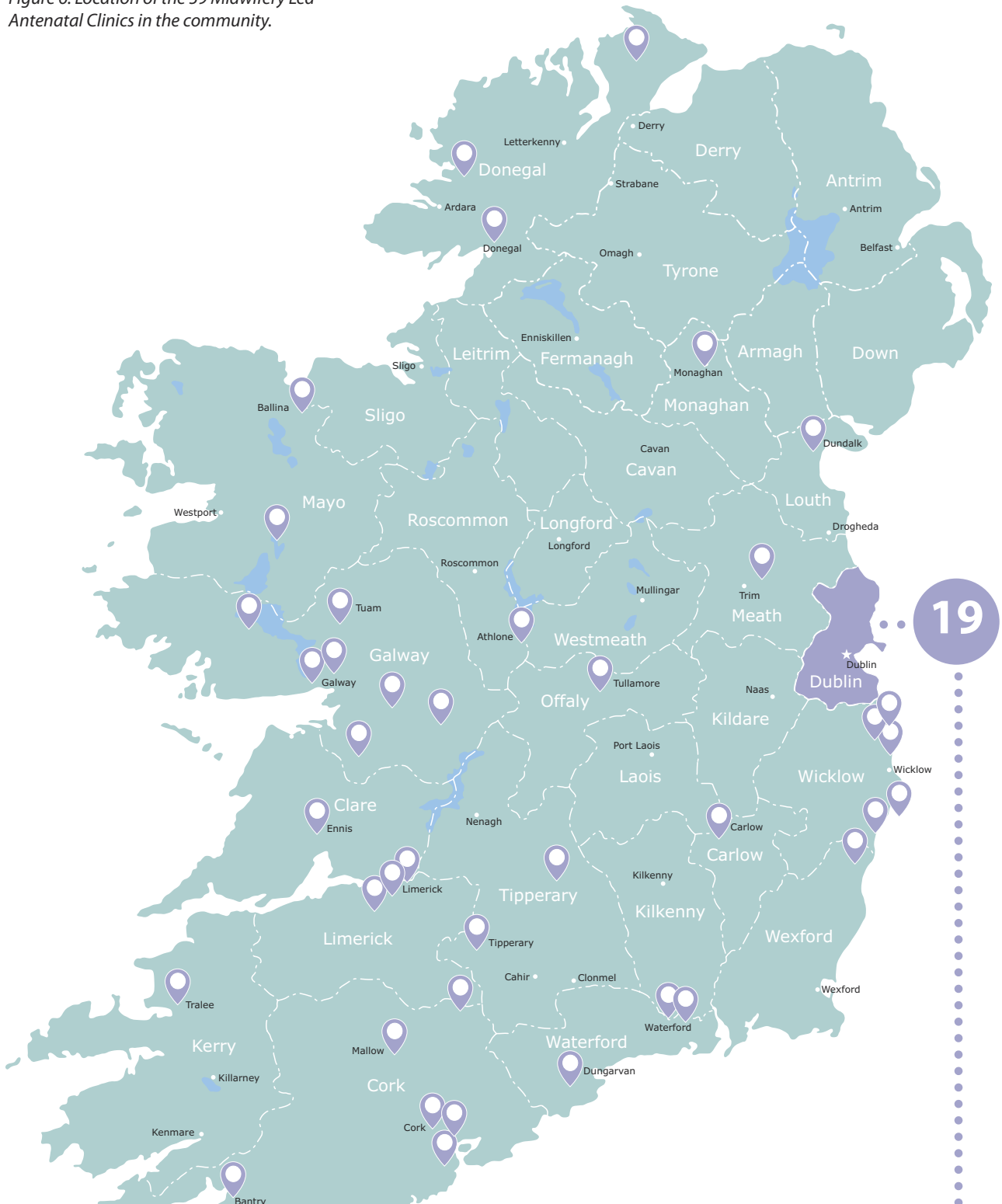
The Midwifery Led Antenatal Clinics are provided across **59** locations nationwide.

Out of the 18 Maternity services that were providing the antenatal component of the supported care pathway, the total number of off-site clinics provided nationally per week is **91** (figure 5). This is in addition to the **83** midwifery provided on-site clinics provided nationally per week on their acute sites.



Figure 5: Number of midwifery led antenatal clinics

Figure 6: Location of the 59 Midwifery Led Antenatal Clinics in the community.



DUBLIN		
Balbriggan	Coolock	Loughlinstown
Ballinteer	Corduff	Lucan
Ballymun	Crumlin	Pearse Street
Ballyogan	Darndale	Swords
Blanchardstown	Deansrath	Tallaght
Cabra	Dun Laoghaire	
Churchtown	Finglas	

10 Maternity services are providing booking in clinics in the community, of which **4** are providing community dating scans.

In 2016, only 7 of the maternity services were providing anomaly scans universally. In 2020 all **19** Maternity Services are providing anomaly scans to **all** women in their service (*figure 7*), 18 of which are providing women with an anomaly scan at the 20 – 22 week mark of gestation, whilst the nineteenth service provides the scan but at a later stage of pregnancy.

Anomaly scanning implementation timeline:



Figure 7: Timeline of the implementation of the universal anomaly scanning in the 19 maternity sites.

CHAPTER 2

Supported Care Pathway: Intrapartum Care

As part of the roll out of the supported care pathway, the potential development and provision of home-away-from-home delivery suites or alongside birth rooms was reviewed actively across a number of services. These delivery suite options as seen in the example below are comfortable low tech birth rooms with labour aids and a pool.



This review of the development of home-away-from-home delivery suites/alongside birth rooms showed that in 2020 there were 13 home away from home suites nationally across 9 maternity sites, with three further services in development (*figure 8*).

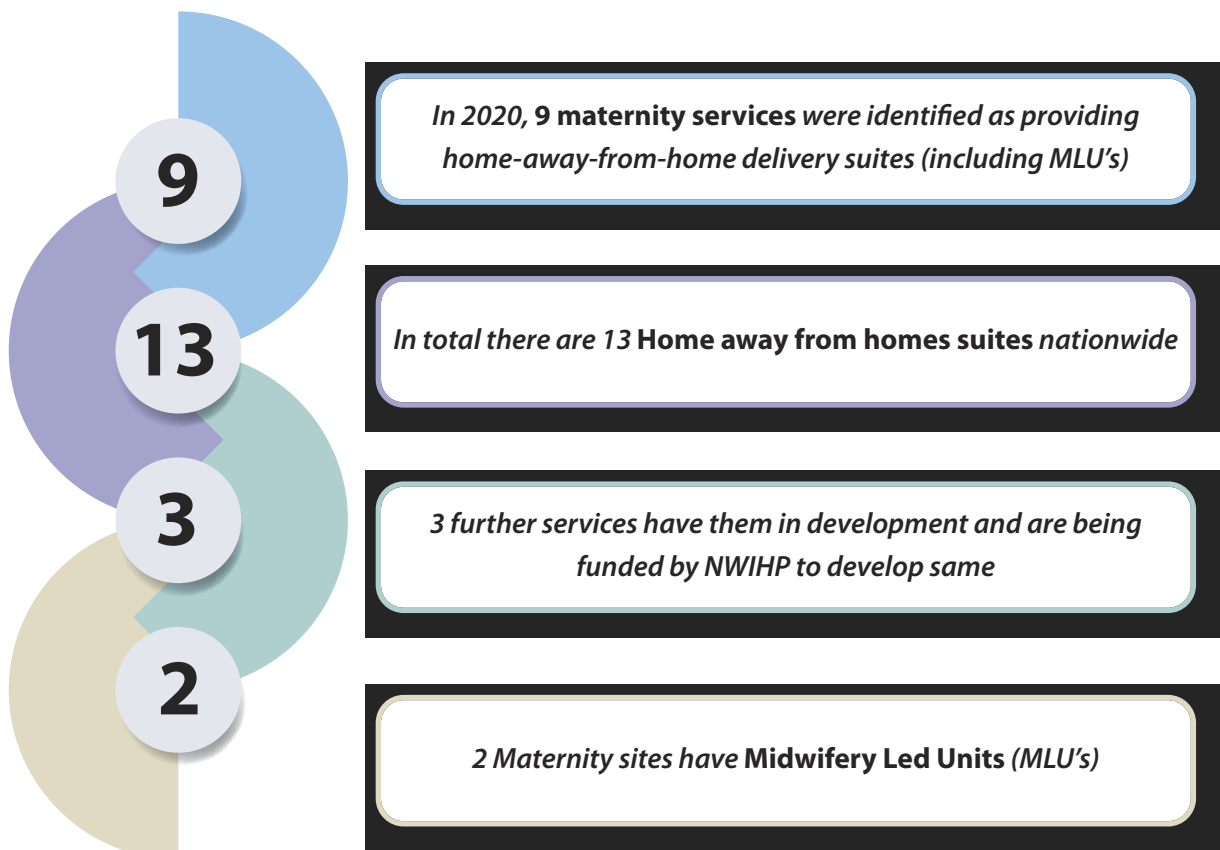


Figure 8: National Home-away-from-home figures.

There are **two midwifery led units (MLU's)** in place in the Irish maternity services – these being the units present in Drogheda and Cavan. These units are established and resourced with dedicated 24/7 teams of midwives that support the woman through all three stages of her care continuum – antenatal, intrapartum and postnatal. The MLU in Drogheda underwent a complete refurbishment in 2019 with support provided by the NWIHP. The NWIHP will be assisting Cavan to refurbish their MLU in 2021.

In conjunction with the development of home-away-from-home (HAFH) delivery suites, a number of services were actively reviewing and exploring the possibility of implementing labouring pools in their services (some of the units infrastructure may not support the weight of labouring pools) (*figure 9*).

As HAFH rooms are being developed and funded by NWIHP, all are being designed to have at a minimum a labouring pool (where infrastructure allows), with sites being supported to invest in pools that would ultimately support water births if the space was available to accommodate same within the refurbished area.

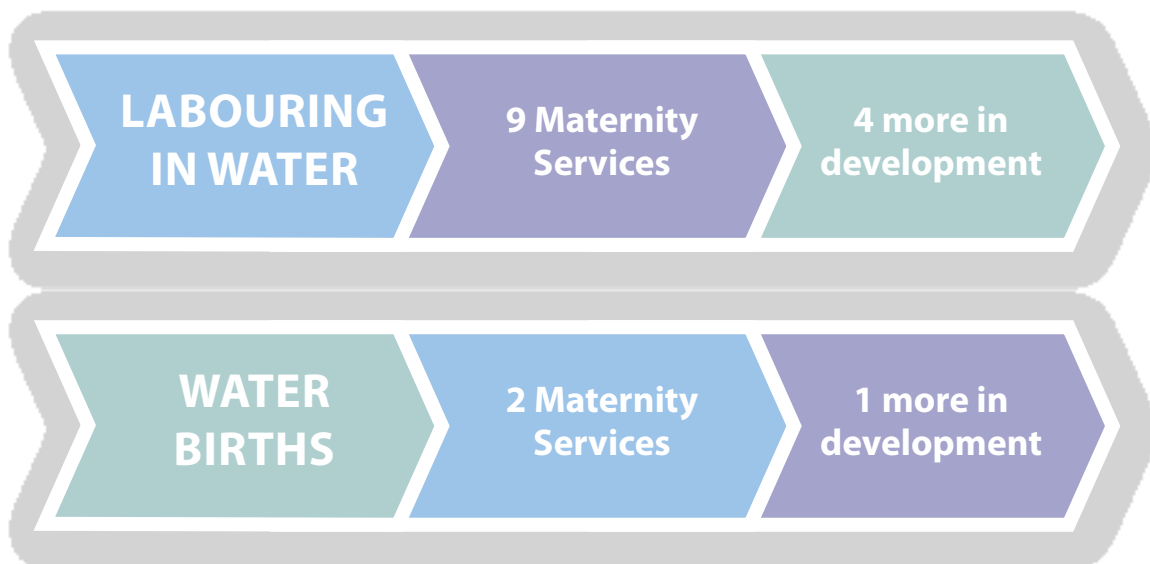


Figure 9: Figures for services providing labouring in water and water birth services.

Midwifery led continuity of care is described as care provided to a woman from the same midwife or team of midwives during her entire pregnancy with referral to specialist obstetric care as needed.

In terms of providing continuity of care to women on the supported care pathway during the intrapartum care period, **11** of the 18 services have all developed local models of service provision that support this based on the resources available to them.

In many instances this involved a midwife from the community team being rostered in the labour ward or the emergency room with a view to this midwife being allocated to a woman who presents from the supported care pathway for the delivery of their baby if appropriate. **3** further services are currently developing local based continuity of care models for this period of care.

CHAPTER 3

Supported Care Pathway: Postnatal Care

Early transfer home (ETH) services enable women to receive postnatal care, support and advice in the comfort of their home by a team of midwives. Services included the 72 hour baby check, weighing the baby and performing newborn blood spot screen. Women eligible for this service – primarily informed by local clinical criteria and distance between the hospital and their home – can leave hospital following the birth of their baby as early as 12 hours after. There has been a further increase in the amount of Maternity Services providing the Early Transfer Home service in 2020 (Figure 10). Further growth is expected in 2021.

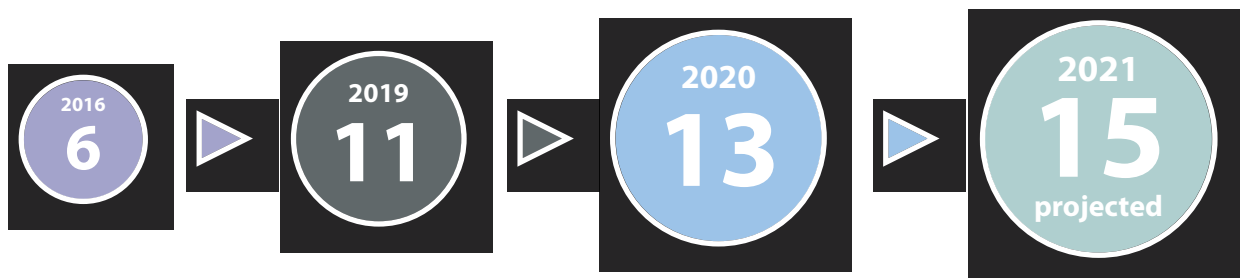


Figure 10: Timeline of the implementation of the ETH service in the 19 maternity sites.

Early Transfer Home	2016	2020	Projected 2021
Ireland East Hospital Group			
National Maternity Hospital	✓	✓	✓
St Luke's Hospital Kilkenny		✓	✓
Midland Regional Hospital Mullingar			✓
Wexford General Hospital	✓	✓	✓
Dublin Midlands Hospital Group			
Coombe Women's & Infants University Hospital	✓	✓	✓
Midland Regional Hospital Portlaoise			
RCSI Hospital Group			
Rotunda Hospital	✓	✓	✓
Cavan General Hospital		✓	✓
Our Lady of Lourdes Hospital Drogheda		✓	✓
South/South West Hospital Group			
Cork University Maternity Hospital	✓*	✓*	✓*
Kerry General Hospital	✓	✓	✓
South Tipperary General Hospital		✓	✓
University Hospital Waterford			✓
University of Limerick Hospital Group			
University Maternity Hospital Limerick	✓	✓	✓

Maternity Services with Supported Care Pathway	2016	2020	Projected 2021
West/North West Hospital Group			
University Hospital Galway	✓	✓	✓
Letterkenny General Hospital		✓	✓
Mayo General Hospital			
Portiuncula Hospital General & Maternity Ballinasloe			
Sligo General Hospital			
Total	6	13	15

* Domino scheme only

Table 2: Breakdown of sites offering the supported care pathway.

The ETH support lasts between **5 and 7 days** across all 13 units. Packages and the quantity of home visits vary based on the individual woman’s and baby’s needs. Phone support and referral to other services where needed form part of the package also.

The women availing of the ETH remain under the care of the midwifery team of the hospital up until the point of discharge from the service and transfer to public health nursing services.

Out of the 13 maternity services who provide early transfer home services, **10** have ETH available to all women regardless of their care pathway (figure 11) i.e. they can access ETH from the supported, assisted or specialised care pathway (in accordance to other criteria such as clinical appropriateness and distance). In the 3 remaining services the ETH service is only available to those on the supported care pathway.

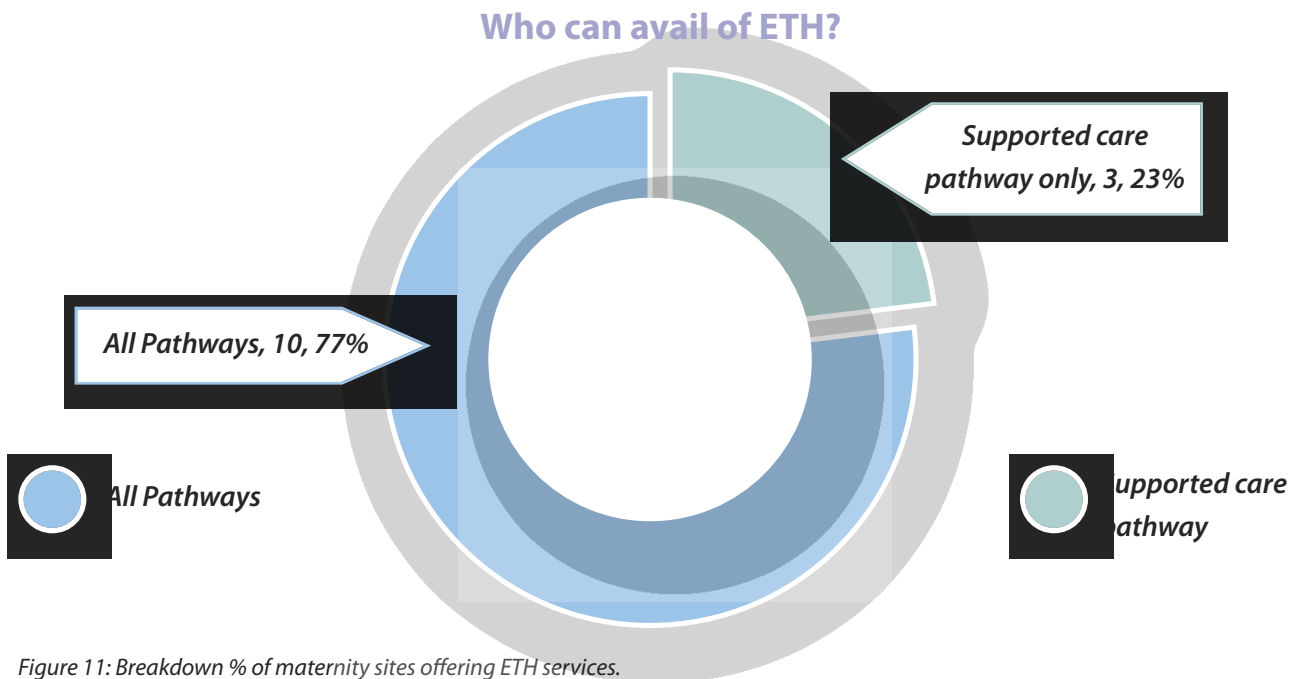


Figure 11: Breakdown % of maternity sites offering ETH services.

9 of the 13 services provide ETH to within a set distance from the maternity site, ranging from 10km – 40 km. The remaining 4 provide it county wide or to specific town/areas within their catchment depending on the resources available.

CHAPTER 4

Covid-19 Innovations

Covid-19 impacted significantly on all maternity services. During the course of 2020, in response to the extreme challenges faced by services in providing safe and quality services in the midst of the Covid-19 pandemic, a number of innovations were developed and implemented by maternity services. These aimed to ensure the safety of women and their babies while continuing to provide women with antenatal, intrapartum and postnatal care through a time where face to face services were reduced to a minimum.

The most common innovations and changes implemented across the 19 sites were:

Virtual booking in clinics	Online antenatal/postnatal education for parents	Increased training for staff
Creation of a covid pathway	Attend anywhere appointments	Offsite antenatal clinics
VCreate/Angel eyes for NICU parents	Expansion of the criteria for the ETH service	Expedition of ETH in 2 maternity services
Virtual tour of units provided online	Virtual hypnobirthing classes	New & expanded clinical spaces in services to promote social distancing
Follow up discharge phonecalls by midwives to all women	Online Breastfeeding Cafe	Remote monitoring of chronic conditions i.e. blood glucose monitoring

APPENDIX A

Link representatives from each of the Hospital Sites

Cavan General Hospital

Ms Georgina Crowe,
Director of Midwifery

Cork University Maternity Hospital

Ms Katie Bourke,
Director of Midwifery

Kerry General Hospital

Ms Sandra O'Connor,
Director of Midwifery

Letterkenny University Hospital

Ms Evelyn Smith,
Director of Midwifery

Mayo University Hospital

Ms Andrea McGrail,
Director of Midwifery

Midlands Regional Hospital, Mullingar

Ms Marie Corbett,
Director of Midwifery

Midlands Regional Hospital, Portlaoise

Ms Maureen Reviles,
Director of Midwifery

National Maternity Hospital

Ms Mary Brosnan,
Director of Midwifery

Our Lady of Lourdes Hospital, Drogheda

Ms Gráinne Milne,
Director of Midwifery

Portiuncula University Hospital

Ms Deirdre Naughton,
Director of Midwifery

Rotunda Hospital

Ms Fiona Hanrahan,
Director of Midwifery

Saolta Hospital Group

Ms Siobhan Canny,
Group Director of Midwifery

Sligo University Hospital

Ms Juliana Henry,
Director of Midwifery

South Tipperary General Hospital

Ms Sinead Heaney,
Director of Midwifery

St Luke's General Hospital, Kilkenny

Ms Paula Power,
Director of Midwifery

The Coombe Women and Infant University Hospital

Ms Ann MacIntyre,
Director of Midwifery

University Hospital Galway

Ms Helen Murphy,
Director of Midwifery

University Hospital Limerick

Ms Eileen Ronan,
Director of Midwifery

University Hospital Waterford

Ms Paula Curtin,
Director of Midwifery

Wexford General Hospital

Ms Helen McLoughlin,
Director of Midwifery



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