



ANNUAL REPORT

2020



List of Acronyms and Abbreviations	5
Message from the Director	7
1 Background	9
2 Governance and Accountability	12
3 Maternity Services	14
Model of Care	14
National Maternity Experience Survey 2020	16
Communications Programme	18
National Breastfeeding Implementation Group	20
National Maternity Service Directory	23
Nurture Programme – Infant Health and Wellbeing	23
Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death	25
Specialist Perinatal Mental Health Service (SPMHS)	27
National Fetal MRI Service	31
4 Gynaecology Services	33
Model of Care for Assisted Human Reproduction (AHR) Services	33
Model of Care for Ambulatory Gynaecology	35
MESH	37
Termination of Pregnancy (ToP)	39
5 Neonatology	42
Neonatal Resuscitation Program	42
Neonatology Project	43
Fetal Viability	44
Therapeutic Hypothermia Report 2019	45
6 Sexual Assault Treatment Units (SATU)	47

7 Quality and Safety	50
Introduction	50
Irish Maternity Indicator System	50
The National Neonatal Encephalopathy Action Group	53
Major Obstetric Haemorrhaging (MOH)	54
8 Summary	56
Appendix 1	58
National Maternity Strategy Status 2020	
Appendix 2	59
The NWIHP Staff Structure	
Appendix 3	60
Maternity Hospitals/Units in Ireland	
Appendix 4	61
Stakeholders the NWIHP have engaged with during 2020	
Appendix 5	62
Termination of Pregnancy Services Clinical Action forum Membership	

LIST OF ACRONYMS AND ABBREVIATIONS

AA	Attend Anywhere	IBCLC	International Board of Lactation Consultant Examiners
AAP	American Academy of Paediatrics	ICGP	Irish College of General Practitioners
AHA	American Heart Association	ILCOR	International Liaison Committee on Resuscitation
AHR	Assisted Human Reproduction	IMIS	Irish Maternity Indicator System
AMP	Advanced Midwife Practitioner	IVF	In Vitro Fertilisation
ANP	Advance Nurse Practitioner	KPI	Key Performance Indicator
CCG	Calgary-Cambridge Guide	MDT	Multidisciplinary Team
CMM2	Clinical Midwife Manager 2	MNCMS	Maternal and New-born Clinical Management System
CMS	Clinical Midwife Specialist	MOC	Model of Care
CSO	Central Statistics Office	MOH	Major Obstetric Haemorrhaging
CUMH	Cork University Maternity Hospital	MRHP	Midland Regional Hospital Mullingar
DoH	Department of Health	MRI	Magnetic Resonance Imaging
EACH	International Association for Communication in Healthcare	MSS	Maternity Safety Statements
GP	General Practitioner	NNTP	National Neonatal Transport Programme
GRO	General Register Office	NICU	Neonatal Intensive Care Unit
GUH	Galway University Hospital	NIWHP	National Women and Infants Health Programme
HCA	Healthcare Assistants	NMH	National Maternity Hospital
HG	Hospital Group	NMS	National Maternity Strategy
HIE	Hypoxic Ischemic Encephalopathy	NNRPSAG	National NRP Steering Action Group
HIQA	Health Information and Quality Authority	NOIG	National Oversight Implementation Group
HPO	Health Protection Office		
HPRA	Health Products Regulatory Authority		
HSE	Health Service Executive		

LIST OF ACRONYMS AND ABBREVIATIONS

NPEC	National Perinatal Epidemiology Centre	SPMHS	Specialist Perinatal Mental Health Service
NPRS	National Perinatal Reporting System	SSWHG	South-South West Hospital Group
NRP	Neonatal Resuscitation Program	STGH	South Tipperary General Hospital
NSOM	National Staffing and Operations Manager	TEARDROP	Teaching, Excellent, Parent, Perinatal, Deaths-Related, Interactions, to Professionals
OCD	Obsessive Compulsive Disorder	TH	Therapeutic Hypothermia
OMNSD	Office of Nursing and Midwifery Services Directory	ToP	Termination of Pregnancy
OoCIO	Office of the Chief Information Officer	ULMH	University Limerick Maternity Hospital
PHN	Public Health Nurse	UNICEF	United Nations Children's Emergency Fund
PMH	Perinatal Mental Health	WHO	World Health Organisation
PPH	Postpartum haemorrhage		
QA	Quality Assurance		
RCOG	Royal College of Obstetricians and Gynaecologists		
RCSI	Royal College of Surgeons Ireland		
SATU	Sexual Assault Treatment Units		
SCA	State Claims Agency		

MESSAGE FROM THE DIRECTOR

I am pleased to present the National Women and Infants Health Programme (NWIHP) Annual Report for 2020.

2020 was a challenging year, with Covid-19 impacting most aspects of life in Ireland. The impact of Covid-19 saw significant loss of life, serious injury, and also resulted in many of our elective health services being suspended. While our maternity services continued, Covid-19 had a profound impact for our service users with reduced access for partners on the pregnancy journey. We regret the negative impact that these restrictions have had, these restrictions were introduced by hospitals in line with public health advice, and the Covid-19 restrictions that were in operation.

The impact of Covid-19 was so significant that most of the NWIHP team were temporarily redeployed to establish and run the HSE's contact tracing service. This was a significant challenge that the team responded to very impressively. Similarly the colleagues who remained in the NWIHP, worked tirelessly to support the maternity networks during that very demanding period. I am very grateful to all my colleagues, both those who worked on contact tracing, and those who remained to support our core services, for their professionalism and flexibility during this period.

Notwithstanding the unprecedented impact of Covid-19, 2020 saw a number of important developments, including:

- Our baseline review of the Model of Care (MOC) indicated that the implementation plan target of a minimum of 30% of pregnant women being offered the supported care pathway was achieved;
- We reviewed progress against the National Maternity Strategy Implementation Plan, which indicates that over 88% of actions are either complete or underway. Details are set out in the appendices to this Annual report;
- We funded 12 additional Advanced Midwife Practitioners (AMPs), to support the further roll-out of the Model of Care. This means that all 19 maternity services have at least one AMP;
- Our Model of Care for Ambulatory Gynaecology was launched, and funding was providing to Cork University Maternity Hospital, Rotunda, and University College Hospital Galway as the first three units in the roll-out of the Model;
- A new temporary MOC for Termination of Pregnancy (ToP) was developed for Covid-19, to facilitate remote consultations;
- We commenced the implementation of the MOC for Assisted Human Reproduction with funding being provided to the first four regional fertility hubs – National Maternity Hospital, Rotunda, Coombe Women and Infants University Hospital and Cork University Maternity Hospital. We plan to extend the service to Limerick and Galway in 2021, so that there will be six regional hubs;

- We established two complication centres for women impacted by the insertion of mesh devices for stress incontinence or organ prolapse at the National Maternity Hospital and Cork University Maternity Hospital;
- HIQA completed their review against the National Standards for Better, Safer Maternity Care and launched their report in February 2020. The Report acknowledged the excellent work in all 19 maternity hospitals/units, and the key areas for development relate to infrastructure, governance and workforce. Due to Covid-19 these areas will be a focus in 2021;
- Ireland's first Maternity Experience Survey had its results published in May 2020. The results were very positive and all hospitals have developed Quality Improvement Plans, and these will be a focus for 2021.

We would like to acknowledge the support we received throughout 2020 from our colleagues in the six maternity networks. Particularly in the early stages of Covid-19 when there were weekly calls with the clinical leadership in all the networks, which helped to provide a uniform response to Covid-19. We would also like to acknowledge the on-going support of our colleagues in the Department of Health.

Despite the challenges of Covid-19, 2020 saw a number of important milestones achieved, which we plan to build upon in 2021.



Kilian McGrane

Director

HSE National Women and Infants Health Programme

1 | BACKGROUND

Overview

In January 2016, a robust policy and strategic framework for the development and delivery of maternity services was established in Ireland with the launch of the National Maternity Strategy – Creating a Better Future Together, 2016-2026. The National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death were also launched in August of that year, followed by the Health Information and Quality Authority's publication of Safer Better Health Standards for Maternity Services.

In order to ensure a co-ordinated and focused approach to the work required these policies were implemented and overseen at national level in a structured and programmatic manner, the HSE, with the support of the Department of Health (DoH), created the NWIHP.

In driving these policies, the NWIHP is responsible for the enhancement of maternity services, gynaecology services and neonatal care. This work entails working closely and collaboratively with colleagues across operations and strategic planning in both acute and community care settings.

In 2020, the NWIHP continued to build upon work commenced in 2019 with its programmes being underpinned and informed by the four strategic priorities set out in the National Maternity Strategy (NMS).

These are as follows:



Source: National Maternity Strategy

It is acknowledged that 2020 was a difficult period for all services across the country. In response to Covid-19, the NWIHP had to adapt its strategy, communication and implementation plans. In addition to our planned objectives and strategies for 2020 the NWIHP provided support to the 19 maternity services through the creation of recommendations and guidelines to protect staff and patients within the maternity units across the country.

Our Objective

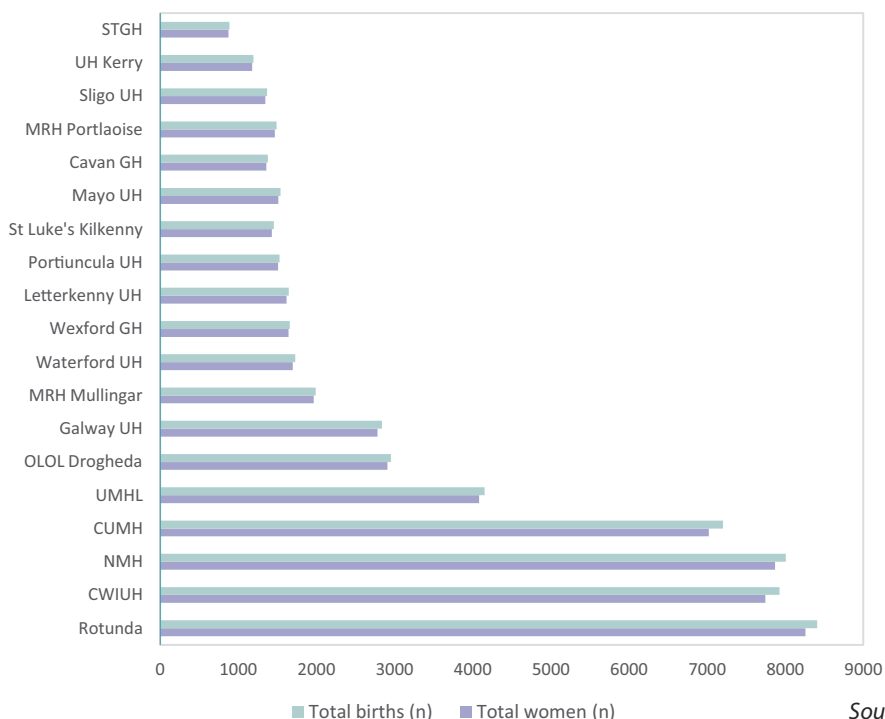
Since its inception in 2017, the NWIHP has worked with all sections of maternity services to standardise practices and create more consistent and equitable care nationally across all settings. This is a fundamental focus of the NWIHP, to ensure that regardless of where geographically a woman presents for care to the public health services, each woman has equal access to a consistent level of safe, high quality health care services.

The work of the NWIHP is done acknowledging that the vast majority of maternity services are currently delivered within an acute setting. However, increased levels of care are being moved from the acute setting and care is being delivered to women in the community as recommended by the Model of Care for maternity services in the NMS.

With regular engagement meetings, the NWIHP continue to build strong working relationships with colleagues in the DOH and multiple stakeholders across the healthcare system at local, regional and national level, particularly the maternity networks within the six hospital groups. This continued engagement has been critical in order for the NWIHP to best understand the changing landscape and determining the most appropriate way to implement the NMS.

The Maternity Hospital Units

All 19 maternity hospitals/units are part of the six hospital groups and their associated maternity networks. There are four standalone maternity hospitals and 15 maternity units located within or co-located with general hospitals. There is significant variation between each of the 19 maternity hospitals/units with a substantial range in the number of births per hospital/unit. See below the chart for Total births and Total women delivered in 2020.



Source: IMIS 2020 Report

The Team

The core team of the national programme has within it a blend of expertise including; midwifery and nursing; medical obstetrics and gynaecology; neonatology; and senior management expertise, supported by quality and risk, project management, data management and administrative personnel.

This core team is further supported by a range of personnel and teams from multiple sections of the health service including but not limited to the 19 maternity services and their staff, maternity networks' clinical and executive management teams, the HSE's National Clinical Programme for Paediatrics and Neonatology, the Nurture Programme, the Bereavement Standards Working Group, the National Breastfeeding Programme and the HSE's Mental Health Division. The NWIHP also have project leads for the introduction of Hopscotch; the rollout of AMP's to implement the supported care pathway; and development of a standardised neonatal resuscitation training programme.

Key Areas of Work in 2020

When the NWIHP was first established its primary focus was the enhancement of maternity services, gynaecology services and neonatal care. As the NWIHP has grown as a unit within the HSE, the scope of its work and contributions to the development and execution of additional work streams has expanded.

These additional work streams have all been readily embraced by the NWIHP, in the acknowledgement of the interdependencies and potential synergies that can be harnessed across the different services to continue to improve and develop women's health service within the public health service. Such additional projects and works streams have included;

- Development and rollout of the ambulatory gynaecology plan;
- Rollout of hospital based termination services;
- Establishment of two mesh complication centres;
- Model of Care for Assisted Human Reproduction;
- Creation of the National Neonatal Encephalopathy Action Group, and
- The Neonatal Resuscitation Program.

2 | GOVERNANCE AND ACCOUNTABILITY

Maternity Safety Statements

Maternity Safety Statements (MSS) continue to be published for each of the country's 19 maternity hospitals/units. Each maternity unit has published maternity patient statements since December 2015, publishing an updated statement each month, reporting two months in arrears.

The MSS contains information on 17 metrics covering a range of clinical activities including number of births, modes of delivery, major obstetric events and clinical incidences.

The MSS is reviewed on a regular basis by the Programme and is discussed directly with the Maternity Networks as a standing agenda item at the maternity network meetings with the NWIHP. The MSS is an important tool in assessing the quality and safety of the maternity networks.

Maternity Network Meetings

A key recommendation of the NMS is the development of managed clinical networks – maternity networks – to ensure that all women receive consistent, high quality, safe care, across all 19 maternity hospitals/units. Maternity networks are the primary vehicle for ensuring good governance and leadership of maternity services. The NWIHP recognises that each hospital group has adopted a different approach to the establishment of clinical directorates, and has worked with all the hospital groups to establish maternity networks.

In response to the Covid-19 pandemic and to protect the health and wellbeing of both the NWIHP staff and Maternity Units, the maternity network meetings transitioned from hospital visits to virtual gatherings to keep in line with government recommendations. The maternity network meetings continue to be a key vehicle by which the NWIHP further develops its knowledge and insight as to the development and delivery of maternity services on the ground. The key opportunities and challenges facing service providers are highlighted, determining priorities and how best to proceed with the advancement of the NMS. The NWIHP holds the networks to account for development funding received to date. These engagements enable and support open and honest two way communication thereby further strengthening and developing the partnership approach between the NWIHP and the maternity networks.

The NWIHP does not hold hospital groups accountable for maternity, gynaecology and neonatology services. That function rests with Acute Operations in line with the performance and accountability framework. As well as developments, the NWIHP provide a Quality Assurance (QA) role for the Chief Clinical Officer. If a performance issue is identified with a maternity network, it is referred to Acute Operations.

Parliamentary Affairs

During 2020, the NWIHP was assigned and responded to over 107 Parliamentary Questions and Representative Queries with 90% (96) closed on time and involving a wide range topics including; patient and staff safety during Covid-19, provision of anomaly scanning services, maternity care pathways availability, breast feeding support, workforce levels, endometriosis services, management of miscarriages, mesh surgery, non-invasive perinatal testing, bereavement services, homebirth services, neonatal services and provision of termination services.

Funding

In 2020, utilising the additional maternity development funding received of €1.5 million, the NWIHP continued to target investment in the on-going development and deployment of the supported care pathway across maternity services. Based on the learning and experience of maternity services to date, and the progress being made regarding the supported care pathway as measured by the baseline exercise undertaken in 2019, the NWIHP specifically focused its investment in the development of additional AMP posts – with 12 such additional posts being funded and approved, thereby ensuring that all 19 maternity services had at least one such post as of 2020. The primary purpose of these posts was to lead the on-going development of the supported care pathway including the integration and development of homebirth services where appropriate, enhance continuity of care to women and support greater synergies between the supported and the assisted care pathway.

In addition to these additional AMP posts, the NWIHP also targeted its maternity development funding at supporting additional Clinical Midwifery Specialist CMS posts in lactation in three sites, implementing maternity specific Health Care Assistance (HCA) resources and increasing clinical psychology resources across three maternity networks. The purpose of the latter resource was to ensure that services were positioned to provide developmental assessment at two years corrected age as part of the follow up care provided to pre-term infants. The objective of this additional resource is to enable the provision of a service that will ensure that all infants BW<1500g and or ≤ 29 weeks gestation will undergo a Bayley 111 assessment at 2 years corrected age with this service including infants who are now two years old and who meet this criteria.

In 2020, the NWIHP continued to invest in once off projects and initiatives at local level, including supporting Portlaoise, Kerry and Galway maternity services to progress their home-away-from-home delivery suite projects, local refurbishments and equipping costs in a number of sites targeting delivery suites, ward refurbishments and Neonatal Intensive Care Units (NICU).

In addition to the above investments, the NWIHP as set out previously in this Annual Report, were also positioned to approve and fund three additional ambulatory gynaecology services in Cork, Rotunda and Galway, a National Fetal MRI Service in NMH and a National Mesh Complication Services structured across Cork and NMH.

3 | MATERNITY SERVICES

Model of Care

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 MOC, the NMS classifies pregnant women into three risk groups; normal risk, medium risk (requiring a higher level of oversight) and high risk (requiring a more intense 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 choice and clinical need.

For women 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 (CMM), 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.

To promote and explain the model of care the NWIHP developed a National Poster which is now available in all maternity units - see page 15 for a picture of the poster.



Your Journey Through Pregnancy

Maternity and Infant Care Scheme

Every pregnant woman living in Ireland or intending to live here for at least one year has the right to free maternity care under the Maternity and Infant Care Scheme. This care is provided by your GP (family doctor) and maternity services in Irish public hospitals. This means you attend your GP and see your midwife and/or obstetrician (a doctor who specialises in pregnancy and childbirth)

from the maternity hospital, or a homebirth midwife if you are having a homebirth. You will need to register with your GP for the Maternity and Infant Care Scheme. Some people prefer to pay for private or semi-private care where available. If you choose to do this, your GP visits will still be paid for by the Maternity and Infant Care Scheme.

Care Pathway Options

First Appointment in Hospital (8-12 weeks pregnant)

At your first appointment you will meet your lead professional. This is the obstetrician or midwife who will lead the team looking after you. They will ask you about your medical history, your pregnancy and your social, physical and psychological well-being. They will discuss your preferred care pathway and whether this is the most suitable care pathway for you based on your clinical needs and safety. On your first appointment you will:

-  Meet Lead Professional
-  Dating Scan
-  Blood Tests
-  My Pregnancy Book
-  Antenatal Class Information
-  Assessment of needs

Supported Care Pathway	This type of care is suitable for most people with uncomplicated pregnancies.	You can choose to birth your baby in a hospital or at home.	Your care will be provided by midwives.
Assisted Care Pathway	This type of care is suitable if your pregnancy is less straightforward or if you want a doctor-led service.	The birth will take place in a hospital.	Your care will be provided by obstetricians and midwives.
Specialist Care Pathway	This type of care will be recommended to people with higher risk pregnancies.	The birth will take place in a hospital.	Your care will be provided by obstetricians and midwives.

Continuous assessment of your clinical needs

Your healthcare team will continually monitor your clinical needs. You may need to transfer, either temporarily or permanently, between care pathways if your midwife or obstetrician believes your clinical needs have changed.

These services are also available if needed to support you on your journey

GP	Dietician (nutrition)	Physiotherapy	Scanning services	Social worker	Interpreter
Fetal medicine	Domestic violence supports	Stop smoking programme	Intensive care service	Bereavement service	Theatre
Infection diseases services	Alcohol and drug misuse supports	Breast feeding supports	Pregnancy-related mental health	Early pregnancy units	24-hour emergency service
Specialist referrals (cardiology renal etc.)			Newborn special care baby unit		

Your Maternity Team

Maternity services in hospitals are provided by a team of professionals working together to provide the best care possible. At the centre of this team are midwives and obstetricians (doctors) who will give you the support, care and advice you need during pregnancy, labour and after the birth. Depending on your care pathway, the lead professional for you from the team will be either a midwife or an obstetrician.



National Women and Infants Health Programme
Unit 7A, The Dargan Building,
Heuston South Quarter, Dublin 8
www.nwh.ie

Seirbhís Sláinte Níos Fearr á Forbairt
Building a Better Health Service

The funding and implementation of 12 additional advanced midwifery candidate posts will continue to ensure the implementation and safe provision of the service.

The implementation of the supported care pathway within maternity services continue through 2019 into 2020. Despite the impact that Covid-19 has had on all services, further growth in the Supported Care Pathway has been achieved nationally with 18 units fully operational and the 19th scheduled for early 2021. Home away from home rooms continue to be developed with 9 of the 19 units providing a non-medical birthing experience and a further 3 in development.



The maternity units have had many challenges over the last year and how they have responded has to be acknowledged, the following are some examples of innovations that were developed. Maternity units increased their remote community midwifery services, they developed new ways of working, virtual consultations, remote monitoring of women, learning and mandatory training on line.

The NWIHP would like to take this opportunity to acknowledge with much thanks and appreciation the commitment and leadership of the Directors of Midwifery and their teams across the 19 services.

National Maternity Experience Survey 2020

Background

The National Maternity Experience Survey is part of the National Care Experience Programme, a joint initiative by the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE), and the DoH. The National Maternity Experience Survey offers women the opportunity to share their experiences of Ireland's maternity services.

The survey reflects a commitment made in the NMS to evaluate maternity care services from the perspectives of the women who use them.

The aim of the survey is to learn from the experiences of women to improve the safety and quality of the care that they and their babies receive. HIQA, the HSE, NWIHP and DoH have committed to acting on the findings of the National Maternity Experience Survey to improve the quality of maternity care services in Ireland. Quality improvement plans were developed in 2020 by the HSE.

Key Deliverables

Most of the 6,357 women who responded to the survey had a positive experience of maternity care. In total, 85% of participants said they had a good or very good overall experience. The majority of the women who responded gave birth to one baby, and for 42% this was their first baby. For 87% of women, their GP or family doctor was the first healthcare professional they saw when they thought they were pregnant. In relation to the higher-scoring questions on the survey, most women said they were treated with respect and dignity, and had confidence and trust in the staff that cared for them, both in community care settings and in maternity units and hospitals. While most women said that they had a positive maternity experience, 15% said their experience was 'fair to poor'.

There were differences between the scores received by maternity units or hospitals but in general these differences were relatively small, with most scoring close to the national average for each stage of care. There were also differences by participants' county of residence. These comments give a detailed account of women's experiences throughout their maternity care journeys. The majority of the positive comments relate to staff and the care and support that they provided. Women mostly commented on staffing levels, communication and issues relating to feeding their babies. Midwives were often mentioned and the vast majority of these comments were positive. The high prevalence of comments relating to midwives likely reflects the nature and importance of the interactions that women have with midwives during labour and birth. Care while pregnant (antenatal care) the average rating for the 'care while pregnant (antenatal care)' stage of care was 7.4 out of 10. 98% of the women who responded to the survey gave birth to a single baby, with 2% giving birth to twins, triplets or more babies.

The remaining questions for this stage of care asked women about the information and care they received while they were pregnant. 98% of women said that they were 'always' or 'sometimes' treated with respect and dignity during their pregnancy, with 2% saying that they were not. However, 32% said that they did not receive sufficient information about changes to their mental health during pregnancy. This was the lowest-scoring question for this stage of care.

Care during labour and birth

The average rating for the 'care during labour and birth' stage of care was 8.6 out of 10. The highest-scoring question for this stage of care related to the involvement of a partner or companion.

Care in hospital after the birth

The average rating for the 'care in hospital after the birth' stage of care was 7.5 out of 10. The highest-scoring question for this stage related to the provision of contact information prior to discharge, with 89% of women saying they were told who to contact if they were worried about their health or their baby's health.

Feeding

The average rating for questions relating to 'feeding' was 7.8 out of 10. The majority of women said that healthcare professionals had discussed their options for feeding their baby, 75% said that their decisions about how they wanted to feed their baby were always respected by healthcare professionals.

Care at home after the birth

The average rating for the 'care at home after the birth' stage of care was 8.3 out of 10. 99% of women said that they had been visited at home by a Public Health Nurse (PHN) after their baby's birth, while 85% said that their baby had received a 2-week check-up from their general practitioner (GP). Most women (89%) said that they were always treated with respect and dignity while being cared for at home after the birth. The lowest-scoring question for this stage related to support for mental health. 29% of women said that their GP or practice nurse/midwife did not spend enough time talking to them about their mental health at their postnatal check-up.

Objectives for 2021

The hospital groups have used the survey results to inform the development of quality improvement plans at national and local levels. These quality improvement plans will describe the steps that the HSE have taken to address the issues highlighted by participants in the survey. The survey will be repeated in the coming years and the findings will demonstrate whether or not maternity experience has improved over time. The DoH will use the information gathered to inform the development of policy and strategy in relation to maternity care and will inform HIQA's approach to the monitoring of maternity care in public acute hospitals.

Communications Programme

Background

The National Patient Experience Survey, first conducted in 2017, highlighted poor communication between patients and healthcare providers as one of its main findings. The HSE response to the communication deficits highlighted in the National Patient Experience Survey was to establish the National Healthcare Communication Programme in January 2018 and to adopt the Calgary Cambridge Guide as the evidence-based method of communication skills training across the healthcare services. The Programme has been developed in partnership with the International Association for Communication in Healthcare (EACH). The Programme is designed to support healthcare staff to learn, develop and maintain their communication skills with patients/women, their caregivers and with colleagues.

Programme Design

The programme is designed for all staff, is delivered via four core classroom-based modules (and some associated mini-modules) and is designed to use a range of adult learning methodologies. The Programme consists of four core modules as follows:

- Module 1:** Making connections
- Module 2:** Core Consultation skills
- Module 3:** Challenging Consultations
- Module 4:** Communicating with colleagues and promoting team work

Programme Delivery

To date, 39 of the 46 acute hospitals have engaged with the Programme. There are currently 361 trained Facilitators in the HSE. The majority of these work in acute hospitals. 27 of the facilitators work in other service areas (community services, national HR, ophthalmology and dental services).

The Programme was initially developed for general acute hospitals services and has now been adapted for paediatric services, maternity services and patient advocacy services (Independent Advocates and HSE Complaints Officers). The implementation of the Programme has been highly successful with very positive feedback from staff on all acute hospital sites.



Key Deliverables

1. Review of National Maternity Experience Survey and analysis of training requirements
2. Rolling out the Programme in maternity services (Modules 1 to 4):
3. Developing new training modules – based on National Maternity Experience Survey analysis:
4. Developing supporting materials

Objectives for 2021

1. Continue adaptation and roll-out of Programme Modules to maternity services
 - Module 4 to be adapted in 2021 (maternity specific videos to be developed)
 - Modules 3 and 4 due for delivery from February 2021
 - New Mini-Modules planned for delivery in Q4 2021
2. Develop new training modules – based on National Maternity Experience Survey analysis
 - Informed Consent Module and Motivational Interviewing Mini-Modules to be developed in 2021

3. Developing supporting materials: Case studies

- Module 3 – 3 case studies to be developed
- Module 4 – 3 case studies to be developed

Short videos

- Module 3 – 3 short videos to be developed
- Module 4 – 3 short videos to be developed

4. Other supports

- Continue the development of easy to access materials and supports (individual coaching, podcasts, smart device app, Twitter, Instagram, etc.) to assist the on-going learning and development for staff communication skills



Work with staff and women to develop easy to access communication materials and supports for women (e.g. prompt sheets, decision aids, etc.)

National Breastfeeding Implementation Group

Background

The National Breastfeeding Implementation Group is working to achieve the aims and objectives of the *Breastfeeding in a Healthy Ireland – Health Service Action Plan 2016-2021* through the implementation of initiatives in the following areas:

1. Improved governance and health service structures
2. Breastfeeding training and skills development
3. Health service policies and practices
4. Support at all stages of the breastfeeding continuum through social marketing, support and advocacy
5. Research, monitoring and evaluation

This is an update on actions relating to maternity services that were undertaken in 2020. The redeployment of the National Breastfeeding Coordinator to assist with the Public Health Covid-19 response during the year impacted on the delivery in some areas.

Key Deliverables

1. Improved Governance and Health Service Structures

The *Report on National Infant feeding Audit for Maternity Hospitals and Units* was completed and communicated to services in July 2020. The national average level of compliance was 77%, which does not meet the minimum compliance of 80% set by the World Health Organisation (WHO) and the United Nations Children's Emergency Fund (UNICEF). 7 out of the 17 participating hospitals/units met the overall standard.

At a national level, the standard was met in three sections of the audit –

- Provision of information on breastfeeding support (90% compliance),
- Practices relating to supporting mothers to breastfeed (89% compliance) and
- Rooming in (81% compliance).

The standard was not met in five sections of the audit:

- Skin to skin contact (79% compliance), antenatal care (77% compliance), and hand expression (75% compliance), approximately half of participating maternity hospitals/units met the standard in that section.
- Mother's formula feeding (63% compliance) and supplementation (60% compliance), only two maternity hospitals/units met the standard in that section.

In response to this mandatory evidence-based continuous professional development on breastfeeding for midwives and certified lactation consultants continues;

- Each midwife and student PHN completes the current 20 hours breastfeeding training programme.
- New blended learning training programme – 2 breastfeeding eLearning modules available since 2018- 2,893 completed module 1 and 2,705 completed module 2.
- New skills-based training programme in development that will focus on the key skills the midwife and PHN should have to support the mother - correct positioning and attachment, hand expression skills and skin to skin contact.
- Approximately 200 staff with International Board Certified Lactation Consultant (IBCLC) qualifications work in a variety of roles in the HSE e.g. midwives, public health nurses medical doctors.

A national purchasing contract for the provision of Donor Expressed Breast Milk was agreed by the HSE and the Western Health and Social Care Trust. This contract allows the sharing of information in line with GDPR requirements for purchasing goods from non EU countries arising from Brexit.

Additional funding was earmarked for a national lead post for the Baby Friendly Initiative and 3.5 WTE for specialist lactation consultant posts.

2. Breastfeeding training for healthcare professionals

Seven education seminars were facilitated by maternity services, La Leche League, UCD & NUIG in 2020. The Nurture Programme is funding a blended learning training programme that included online and face to face training. A project group formed in 2020 to progress a national curriculum, skills assessment and adaptations to classroom learning in view of Covid-19 pandemic for Midwives and PHNs. The eLearning modules "Supporting Breastfeeding" and "Managing Breastfeeding Challenges" have each been completed 1570 & 1463 times respectively by HSE staff & voluntary groups in 2020.

3. Health Service Policies and Practices

The HSE's executive management team approved a new policy in November to extend statutory breastfeeding breaks provisions from 26 weeks up until a child's second birthday for all Public Health Service staff. Staff can avail of breastfeeding breaks at work for up to one hour per normal working day, in addition to normal rest breaks. Breastfeeding breaks <https://healthservice.hse.ie/staff/benefits-services/leave/breastfeeding-breaks.html> come into effect in February 2021.

Sign off of the draft HSE Policy on the Marketing of Breast milk Substitutes was delayed in 2020. Implementation is expected to begin in 2021.

4. Supports at all stages of Breastfeeding Continuum through Social marketing, Support and Advocacy

Supports for breastfeeding have been developed during the pandemic, with a number of hospital antenatal breastfeeding classes and some breastfeeding groups run by the HSE and voluntary breastfeeding organisations moving online. Approximately 60-70 breastfeeding support group meetings are held online each month. Phone and virtual breastfeeding support is also being made available to replace face-to-face appointments, while face-to-face one-to-one appointments are being provided where needed.

The HSE provide a free online breastfeeding advice and information service "ask our breastfeeding expert" 7 days a week. There was a 38% increase in demand for the service in 2020 with almost 4,000 breastfeeding questions answered via live chat or e-mail.

National Breastfeeding Week was celebrated and promoted by MyChild.ie from 1 – 7 October and highlighted the vital role of online support for parents. The increase in queries to the 'Ask Our Breastfeeding Expert' www2.hse.ie/services/ask-our-breastfeeding-expert/ service coincided with reduced face-to-face contact with other healthcare professionals. There was an increase in the number of queries from those who were pregnant and also from people who wanted to start breastfeeding again having stopped for a time.



Roisin Sullivan, PHN Lactation consultant pictured above hosting a virtual breastfeeding support group meeting in Dun Laoghaire during National Breastfeeding Week.

Roisin Sullivan, PHN Lactation consultant pictured above hosting a virtual breastfeeding support group meeting in Dun Laoghaire during National Breastfeeding Week.

5. Research, Monitoring and Evaluation

Breastfeeding metrics were for the first time reported on through the Irish Maternity Indicator System (IMIS) 2019 report, providing more up to date information on breastfeeding rates and practices in hospitals/units. Initiation of breastfeeding as the first feed after birth is reported as 62.3% in 2020 and 63.8% in 2019.

Objectives for 2021

Building upon the achievements of 2020, the National Breastfeeding Implementation Group's objectives for 2021 include but are not limited to;

- HSE Executive Management Team approval & Implementation of HSE Policy on the Marketing of Breast milk substitutes.
- Framework for Baby Friendly Initiative developed and Implementation lead appointed.
- Complete national blended learning programme for Midwives and PHNs.
- Establish a Breastfeeding Stakeholder Forum.

Available data from community key performance indicators show some areas have made great progress in improving breastfeeding rates. However, national data shows the considerable progress needed to achieve the targets of the HSE Breastfeeding Action Plan (2016-2021). Breastfeeding at the first PHN visit following discharge from hospital is reported as 56.4% (2020, exclusive and non-exclusive) and 42.3% at 3 months (2019 - exclusive and non-exclusive).

National Maternity Service Directory

Background

The National Maternity Service Directory project is funded by Sláintecare. The project was developed in response to a recommendation in the National Maternity Strategy *"an on-line resource for maternity services is developed, to act as a "one-stop shop for all maternity related information; any information provided will be understandable and culturally sensitive"*. The project plan is overseen by HSE digital. The Project aims to be completed Quarter 4 2021.

Key Deliverables

The timeliness and accuracy of the National Maternity Service Directory will ensure that it becomes the single source of trustworthy information to support business processes of the HSE and associate agencies. It will inform service users how, where and when to access maternity services. Single source of trustworthy information will;

- Eliminate duplication of both development and administrative effort of maintaining individual datasets across the organisation.
- Store, maintain and publish this information.
- Provide an opportunity to align data with data governance standards in HSE ensuring Dataset Specification Standardisation and Approval.

From a business perspective it will provide up-to-date information in relation to health and social care providers in Ireland. Front-line staff can obtain up-to date contact information relating to health care practitioners, locations and services and up-to-date information about the availability of services – e.g. hours of operation, how to access the service, contact information. Technical ICT staff will be given the opportunity for interfacing systems with each other.

Nurture Programme – Infant Health and Wellbeing

Background

The aim of the Nurture Programme is to improve outcomes for all children and families from conception to the child's 3rd birthday through the provision of universal information and professional supports. In 2020 the programme continued to progress outputs relevant to pregnancy and preparation for parenthood.

The work of the team within the remit of maternity services in 2020 included:

- Finalisation and launch of national antenatal education standards.
- Progressing the development of a capacity building training programme for antenatal educators.
- Promotion and embedding of the My Pregnancy Book as a core service resource, including transition to the NWIHP as part of the sustainability plan.
- Developing further content for the mychild.ie website in response to user feedback.
- Progressing the 'My Pregnancy' digital support journey for pregnant women.

Key deliverables

The HSE National Standards for Antenatal Education in Ireland, www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/child-health-and-wellbeing/national-healthy-childhood-programme-new.html, were launched on March 2nd 2020. Antenatal education aims to equip pregnant women and their partners with the knowledge and skills to negotiate their journey through pregnancy and to prepare them for childbirth and parenthood. National consultation with pregnant women and their partners highlighted the variation in structure, content and provision of antenatal education in Ireland. In response to this and in line with the scope of the Nurture Programme the Standards were developed through the Nurture Programme – Infant Health and Wellbeing and complement earlier antenatal to postnatal developments including the 'My Pregnancy' book and pregnancy content on mychild.ie. The National Standards for Antenatal Education aim to enhance the current provision of antenatal education services in Ireland.

The launch was attended by practitioners and stakeholders and marked a milestone in this work. The completion of these standards marked a significant stage in a collaboration that involved maternity, community and private antenatal practitioners in a national conversation about antenatal education. Despite initial delays due to Covid-19, the implementation of the standards through the NWHIP in 2021 will be a significant step towards improving the health of hundreds of families. The Nurture Programme will continue to collaborate with NWHIP on implementation of the standards with a particular focus on capacity building for antenatal education nationally.

Further development of MyChild.ie and My Pregnancy resources

The aim and objectives of mychild.ie are:

- Provide parents with the right health information, advice and support at the right time. (trusted source).
- Support parents to make informed choices in relation to their children's health and their own health.
- Build a meaningful relationship with parents using a range of face-to-face, one-to-one and digital channels.

The programme continued to promote mychild.ie through 'always on' Google search ads, social channels, digital audio and podcast platforms and on radio adverts at a national and regional level.

Overall, the mychild.ie pages on hse.ie had a very successful year with traffic to the site growing exponentially. There were a total of 3.5 million visits to the website, a 136% increase on 2019. Factors behind this are likely to include the interest in Covid-19, the overall expansion in mychild.ie content in 2019, and the easy to find and easy to use content design approach www.hse.ie/eng/about/who/communications/digital/content/ which allow the website to rank highly in Google search results. The most popular PDF was the My Pregnancy book www2.hse.ie/file-library/child-health/my-pregnancy-book.pdf which was downloaded 3.1K times.

The new recommendations on the use of Vitamin D in the 0 to 1 year age group, published by the DoH in February 2020, were included in the updated version of the My Pregnancy book. Almost 38,000 My Pregnancy books were provided to expectant parents in 2020.

The Sláintecare project focusing on digital supports for parents and parents-to-be was paused due to Covid-19 pressures and later reactivated in July 2020, with a deadline of summer 2021. This includes:

- The publication of 100 new website guides (articles) to mychild.ie
- The creation of a new week by week pregnancy support journey – phase one platform will be email and will include weekly emails from early pregnancy and including the first three months of a baby's life.
- A new online maternity services directory.
- Trial of closed groups on social media providing breastfeeding support for new mothers.

Objectives for 2021

- Supporting implementation of the Standards for Antenatal Education in collaboration with the NWIHP.
- Commence delivery of an antenatal education capacity building programme for practitioners.
- Continued development of the mychild.ie website.
- 'Go Live' of the Sláintecare digital pregnancy and child health journey, building on mychild.ie

Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death

Background

Professor Keelin O'Donoghue, Consultant Obstetrician & Gynaecologist in CUMH was appointed as National Implementation Lead for the Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death. Ríona Cotter was appointed, for a two year period, as programme manager for same in March 2017. The implementation programme commenced in March 2017 and concluded its work in April 2019. In June 2019 the Programme Manager and the National Implementation Lead were funded to extend their work with the Bereavement Standards for a further 18 months. Note: The Programme Manager was redeployed from March 2020 – June 2020 to assist with the response to Covid-19 pandemic.

The purpose of the extension period was to facilitate the continued implementation and on-going development of the National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death in the 19 Maternity Units in the Republic of Ireland.

This report covers the work of the Oversight Group from January 2020 to December 2020.

National Oversight Group

The National Oversight Group was established to oversee the continued implementation and on-going development of the National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death in the 19 Maternity Units in the Republic of Ireland. It has a membership of 35 people, with wide representation from stakeholders – including parent support groups, voluntary organisations and a number of multidisciplinary healthcare professionals involved in the provision of bereavement care. This group met twice in 2020.

Quality Service & Improvement

Following on from the Perinatal Bereavement Care audit carried out in all Maternity hospitals in 2017, all hospitals were audited on the provision of Perinatal Bereavement Care again in 2020. The audit tool that was used in 2017 was reviewed and revised to reflect the improvements that had been made in practice since 2017.

Professor O'Donoghue and Ríona Cotter visited 17 of the 19 Maternity Units between August 24th and September 24th 2020. One visit was cancelled due to travel restrictions imposed to manage the Covid-19 pandemic. This meeting took place via an online platform. One of the Maternity Units was unable to facilitate a visit due to issues with staffing. This audit was carried out over the phone with a senior member of the midwifery management team. The audit looked at the provision of Perinatal Bereavement Care and improvements made in each hospital since 2017. The audit tool examined the staffing of bereavement teams, the hospital environment where perinatal bereavement care is delivered and the processes that are in place to support the provision of Perinatal Bereavement Care. The feedback from each hospital was presented to the NWIHP management team, with recommendations for improvement. Summaries of the audit visit were also provided to each Maternity Unit.

Update of the Standards

The National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death were published in 2016. In 2020 the Standards Review Group undertook a review of the Standards, the relevant pregnancy loss and perinatal death literature, clinical guidance and international literature to inform the update of the Standards. The updated Standards document is due to be published in Spring 2021.

Staff training & Support Education and training

As part of the National Oversight Group a multidisciplinary Education Development subgroup was setup. The purpose of this group is to oversee the on-going development and implementation of appropriate bereavement education and staff support programmes for members of the multidisciplinary team involved in the provision of bereavement care in the 19 Maternity Units in the Republic of Ireland.

Following on from a recommendation from the Standards National Implementation Group funding was secured from the NWIHP to train the Bereavement Clinical Midwife Specialist (CMS) Group as facilitators of the Irish Hospice Foundation provided Dealing with Loss in the Maternity Setting. This training will support the CMS group to provide bereavement education to staff within their own Maternity Units. The programme Manager worked with the Irish Hospice Foundation to develop a plan for the rollout, provision and oversight of this course.

This training was due to be carried out in 2020 but had to be redesigned for online delivery due to Covid-19 restrictions. The first group will train in January 2021. The TEARDROP (**T**eaching, **E**xcellent, **pA**rent, **peR**inatal, **D**eaths-related, **inteR**actions, **tO**, **P**rofessionals) workshop was designed to address the educational needs of **ALL** health professionals involved in maternity and newborn care in managing perinatal death and pregnancy loss and is based on the National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death. It was run in January 2020 for members of the South-South West Hospital Group (SSWHG) Maternity Directorate.

Pregnancy and Infant Loss Website

The national pregnancy loss and perinatal death website has continued to receive increasing traffic in 2020. A management group continues to meet every 3 months to oversee the content of the website. The content of the website is updated bi-annually to reflect changes in clinical practice and to include relevant research in the area of pregnancy loss and perinatal death.

COVID-19 Pandemic

In March 2020 the Irish Government announced restrictions to manage the Covid-19 pandemic. Included in these restrictions was a visiting ban in all hospitals and various travel limitations. As a group we were aware of the impact this had on bereaved parents, who had difficulty accessing support from family and friends as well as the support groups and voluntary organisations. To address this, a small number of members of the Oversight Group developed an information poster for parents experiencing pregnancy loss at this time. This was approved for use by the NWIHP and the HSE. This poster was shared with all 19 Maternity units, the support groups and voluntary organisations, via HSE websites and was shared on a number of social media platforms.

Objectives for 2021

As of December 2020 a Bereavement Clinical Midwife/Nurse Specialist has been appointed to each Maternity Unit. A report on the four year programme of work on the Standards Implementation and Development is being prepared and will be published in Spring 2021.

Specialist Perinatal Mental Health Service (SPMHS)

Background

Perinatal mental health problems are those which occur during pregnancy (antenatal) and the first postnatal year. The Specialist Perinatal Mental Health Service Model of Care was launched by the HSE in November 2017 and sets out three components of specialist perinatal mental health services, these are:

- Specialist mental health service to maternity units/hospitals.
- Perinatal mental health midwife component.
- Specialist inpatient mother and baby unit.

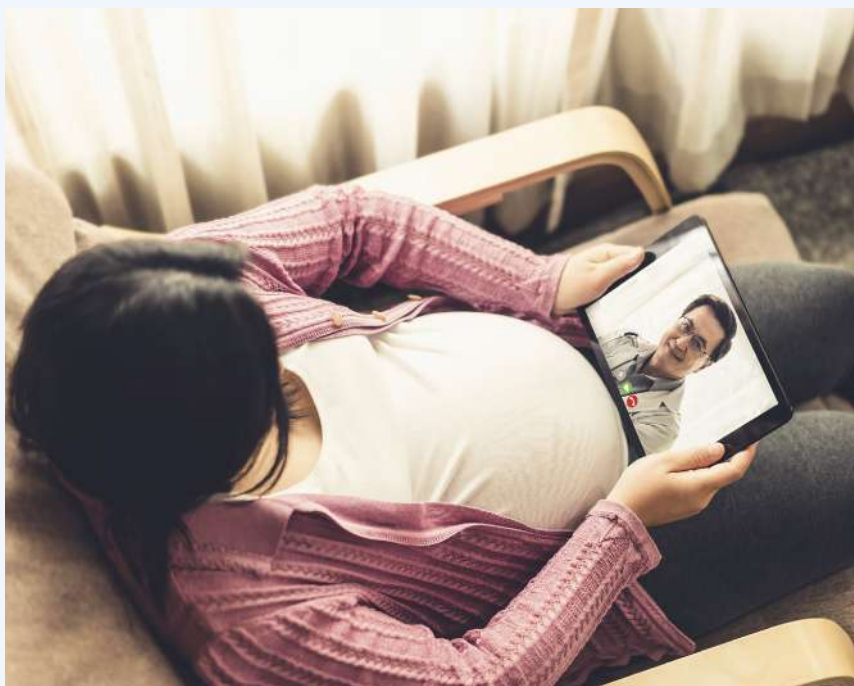
The Model of Care is based on the maternity networks recommended in the NMS. Since the Model of Care was launched 54 out of the 67 funded posts are in place in Hub sites and it is hoped the remaining posts will be filled during 2021.

Specialist perinatal services are vital because of the very negative consequences of perinatal mental health disorders for the mother, the baby, their relationship and that with the partner and other children. The specialist teams and mental health midwives work jointly to ensure that all women attending the maternity service will have information on positive mental health. Standard questions on mental health as well as physical health should be routinely asked of each woman attending both booking and review clinics. The Specialist Perinatal Mental Health Service has the responsibility for women with moderate to serious mental illnesses.

Access to the service

Women are now asked specific questions about their mental health as well as their physical health at maternity hospital booking clinic appointments. Women can talk to their midwife and ask for support from the perinatal mental health midwife in their hospital if needed. The General Practitioner (GP) and PHN can also provide support and signposting to the most relevant service for each woman. A women can usually be referred to the SPMHS by any professional involved in their care, such as:

- Midwife – particularly at booking visits.
- Perinatal Mental Health Midwife.
- Obstetrician.
- GP.
- Psychiatrist.



Services are provided in maternity hospitals where teams aim to see women in convenient and child friendly locations. These include both antenatal clinics and maternity wards. However, in recent times because of covid-19 the use of Video Enabled Care through Attend Anywhere (AA) www.ehealthireland.ie/national-virtual-health-team/patient-service-user-information/ has supported women to connect with their specialist perinatal mental health service. For some women, clinicians can provide support and interventions online through this platform. Clinicians will decide if this is an option following discussion with their patient. For new mothers, it allows therapy to be provided in their own environment, without the constraints of travel or having to bring a new-born to an appointment. Video calls through AA can provide a blended approach to treatment options; allowing accessibility for those who have limited transport links or cannot drive following a C-section.

While the focus of the MOC was on the specialist component of a perinatal mental health strategy, it is expected this will act as the catalyst for all relevant service areas in the HSE to come together to implement a comprehensive mental health strategy. For this reason the MOC also included a section on the clinical pathway for a complete perinatal mental health response.

Not every woman with a mental health problem during pregnancy, or after their baby is born, will need the SPMHS service. Women can also get good care from their GP and PHN for milder mental health problems in pregnancy and after birth.

SPMHS Hub and Spoke Sites and the role of the Perinatal Mental Health Midwife

There are six Specialist Perinatal Mental Health hub teams in operation. While all hub sites now have a perinatal psychiatrist some gaps remain most notably in the SPMHS in Galway University Hospital. It is hoped that all hub site posts will be filled in 2021.

Along with six hub teams, there are 13 spoke sites in smaller maternity units. Perinatal mental health midwives are now in place in both hub and spoke sites, working with liaison psychiatry in spoke sites and are part of the SPMHS teams in the Hub sites. The specific circumstances of pregnancy, birth and early mother/infant bonding requires staff that are knowledgeable, skilled, sensitive and experienced in responding to mental health issues in the perinatal period. The focus of the role is on women throughout the perinatal period with mild to moderate mental health problems.

Whilst the focus of this specialist service is on women with moderate to severe mental illness, the service also ensures women with milder mental health problems are both identified and receive appropriate help from skilled staff. An equally important aspect is in educating all midwives on the need to ask women about their mental as well as their physical health.

In 2020 the National Programme for SPMHS developed A Handbook for Perinatal Mental Health Midwives working in spoke sites. The Programme is also working jointly with the Office of Nursing and Midwifery Services Directory (OMNSD) in developing A National Guidance Framework to Enhance Knowledge and Skills for Perinatal Mental Health (PMH) Midwives, Clinical Midwife Manager 2 (CMM2).

Patient information launched on World Maternal Mental Health Day – 6th May 2020

The Specialist Perinatal National Programme created a 10 Things to Know about Perinatal Mental Health poster and a range of patient information leaflets for Specialist Perinatal Mental Health Services. These were launched on 6th May 2020 (World Maternal Mental Health Day). These were made available to all 19 maternity units/hospitals to promote



Left to right: Dr. Mendinero Imcha, Dr. Margo Wrigley, Ms. Maria Gibbons, Dr. Mas Mohamad, Ms. Ursula Nagle and Dr. Deirdre Muller-Neff.

awareness of the perinatal mental health service and to support stigma reduction in seeking help for services. These materials are available to all frontline staff and the public through www.healthpromotion.ie. They provide much needed advice to the public and support the awareness and the importance of perinatal mental health for women and their families.

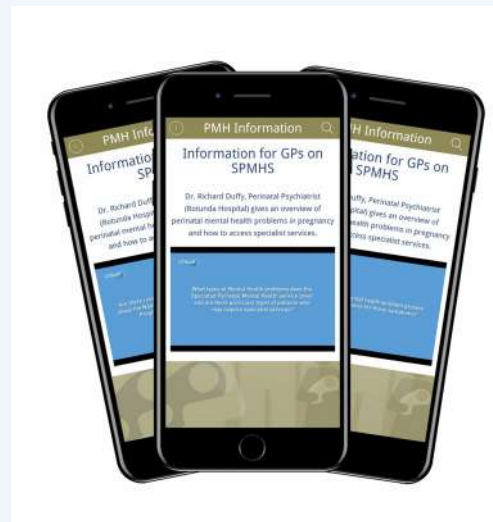
There are 12 leaflets in all, some giving general information on mental health in pregnancy. Other leaflets were developed for specific mental health problems such as Perinatal Obsessive Compulsive Disorder (OCD), Postnatal Depression and Postpartum Psychosis. Leaflets are available for women themselves and others are written specifically for partners and carers. These were developed in conjunction with the Royal College of Psychiatrists in London, reviewed and edited for use by Perinatal Psychiatrists, Senior Psychology and PMH Midwives from the National Programme. Additional funding was made available from the NWIHP to support hard copy availability for the public and health providers through www.healthpromotion.ie



Specialist Perinatal Mental Health staff training Day (2019).

The Perinatal Mental Health App for Healthcare Staff

The Specialist Perinatal Healthcare App provides specific PMH information in an easily accessible format for healthcare professionals. It has now reached approximately 1,200 frontline staff, the majority being midwives and PHNs. It provides easy access to the latest information from the SPMHS. In 2020, specific PMH information was added for GPs following a collaboration with GP Buddy. Dr. Richard Duffy, Perinatal Psychiatrist, Rotunda Hospital provides the responses. The app is regularly updated with new content, weekly MCQ questions and information on news and events related to perinatal mental health services. Available to health professionals at: <https://PMH.healthcarestaff.app>



Mother and Baby Unit

Planning for Ireland's first Mother and Baby Unit is currently underway and a joint business case is being developed between Mental Health Services in HSE CHO6, St. Vincent's Hospital, Dublin and the National Maternity Hospital. Given the documented adverse effects of separating mothers from their babies, the provision of a mother and baby unit as a national tertiary unit is vital and it is hoped that a submission to HSE National Estates Management will take place during 2021.

SPMHS for Goals 2021 include:

- Support the recruitment of the remaining staff for the 6 hub sites and 1 spoke site.
- Design and deliver a specific training and education schedule to specialist perinatal mental health teams and perinatal mental health midwives.
- Further develop online supports for women seeking information on mental health in pregnancy.
- Support other healthcare professionals with the continued updating of the SPMHS App <https://PMH.healthcarestaff.app>
- Revise core clinical outcome datasets for perinatal mental health services and link with the Office of the Chief Information Officer (OoCIO) and other key stakeholders to develop a bespoke data system.
- Continue to work closely with the NWIHP and other relevant service areas.
- Continue to work to establish links with other key clinical areas such as Directors of Midwifery, Primary Care, Mental Health Services and other key partners.
- Support the design and development of the first Mother & Baby Unit in Ireland.

National Fetal MRI Service**Overview**

In 2018, the NWIHP invested significantly in the development and delivery of anomaly scanning services across maternity services in Ireland, thus supporting all 19 maternity services to be positioned to provide this important service to all expectant mothers, with the provision of this 20/22 week scan being deemed to be a core component of good quality maternity services in Ireland.

In terms of developing additional capacity within the system regarding advanced scanning modalities for pregnant women, it is recognised that MRI is the standard of care used internationally to evaluate complex fetal anomalies that cannot be completely assessed by ultrasound. Availability of this service in Ireland, as and when clinically indicated, would support and assist clinical teams on the ground in determining diagnosis, prognosis and management of the care to be provided to women during their pregnancy journey. Prior to 2020, access to fetal MRI services was highly variable across the country, with most of the 19 maternity services not having ready access to this subspecialty service.

Outputs

With a view to developing a readily accessible National Fetal MRI Service in Ireland, the NWIHP were approached by the National Maternity Hospital (NMH) which has on site an MRI Scanner received via a charitable foundation in 2016. The proposal, driven by Dr. G. Colleran, Consultant Paediatric Radiologist, envisaged NMH's Radiology Department providing a fetal MRI services to all 19 maternity services and sites via the six maternity network structures.

In response to this proposal and further review and engagement regarding same, the NWIHP provided funding in 2020, such that maternal-fetal specialist services in all six maternity networks could have structured and uniform access to a national diagnostic Magnetic Resonance Imaging (MRI) service based in NMH, with no charge being applicable for such referrals.

As part of this service, the Radiology Department within NMH will provide a fetal MRI report and images to the referring specialist, with the consultant paediatric radiologists in NMH making themselves available as required for relevant local Multidisciplinary Team (MDT) discussions regarding the findings, in terms of supporting local clinical decisions regarding care to be discussed with and provided to pregnant women. In establishing this national service, Dr. Colleran was recognised by the NWIHP and the Faculty of Radiology as Radiology Lead for the National Fetal MRI Program. In terms of developing this service and ensuring knowledge amongst clinical teams regarding both its availability and its capacity to support decision making, a key component of work in 2020 for the Radiology Lead was to engage across the six maternity networks promoting this new national service.

Objectives for 2021

With the impact of Covid-19, the anticipated rate of development of this national service was inevitably slowed. Notwithstanding this challenge, the national service within its first 10 months undertook 137 examinations, with referrals beginning to be received from across the 6 maternity networks. Within 2021, work will continue to develop and grow this important service.

4 | GYNAECOLOGY SERVICES

Model of Care for Assisted Human Reproduction (AHR) Services

Background

In 2019, further to work undertaken by the NWIHP as part of its engagement with a DoH AHR Project Group, a Model of Care for the Provision of Infertility Services as recommended by the NWIHP was accepted by the DoH. This care pathway was comprised of three key stages:

- **Primary Care** – A patient's GP providing the initial suite of services including initial counselling, defining the infertility issues, undertaking baseline investigations and reviewing lifestyle factors;
- **Secondary Care** – A Regional Fertility Hub services to be developed in each of the six maternity networks, which would be targeted at the medical and surgical management of infertility related issues as appropriate to secondary level, with it being estimated that 50- 70% of patients presenting could be managed at this level of intervention; and
- **Tertiary Care** – Involves the provision of In Vitro Fertilisation (IVF) and other advanced AHR treatments. It was identified that these would be provided through the public health system in 2-3 National AHR Centres. The adoption of this publically funded, publically provided model would enable specialised expertise to be developed, maintained and built up within the public health system, thereby enabling the HSE and the DoH to be well positioned to manage and guide the provision of this rapidly evolving and complex field of medicine.

It was identified that this Model of Care would be implemented in two overarching key phases. The first Phase would focus on the development of infertility services at secondary level, specifically the implementation of the six recommended Infertility Hub Services.

Key Deliverables

Working closely with the DoH and advocating strongly for increased investment in the area of infertility services, the NWIHP secured additional investment of €2 million for the commencement of Phase One of the Model of Care. In reviewing its baseline assessment of the current provision of these services as undertaken in 2019, and with a view to commencing investment in this area in those services best positioned to grow and expand in the short term, the NWIHP identified that the first four regional hubs to be invested in would be:

- The Rotunda Hospital;
- The Coombe Women and Infants University Hospital;
- The National Maternity Hospital; and
- Cork University Maternity Hospital.

To support and enable each of these identified hub sites to grow and develop their service into a regional service; the NWIHP funded and approved a suite of additional resources for each site. This investment comprised of investment in additional consultant obstetrician and gynaecologist posts, clinical nurse specialists, radiographers, senior medical scientists to support the provision of andrology services and administrative personnel in addition to funding being provided to support on-going non-pay related costs.

The objective of the funding allocated to each of the above centres was to expand their existing service into a Regional Infertility Hub Service which would have the capacity to accept direct GP referrals from within each of their relevant maternity networks / Hospital Groups for patients who meet the following criteria:

- Failed to conceive naturally for >12/12 and the female is <36 years of age;
- Failed to conceive naturally for >6/12 and the female is >= 36 years of age;
- There is a known clinical cause of infertility or a history of predisposing factors for infertility e.g. endometriosis, previous fertility treatment to conceive;
- Both partners are seen as new patients;
- Lower age limit is 18.

The range of services to be provided by each regional hub include investigative service support to GPs, as well as the suite of infertility investigation and treatments appropriate to a secondary level infertility service including assessment of tubal patency, hysteroscopy, laparoscopy, fertility related surgeries and ovulation induction and follicle tracking.

Whilst it was challenging to predict with accuracy the level of demand that these new regional service will experience in the context of the significant role that the private sector plays in this area of service provision, the initial target throughput for each expanded service was a doubling over previous baseline activity with a maximum waiting period of 6 months to be a key KPI for this service across the four sites.

It was required as part of the approval process, that each new regional service would work with other gynaecology services in the hospital group to manage and prioritise those women (and their partners) currently on general gynaecology OP waiting lists for infertility related issues. It was sought by the NWIHP that these patients should be referred onwards to the regional service and prioritised for management as part of the initial expansion of the service.

Objectives for 2021

Looking forward to 2021, the NWIHP is prioritising the development of the two remaining hubs in Galway University Hospital and Limerick University Maternity Hospital, and subject to the required development funding becoming available, would be targeting the full implementation of Phase One of the Model of Care for Infertility Services in 2021.

Model of Care for Ambulatory Gynaecology

Overview

In responding to the service challenges being experienced in general gynaecology services and developing a strategic response so as to commence addressing the significant unmet demand being experienced across the system in this area of service delivery, the NWIHP in 2019 commenced the development of a model of care that targeted the development and deployment of ambulatory gynaecology clinics as a core component of general gynaecology services within the Irish public health service.

Outputs

In 2020, the NWIHP finalised its Model of Care for Ambulatory Gynaecology. Ambulatory gynaecology services are one-stop, see and treat clinics. Internationally, these clinics have demonstrated improved patient safety and experience, minimising unnecessary hospital admissions and providing timely gynaecology care to patients referred as urgent and non-urgent. Their standardised implementation will lead to more a fruitful expenditure of public money in line with best practice. Based on the experiences to date of the small number of such clinics present within the public health service, the NWIHP estimated that approximately 70% of general gynaecology referrals are suitable for management in an ambulatory setting. Management in this manner would alleviate pressures on acute inpatient and day care gynaecology services as a specific and significant cohort of women are treated in an alternative setting.

The pathway within the Model of Care for ambulatory gynaecology has been designed to ensure that:

- Patients are fast tracked to a "see and treat" gynaecology service with same day diagnostics.
- Results may be delivered on the same day to the patient.
- Patients identified with abnormal results/findings can be identified and referred on to the appropriate specialist care pathway e.g. gynaecology oncology services.
- Patients are managed by the right person in the right location.
- This approach will not only benefit the women that can be managed in this manner, it also enables a downstream positive impact regarding gynaecology service provision to other women awaiting care; by means of releasing valuable gynaecology inpatient and day care beds and scarce gynaecology theatre resources.

In providing a one-stop, see and treat service, it is recommended by the NWIHP that ambulatory gynaecology clinics should be developed to provide a suite of investigations including haematology, pelvic ultrasound, diagnostic hysteroscopy and endometrial biopsy. On foot of the clinical findings of these investigations, ambulatory clinics should also provide a suite of treatments and minor procedures including cervical polypectomy, endometrial polypectomy and intrauterine device management.

In finalising its Model of Care, the NWIHP envisaged and recommended that there would be a network of 19 ambulatory gynaecology clinics around the country. These 19 clinics would be developed in a three phased manner supported by a dedicated national investment programme, as set out on next page:

Phase One	Phase Two	Phase Three
Rotunda	Tallaght	Cavan
Galway	Drogheda	Sligo
CUMH	Letterkenny	Portlaoise
Limerick	Wexford	Kerry
Holles Street	Waterford	Mullingar
Coombe	Mayo	Kilkenny
		Clonmel

Ambulatory gynaecology clinics would effectively comprise of two levels – Level 1 which would be based in the larger tertiary centres and at full capacity would be anticipated to managed an additional 2,000 - 3,000 women per annum, with Level 2 clinics being developed in the smaller services and sites, with their additional capacity being anywhere in the region of 500 to 1,500 additional women per year depending on exact configuration and numbers of sessions deployed per week.

Ambulatory clinics developed under this model of care, irrespective of size, are envisaged to be staffed by a blend of new and existing resources, with the buy-in and engagement of existing resources, particularly specialist resources at consultant level being a critical success factor for existing services to expand and transition to a blended model of provision i.e. traditional outpatient care pathway and ambulatory care.

To enable the successful delivery of safe, quality ambulatory gynaecology services in Ireland the input and expertise of the following professionals has been identified as required - consultant gynaecologists, advanced nurse practitioners (ANP), nurses, physiotherapists, administrators and health care assistants.

From the team above, the NWIHP in particular are keen to highlight the role of the ANP in ambulatory gynaecology as being central to this model of care. The development of the ANP role in gynaecology is at a relatively early stage in Ireland. Working closely with the lead consultant(s) for this service on sites, ANPs, further to appropriate training being provided, would be expected to manage the complete package of care for women attending the clinic. ANPs will facilitate better co-ordination of care, support standardisation of delivery and improved clinical outcome and will reduce the traditional over reliance on NCHDs for the provision of service.

Within 2020, the commencement of Phase One implementation of the Model of Care for Ambulatory Gynaecology was identified as a priority requirement by the NWIHP given the increasing waiting lists in the area of service delivery. To this end, the programme of investment in this area by the NWIHP commenced with three larger units in 2020 – namely the Rotunda Hospital, Cork University Maternity Hospital and Galway University Hospital.

Funding in the region of €1.755 million was allocated across the three sites, supporting and enabling the recruitment of additional personnel including additional consultants, ANPs for all three sites, staff nurses, administrators and HCA. In addition once off funding was provided to each of the three sites to support necessary local level refurbishment and equipping requirements. In funding these new services, and in acknowledgement of the lead in time required in each site to develop and deploy new services, in addition to the impact of Covid-19, that the impact of these new services on gynaecology service will be more fully realised in 2021.

Objectives for 2021

In looking forward to 2021, the NWIHP working with the DoH, is targeting the completion of Phase One sites of its Ambulatory Gynaecology Model of Care, with progress also being made in relation to Phase Two sites. In this context, the NWIHP as part of the 20201 Estimates Process has sought to support and deploy a minimum of five additional ambulatory gynaecology services in Ireland.

MESH

Background

In July of 2018, the DoH Chief Medical Officer paused the use of all procedures involving uro-gynaecological/transvaginal mesh implants for the management of Stress Urinary Incontinence or Pelvic Organ Prolapse in HSE funded hospitals. The NWIHP has taken the lead on behalf of the HSE in addressing this area.

Work continued on the Chief Medical Officer's recommendations as set out in his report "*The Use of Uro-Gynaecological MESH in Surgical Procedures Report to the Minister for Health Mr. Simon Harris T.D*" November 2018 in 2020.

Key Deliverables

Clinical and Professional Recommendations

Governance for the national public vaginal mesh services will lie with a HSE National Mesh Oversight Committee. The formation of this committee was requested by the then Secretary General of the DoH. Membership will include – the office of the Chief Clinical Officer (Chairing), the office of the National Director of Acute Operations, Clinical Director of the NWIHP, Consultant from mesh centre at NMH, Consultant from mesh centre at CUMH, academic representative, rep from RCSI/Urology, rep from the Institute of Obstetrics and Gynaecology, rep from the Continence Foundation of Ireland and a patient representative. A meeting in April 2020 had to be cancelled due to the demands of the COVID pandemic on the office involve. It is expected that this meeting will take place in 2021.

Mesh Complication Centres

Over €1 million of funding was allocated to two centres (NMH and the CUMH) to respond to and treat women with complications related to vaginal mesh implants and women suffering from complications following vaginal mesh implant removal. Referral to the mesh centres is on a Consultant to Consultant basis with exceptions made, allowing for GP referral, where patient/ primary Consultant relationships are not functioning.

In the meantime both centres continue to treat women suffering with post mesh complications and have been accepting referrals from the national pathway since it was set up in November 2018. It is anticipated that 2021 will see the completion of the recruitment process.

Translabial Scanners

A training clinic was scheduled in the NMH for April 2020. The NWIHP provided funding for a Consultant to travel from a designated mesh centre in Croydon to train the treating clinicians. Unfortunately as the day approached Covid-19 had taken hold, both here and in the UK and the training clinic had to be cancelled. A new date will be scheduled as soon as possible in 2021. The NWIHP reached out to colleagues in Belfast to potentially see our patients or provide the necessary training. Unfortunately they are in the same position with training halted, as it was due to be provided by the same Consultants, due to Covid-19. On a positive note it has been decided that as soon as the current pandemic situation allows the three constituencies (Cork/Dublin, Belfast and Croydon) will progress training using a combined approach which will aid in learning and optimise patient care. With the Croydon centre providing the Quality Assurance element.

Clinical Guidelines

In line with the CMO's recommendation a working group came together to draft the first national guidelines for the use of vaginal mesh for the treatment stress urinary incontinence and pelvic organ prolapse. The working group met virtually on three occasions to progress the guidelines. In 2021 the guidelines will be ratified by the new National Clinical Lead for Guidelines and be rolled out to the participating hospitals for implementation.

Information Recommendations

As part of the HSE response a piece of work was completed by the NWIHP and the Health Products Regulatory Authority (HPRA) in order to increase the reporting of vaginal mesh related adverse events. Previously there was no specific information around the reporting of such events and were included in the general reporting request to HPRA. This information requests Consultants, National Mesh Administrators and members of the public notify the HPRA should they be aware or have been affected by a vaginal mesh related adverse event. This will allow for more effective monitoring of potential issues with these devices and is not limited to prospective surgeries (historical mesh related adverse events are welcomed). The notification created was subsequently circulated to all hospital groups as well as being posted to the HPRA (<http://www.hpra.ie/homepage/medical-devices/special-topics/vaginal-mesh-implants>) and NWIHP Mesh webpages. The information is also included in the patients' information and consent documents as well as both clinical guidelines.

Clinical data and database

A new EU directive which mandates the HSE to maintain a database of all implants will come into effect in 2021. Phase 1 will come into effect in 2021 which will include the recording of vaginal mesh implants. In the meantime data will be collected by the two National Mesh Administrators and migrated across to the national system in due course. The NWIHP has linked with the relevant areas to ensure alignment of the data set and ensure the clinical oversight sought will be satisfied by new system.

Objectives for 2021

Work continues on this in 2021 but it is envisaged that hospitals will be mandated to commence gathering clinical data. This data collection and vaginal mesh database will have the specific purpose of gathering granular data on mesh surgeries to include both primary and tertiary clinical data – by Urogynaecologists and Urologists. This will allow the HSE to respond to requests for clinical data more comprehensively in the future. The clinical data and vaginal mesh database outputs will be managed centrally by the National Mesh Administrators while governance will sit with the National Mesh Oversight Committee.

Termination of Pregnancy (ToP)

Background

The Health (Regulation of Termination of Pregnancy) Act 2018, was signed into law by the President of Ireland on 20th December 2018 and broadens the circumstances in which termination of pregnancy (ToP) may be legally permitted in Ireland. Due to its ministerial priority, ToP services, as provided for under the new Act, went live on 1st January 2019 in community and acute care settings in Ireland.

The majority of terminations not exceeding nine weeks are provided by doctors within a community care setting. 'Doctors within the community setting' refers to general practitioners as well as doctors working within family planning and women's' health clinics. Terminations at 9-12 weeks gestation are provided within a hospital setting. ToP services can be accessed on a universal basis, free of charge.

There are a number of options for ToP depending on the individual case. The care pathways are as follows:

- Medical termination of pregnancy (less than 9 weeks) (**community**).
- Medical termination of pregnancy in secondary care (less than 12 weeks) (**hospital**).
- Surgical termination of pregnancy (less than 12 weeks) (**hospital**).
- Termination of pregnancy (over 12 weeks) – maternal (**hospital**) as per Section 9 'Risk to Life or Health of the Mother'.
- Termination of pregnancy (over 12 weeks) – fetal (**hospital**) as per Section 11 'Condition Likely to Lead to Death of Fetus'.

The NWIHP, under the governance of the Chief Clinical Officer, provides strategic direction and leadership for ToP services. The NWIHP works closely with Acute Operations and Community Operations to have oversight and find solutions to any strategic issues arising.

Key Deliverables

Dr Aoife Mullally, took up appointment as Clinical Lead for Termination of Pregnancy Services on the 6th of January 2020. Dr Mullally is a Consultant Obstetrician & Gynaecologist working at the Coombe Women and Infants University Hospital, Dublin. She is the Clinical Lead for the ToP service at the Coombe and also Lead Consultant for the Labour Ward.

On commencement of her role, Dr Mullally established the Clinical Advisory Forum for ToPs, see appendix 5 for membership. This group comprises of service providers across the acute and community networks, as well as other key stakeholders and special interest groups, including, the National Women's Council of Ireland, My Options and the Institute of Obstetricians and Gynaecologists. The group met on three occasions in 2020 and will continue to meet in 2021 to support the continued provision of a high-quality, safe ToP service to women.

The provision of abortion care in the community has continued, uninterrupted over the course of the Covid-19 pandemic. Maternity units also continued to facilitate both surgical and medical abortions, where they were previously doing so. The MyOptions phone line operated as normal i.e. Monday to Friday.9am to 8pm, and Saturday 10am to 2pm. While Face-to-face counselling services could not be facilitated due to the Covid-19 pandemic, it was possible to access counselling and support over the phone or online. Post-abortion counselling remained available. Robust contingency plans were also put in place for the MyOptions service. A temporary MOC for Termination, for use during the Covid-19 pandemic, was developed by the DoH, in conjunction with the Clinical Lead for Termination of Pregnancy and the NWIHP Clinical Director.

ToP, Annual Report - The first annual report of the ToP service under the Health (Regulation of Termination of Pregnancy) Act 2018, introduced on January 1, 2019, detailing number of terminations notified to former health Minister, Simon Harris, was published on the 30th of June 2020.

Training

Primary Care -The Irish College of General Practitioners (ICGP) and START group have continued to collaborate in providing training for providers in primary care. Since January 2020 79 new providers have received training. Two training sessions were held to provide updates for existing providers. A training session to update providers on the revised MOC for the Covid emergency was held via Zoom in April 2020. Training workshops on abortion care have been delivered to final year GP trainees.

Nurses and midwives are currently accessing training on abortion care through the Masterclasses on Supporting an Unplanned Pregnancy provided by Maynooth University. The Clinical Lead will work with the National Lead Midwife, Lead Midwife NWIHP and, the Office of Nursing and Midwifery Service Directory (OMNSD), to develop multidisciplinary training for doctors, nurses and midwives on abortion care.

Clinical guidance and information materials - The Interim Clinical Guidance – Pathway for Management of Fatal Fetal Anomalies and/or Life-Limiting Conditions Diagnosed during Pregnancy: ToP has been updated by Professor Keelin O'Donohue in collaboration with the Fetal Medicine Working Group. The ICGP Clinical Support Document on Termination of Pregnancy has also been updated by the ICGP EMA Trainers group from ICGP Quality Safety and Standards Committee review.

As referenced above, the DoH, in consultation with the ToP Clinical Lead and the Clinical Director of the NWIHP, has developed a temporary Model of Care for use during the Covid-19 pandemic. This temporary, revised the Model of Care focused on facilitating remote consultation in early pregnancy. The revised MOC, which will apply for the duration of the Covid-19 public health emergency, provides for remote consultation with a medical practitioner for the purposes of accessing termination in early pregnancy.

Where a medical practitioner judges it clinically necessary, a face-to-face consultation may be held with the patient; however, such consultations are to be kept to a minimum during the Covid-19 pandemic.

The temporary MOC was circulated by the NWIHP on the 7th of April 2020. This has enabled abortion care to continue without interruption during the Covid-19 emergency.

Availability of Services

The first annual report of the ToP service under the Health (Regulation of Termination of Pregnancy) Act 2018, introduced on January 1, 2019, detailing number of terminations notified to Minister for Health was published on the 30th of June 2020.

A total of 6,666 abortions were notified in this first year of the expanded service for termination of pregnancy 2019 by medical practitioners. The report shows 21 terminations were carried out due to a risk to life or health of the mother, 3 were carried out due to a risk to life or health in an emergency.

A further 100 abortions were performed due to a condition likely to lead to the death of the fetus and a total of 6,542 were carried out in early pregnancy.

The statistics outlining the number of women from Ireland who travelled for an abortion to the UK in 2019 were released on June 11th 2020 by the DoH in the UK. 375 women provided Irish addresses at abortion clinics in the UK in 2019 marking a decrease of 87% as compared to 2018 when the figure was 2,879.

The reduction of women needing to travel to the UK for ToP services, shows that the vast majority of women who require abortion services, can access them safely in Ireland.

Objectives 2021

Expansion of Service

The NWIHP and the Clinical Lead for ToP had a schedule of hospital visits planned for 2020. These visits were designed to support sites where the service was operational; and to engage with the other sites to work with them to overcome any obstacles preventing the commencement of the full service. Unfortunately, the Covid-19 impact has meant that none of these visits have taken place. The NWIHP is committed to the continued roll-out of termination services and plans to recommence site visits in quarter 3 2021, or as soon as practicable.

Quality Assurance

The engagement with the hospitals will also form part of the development of a quality assurance programme for ToP, ensuring that safety and quality of the service. The Clinical Lead for ToP will establish a QA working group in 2021 with representation from the Acute and Community networks. This group will closely liaise with active partners, including the Maternity & Gynaecology Policy Unit and Bioethics Unit in the DoH.

5 | NEONATOLOGY

Neonatal Resuscitation Program

Background

The NWIHP is tasked with implementation of Ireland's first *National Maternity Strategy, Creating a Better Future Together, 2016-2026*. One of the core principals underpinning the Strategy is appropriate resources, governance and leadership in maternity services. The Strategy maps out how neonatal care will be safe, standardised and of high-quality to ensure babies get the best possible start in life.

The Model of Care for Neonatal Services in Ireland defined that a need exists for a standardised approach to neonatal care nationally including neonatal resuscitation so new born infants get the right care, at the right time, in the right place, all by the right staff. A priority for the NWIHP is the provision of consistently high quality and up to date NRP Training to all staff working in maternity services throughout Ireland caring for new-born infants (nurses, midwives, neonatologists /paediatricians, paediatric senior house officers and registrars).

Appropriate coordinated multidisciplinary training of healthcare professionals is a key enabler for the provision of high quality new-born care. In 2020, the total number of births was 56,833. There are 19 maternity and neonatal units: 4 tertiary, 2 regional and 13 level one neonatal units.

Recognising the Strategy states it is vital that all maternity staff have the appropriate skills to deal with a deteriorating baby, the Clinical Lead Programme for Neonatology and the NWIHP announced the new full time appointment of a Neonatal Resuscitation Programme (NRP) Coordinator in October, 2020.

A National Neonatal Resuscitation Training Steering Committee was formed to provide strategic support to the NRP coordinator. NRP Instructor and NRP Provider Programmes will be reviewed and modified in line with International Liaison Committee on Resuscitation (ILCOR), American Academy of Pediatrics (AAP), American Heart Association (AHA) NRP recommendations. This is to ensure the MDT have the necessary skills and competencies appropriate to their role, to deliver safe high-quality care to new-born infants as recommended by Health Information and Quality Authority National Standards for Safer Better Maternity Services, 2016, Standard 6.3

Key deliverables

A baseline assessment exercise was undertaken regarding the provision and organisation of NR training across the 19 maternity sites and services. A number of areas were looked at including number of trainers, training facilities, training equipment, training capacity and on-site governance arrangements regarding NR training. Analysis of the data received commenced in 2020.

Objectives for 2021

- Analysis and publication of baseline assessment report.
- Site visit to every maternity service to meet NRP links.
- Commence the implementation of NRP 8th Edition recommendations with implementation in every maternity service by 31.12.2021 in every maternity service in Ireland.
- Develop multidisciplinary NRP Train the Trainer Course for each Maternity Hospital Group and ensure ongoing delivery.
- Create a National Database of NRP Instructors.
- Develop future strategy for provision of NRP Instructor and Provider training in Ireland.
- Modification of multidisciplinary neonatal resuscitation training in line with up to date International Liaison Committee on Resuscitation (ILCOR) and National recommendations.

Neonatology Project

Background

In 2020 the NWIHP began a number of neonatology based projects in conjunction with the National Clinical programme for Neonatology. Among the projects was the development of a Biliary Atresia learning update, a suite of documents pertaining to heart valve donation in neonates and the development of a guidance document for determining signs of life in extreme preterm infants born before 23 weeks gestation.

Key Deliverables

Work is currently underway to develop a learning update to raise awareness of new-born biliary atresia in the community amongst PHNs, practice nurses and general practitioners. The learning update gives guidance as to what actions and bloods to draw in the event of noted prolonged jaundice >2 weeks since birth and what care pathway to follow based on the results. It is anticipated that through increased awareness of the disease and early detection the treatment process which is time sensitive can be initiated in a timely manner. The learning update will be disseminated and housed on the NWIHP website for access in Q2 2021.

The NWIHP has been working on a suite of documents to support heart valve donations in neonates and are preparing a care pathway as a way of information for health care professionals in circumstances where an infant is eligible for donation, a parental leaflet to support discussions with parents and an overall framework document. It is anticipated that these documents will assist health care professionals take a proactive approach to heart valve donations where appropriate. A Multidisciplinary Team approach has been adopted in the development of these documents and wide consultation has been employed to ensure that accurate and concise information is delivered within the documents. These documents will be sent to each maternity hospital and will be housed on the NWIHP website for ease of access in Q2 2021.

In response to a need identified by health care professionals on the ground the NWIHP are collaborating with the NPEC to develop a guidance document in relation to determining signs of life in extreme infants born before 23 weeks gestation. Consultation to inform this document will commence in Q1 2021 with an expected final document ready in Q3 2021. This document will be disseminated to all 19 maternity sites and housed on the NWIHP website.

Fetal Viability

Background

This consensus document was approved by the HSE and published in November 2020. The document recommends that the threshold of fetal viability be reduced from 24+0 weeks gestation to 23+0 weeks gestation. It replaces the previous consensus Document (2006) which stated that the threshold of fetal viability was 24+0 weeks gestation. This change in the threshold for fetal viability is in response to the advances in new-born care. Increasingly, infants born at 23 weeks gestation are being offered resuscitation and neonatal intensive care. This is the experience both in Ireland and in other developed countries.

The survival for infants at 23 weeks gestation is 32%. An Irish follow-up series has reported that in 23 weeks gestation infants: 50% have no delay, 20% have mild delay, and 30% have significant delay. This concurs with the international experience that 1-in-4 infants born at 23 weeks gestation will have a severe disability.

Key Deliverables

The decision to offer resuscitation and neonatal intensive care to infants born at 23 weeks gestation should take into account the wishes of the parents. Parents should be involved in the decision-making processes throughout the infant's care. The outcome statistics for infants born at 23 weeks gestation should be communicated to parents before resuscitation and intensive care is initiated. It should be explained to parents that the resuscitation and intensive care may be unsuccessful. In these circumstances active care may be redirected to palliative care.

This document will have an impact on the delivery of perinatal care.

- It will increase the transfer of mothers in preterm labour at 23 weeks gestation to a tertiary maternity unit.
- It will increase the workload of the tertiary neonatal intensive care units

In conclusion, the purpose of the document is to bring greater clarity and consistency to the obstetric and neonatal management of these extremely preterm infants.

Therapeutic Hypothermia Report 2019

Background

Neonatal Encephalopathy (NE) is a clinical condition in the term infant defined by abnormal neurological behaviour, with the onset occurring shortly after birth. NE is manifested by an abnormal level of consciousness, with or without the presence of seizures and is often accompanied by difficulty initiating and maintaining respirations, depressed tone and depressed reflexes, poor suck and swallow. The international incidences of NE is estimated as 3.0 per 1000 live births. There are subgroups of infants with NE who will have been exposed to a Hypoxic-ischaemic insult in-utero and therefore are assigned a diagnosis of Hypoxic Ischaemic Encephalopathy (HIE). International HIE incidence is 1.5 per 1000 live births and in Ireland the incidence rate is at 1.2 per 1,000 live births for 2019. Therapeutic Hypothermia (TH) has been found to be protective in those infants presenting with moderate or severe HIE by inhibiting various events in this cascade of HIE injury. TH by means of passive (or active) cooling is commenced at the referring hospital as soon as the criteria for cooling (NNTP 2017) have been met. The time the target temperature is reached is recorded. Therapeutic Hypothermia through passive cooling can then be continued during transport by own hospital teams or in those cases transported by the NNTP, utilising active servo controlled cooling. On arrival at the tertiary centre TH via active cooling is continued, due to the complicated nature of this treatment, it needs to be carried out in a tertiary centre.

Key Deliverables

Despite the challenges of Covid-19, all data for the 72 cases who received TH in 2019 was successfully collected. In 2020, the electronic register was launched and is currently being used to collect the TH data.

This e-register will serve as a repository source for all information pertaining to TH cases in Ireland and will have the ability to both influence clinical practice in obstetrics and neonatology and contribute to research in the area of NE. The 2019 report gives us 4 years of conclusive, robust and representative data and as the body of information grows trends and patterns are likely to emerge which will impact on practice.

Key messages from the 2019 report are as follows;

- NE is a significant cause of enduring morbidity and is the main cause of mortality in normally formed infants. The total mortality rate for infants in the TH cohort for the time period 2016-2019 was 14%.
- During the years 2016-2019, 281 NE infants were treated with TH, indicating an incidence rate of 1.2 per 1,000 births. Consistent data collection, analysis, action and shared learning is needed to reduce the national incidence of NE requiring TH intervention.
- Nulliparous mothers, induction of nulliparous mothers, shoulder dystocia, ethnicity and obesity with BMI >30 are risk factors for TH which require particular attention in their clinical management.
- There is a clear association with incidence of shoulder dystocia and the requirement for TH. Shoulder dystocia is more common in parous mothers in the general population of mothers giving birth. However, from 2016-2019, 69% of the shoulder dystocia cases that required cooling occurred in nulliparous mothers.

- The diagnosis of labour can be a challenge. The accurate and consistent application to diagnosing labour is warranted to ensure appropriate level of care and monitoring is provided to mothers and their infants.
- The antenatal detection of intrauterine growth restriction is important. During the four-year period 2016-2019, 17.4% of infants who underwent TH were small for dates (birthweight <10th centile) but not often detected prior to birth.
- Over the four year period, 40% of TH infants were born in a regional hospital and required transfer to one of the four tertiary centres that deliver TH intervention. The National Neonatal Transport Programme (NNTP) plays an important role in the retrieval of NE infants requiring TH intervention from peripheral hospitals. The data in this report reinforces that the Irish Health Service Ireland is providing TH in Ireland by way of continuum of care between referral hospital, NNTP and tertiary centres.
- Good documentation is the platform for improvement in the assessment, categorisation, and management of infants with NE. Accurate clinical measurement is the best pathway to improved outcomes for this group of infants.

Through the 4 year national data collection on infants with NE, a number of recurring key performance indicators have emerged.

In all cases of NE the following data items should be recorded:

- The cord blood gases, both arterial and venous.
- First infant blood gas.
- The serum lactate in the first infant gas.
- The Cooling Candidacy Checklist.
- The SARNAT score.
- The aEEG findings- amplitude, sleep-wake cycling, seizures.
- The brain MRI scan report.
- The categorisation of the grade of encephalopathy at the time of discharge.
- The placenta macroscopic and microscopic examination.

The BSID-III report for those infants who are now 2 years old.

6 | SEXUAL ASSAULT TREATMENT UNITS (SATU)

Introduction

Sexual Assault Treatment Units (SATUs) in Ireland provide clinical, forensic and supportive care for those who have experienced sexual violence. There are six SATU units located in Dublin, Cork, Waterford, Mullingar, Galway and Letterkenny. In 2018, the Minister for Health, Simon Harris, commissioned a review of SATUs. The Policy Review examined the policy efficacy of SATUs and identified a number of areas for action. The launch of this review was followed by a funded implementation process, jointly chaired by DoH and HSE (NWIHP).

Key Outputs 2020

Despite the significant impact of the Covid-19 pandemic, a number of outputs were achieved:

- **Governance & Accountability** - Accountability for implementation of the Policy Review assigned to the NWIHP.
- **SATU Performance** - The SATU service outperformed the KPI Target set out in the HSE's National Service Plan, 93% of patients were seen in SATU within 3 hours (if appropriate) of a request, this represents a 3% improvement on the NSP of 90%.
- **SATU Blended Staffing Model and National Management Team** - Funding approved to put in place a blended staffing mix across the SATU network comprising of ANP, Clinical Nurse Specialist (CNS) and Administrative posts. 2020 also saw the temporary appointment of a National Staffing and Operations Manager to the National SATU Management team to work alongside the National Clinical Director, the NWIHP General Manager and Colleagues in the DoH Chief Nursing Office.
- **SATU Clinical Leadership** - Continued funding for protected time for Clinical Directors in the six SATU units - Dublin, Mullingar, Galway, Cork, Donegal and Waterford.
- **Inter-Agency Learning** - SATU Interagency study day held for those involved in SATU care provision.
- **Communications** - Significant communications initiatives were developed and launched over the course of 2020, these included improvements to SATU portion of HSE.ie website, improvements to SATU patient information, embracing virtual meeting environments to enhance communication and peer review between units and practitioners, provision of 2 iPads for each SATU to enhance patient communication (while limiting duration of face-to-face consults) and to facilitate easy access to patient feedback platform.

SATU Inter-Agency Study Day

The 13th SATU Inter-Agency Study Day took place on the 9th of May 2020. Due to Covid-19 restrictions a change to the format of the annual study day from in person to a Webinar based format was coordinated. This allowed for inclusion of speakers on an international level. Record attendance figures were achieved with over 550 accessing this virtual event, this new delivery method also resulted in the largest attendance numbers recorded of international attendees.

The Inter-Agency Study Day is a multi-disciplinary study day which engages with allied agencies involved in the provision of care for those who report sexual violence. Coordinated by SATU, professionals from agencies including the Office of the Director of Public Prosecutions, An Garda Siochana, Rape Crisis Centres, Forensic Science Ireland gathered together to discuss and share knowledge on pertinent topical issues, with an aim to deliver an engaging day to those involved.

Speakers and presentations were varied including Professor Tom O'Malley who gave a very valuable presentation on "A Review of Protections for Vulnerable Witnesses in the Investigation and Prosecution of Sexual Offences". Diane Faugno a Past President of the Academy of Forensic Nursing spoke on "Domestic Violence and Non-Fatal Strangulation Dr Lorna Flanagan from Forensic Science Ireland presented on a significant piece of research, entitled "A Study of the Background Levels of Male DNA on Underpants Worn by Females". Helen McGrath from the Central Statistics Office provided an update on the Sexual Violence Survey (new SAVI). Dr Maeve Eogan provided a presentation entitled, SATU in 2020- "What a Year and Where are we now?!"

Feedback was very positive from the varying agencies and requests for replays of the day access to the varying individual lectures has been arranged for example the ODPP and An Garda Siochana.

Service Continuity 'Covid effect'

The primary thing to note was that all 6 SATUs remained clinically operational throughout the pandemic, with a minimal impact on staffing either due to Covid-19 infection, exposure or redeployment.

In the early part of the pandemic regular virtual meetings were held to adjust to challenges of the pandemic and to ensure any staffing or operational issues were highlighted early in order that solutions could be identified.

Prior to first confirmed case of Covid-19 at end of February 2020, SATU attendances were higher overall compared with 2019 – and indeed attendances had been increasing year on year since 2009. Attendances then reduced by almost 1/3 for the remainder of the year. Incidents were more likely to happen in the person's home or the assailant's home, and the assailant was more likely to be a family member or current or former intimate partner. The primary difference in terms of service noted in 2020 was that in-person support from affiliated Rape Crisis Centres significantly reduced. Most support provided over the period of the pandemic was phone support and hopefully this trend will reverse with easing of restrictions.



SATU Services & Infrastructure

In May 2020, the Letterkenny SATU relocated to a new purpose built unit. The service had been operating from temporary premises for a number of years and so this transition to a new, fully equipped, purpose built unit is a very welcomed development

Objectives for 2021

Governance & Management

The SATU Policy Review highlighted opportunities to improve the governance and management of SATUs nationally. A National Clinical Lead was appointed in 2019. Clinical Directors were also afforded protected time in each SATU. In 2020 the NWIHP prioritised the appointment of a National Staffing and Operations Manager (NSOM) who worked as part of the SATU Network Management team alongside the National Clinical lead, Clinical Directors and the NWIHP General Manager. This role was somewhat limited by redeployment and the restrictions placed on face to face meetings which precluded site visits. The National SATU management team will schedule a series of site visits in 2021 and will continue to engage with the SATU Network regarding progress towards recruitment and on-boarding of approved SATU posts.

Significant progress has been made on the implementation of the recommendations arising from the SATU Policy Review. 2021 presents an opportunity for the SATU National Management Team, Colleagues in the Chief Nurses Office in the Department of Health and the SATU Implementation Review Group to focus on longer term service planning and configuration.

Training

An interdisciplinary working group was formed to undertake a national review of the current SAFE training for nurses and midwives, in terms of frequency, flexibility (modular) eligibility, make recommendations accordingly and commission a third level provider to design and deliver the new programme. Appropriate academic assistance has been sought to inform the evidence base for this review, which should report by mid-year 2021.

Training of medical examiners was limited by Covid as the twice yearly simulation based training package could not be offered. Work is progressing to develop an online training package to limit the duration of in-person training. The annual SATU Interagency Study day will also take place on the 15th October 2021 and will be hosted by the Cork SATU.

Emotional Supports

While the HSE Employee Assistance Programme (EAP) remained accessible in 2020, introduction of bespoke emotional supports for forensic examiner staff was delayed and will be further developed in 2021.

Services

Galway SATU moved to temporary accommodation but remain optimistic about acquiring a permanent home in collaboration with the Barnahus/One House pilot.

7 | QUALITY AND SAFETY

Introduction

In line with priority 2 of the NMS the NWIHP continues to promote and initiate high quality maternity healthcare which is safe, evidence-based, appropriate, timely, efficient, effective and equitable. At its core is NIWHP's understanding that our maternity services must be enabled to deliver safe care while balancing competing pressures in a high risk and complex environment. The NWIHP quality and safety agenda is not confined to the work streams flowing from the NMS and the NWIHP is regularly tasked with managing national obstetrics and gynaecology projects on an ad hoc basis.

The NWIHP has one staff member assigned to Quality and Safety who is supported by the NWIHP colleagues; there is also a Quality & Safety Maternity Network in place with all six Quality and Safety Managers from the Maternity Networks and Midwifery representation from the Clinical Risk Unit in the State Claims Agency (SCA). This platform offers the network members peer support and opportunities to share learning and is in keeping with the NWIHP's inclusive and collective way of working to progress our common goals.

The NWIHP continued to progress its quality and safety priorities during the Covid-19 pandemic and is looking forward to returning to full momentum in 2021

Irish Maternity Indicator System

Background

This Irish Maternity Indicator System (IMIS) National Report 2019 shows data from 19 maternity hospitals/units from January through December 2019. It encompasses 40 multidisciplinary metrics across a range of domains, including demographics, deliveries, obstetric risks and complications, neonatal care, breastfeeding, laboratory metrics, and hospital activities.

The key stakeholders in the Irish Maternity Indicator System (IMIS) include senior management at the 19 maternity hospitals/units, IMIS Quality Assurance Officers, Hospital Group senior management, and the National Women and Infants Health Programme (NWIHP).

Data are collected for the IMIS within hospitals on a monthly basis. They are reviewed and signed off by the hospital senior managers. The data for the full year are sent retrospectively to the NWIHP for verification and analysis. The NWIHP compiles and disseminates the annual IMIS National Report.

The past year has been problematic for everyone, due to the COVID-19 pandemic. Maternity service delivery has been challenging and so too has data collection around maternity hospital activities. In spite of the difficulties, however, the IMIS data for 2020 were collected and returned to the NWIHP in a timely fashion by the second quarter.

Process

Data are collected for the IMIS within hospitals on a monthly basis. They are reviewed and signed off by the hospital senior managers. The data for the full year are sent retrospectively to the NWIHP, usually by March of the following year. In 2020, collection of IMIS data for 2019 was seriously hampered by Covid-19, resulting in delays with data analysis and producing the IMIS reports. Final data for 2019 were received in September 2020. The IMIS National Report 2019 was published in October 2020.

Key Deliverables

The NWIHP produced the IMIS National Report 2020 and individual IMIS reports for the 19 maternity hospitals/units. Below is a summary of selected IMIS metrics:

Demographics

- The number of births has steadily fallen since 2008 (down by 23.1%). In 2020, it was 4.2% lower than the previous year.
- The rate of nulliparas has fallen significantly by -7.5% since 2008 ($p \leq 0.05$), although it was slightly higher in 2020 than the previous year (+1.3%). More nulliparas attend large maternity hospitals than smaller units. This is an important metric for hospital future planning of maternity healthcare provision.
- The national rate of perinatal deaths increased in 2020 compared with the previous year (+6.9%) The increase in adjusted perinatal deaths in 2020 (+21.4%) is also concerning.

Neonatal metrics

- High rates of neonatal encephalopathy and whole body neonatal cooling at two of the large maternity hospitals may be a cause for concern.

Breastfeeding

- The breastfeeding initiation rate was 62.3% in 2020 and just over half of babies, 58.5%, were breastfed either exclusively or in a combined way along with bottle-feeding. These rates are among the lowest in the world. The IMIS data will inform the HSE National Breastfeeding Action Plan.

Obstetric risks and complications

- In 2020, there was a continued fall in the rate of eclampsia.
- The rates of PPH both among women delivering vaginally and by Caesarean section (CS) were higher in 2020 than the previous year. The rate of obstetric blood transfusion, however, was unchanged. This may indicate data collection problems around measurement of blood loss that should be investigated at local level in the hospitals.
- The occurrence of miscarriage misdiagnosis has not gone away. Two cases of miscarriage misdiagnosis per annum have been reported since the metric was introduced on the IMIS in 2017 and one case in 2020. Improvements in Early Pregnancy Assessment Units after 2011 (Ledger and Turner, 2016) and the development of a national training program and the national clinical guideline, Management of Early Pregnancy Miscarriage (2012).

- There has been an increasing trend in the rate of retained swabs since 2018, which is concerning. The rate in 2020 (0.22 per 1,000 total women, or 12 cases across seven maternity hospitals/units) was double that of the previous year.

Anaesthesia

- The IMIS data indicate very few administrations of general anaesthetics for CS (1.6% of total women and 4.5% of total CS).
- The rate of labour epidurals in 2020 was 41.6% nationally, which was relatively unchanged from the previous year. Higher rates observed at two of the maternity hospitals in Dublin are probably related to higher nulliparas at these hospitals.

Deliveries

- National increases in rates of induction of labour and CS continued in 2020, increasing significantly by 0.6% and 3.1% respectively on the previous year (both $p \leq 0.05$).
- The CS rate among nulliparas at some small maternity units increased in 2020 compared with the previous year (e.g., Portiuncula University Hospital and STGH), while it fell at others (e.g., Mayo University Hospital, Cavan General Hospital).
- Data recording and reporting on VBAC improved in 2020, following disappointing returns in the first year it was collected on the IMIS in 2019. However, three hospitals were still unable to return data on this metric in 2020. The rate recorded across the 16 hospitals was 20.7%. This compares with a rate of 32.9% in 2014 (Brick A, Layte R, Farren M, Sheehan S, Mahony R, Turner M. Recent trends in vaginal birth after caesarean section. *Ir Med J.* 2016;109:474–82). The fall in VBAC rate may be linked to the increasing rate of CS.

Benefits associated with the IMIS

The IMIS is a management instrument that serves several functions. It provides within-hospital tracking of monthly and annual data. It also provides national comparisons across all maternity units.

Since the IMIS was introduced in 2014, there is evidence of resultant improvements in the quality and efficiency of data collection and reporting at hospitals. Moreover, there is evidence that the information provided has led to improvements in maternity settings and the quality of care delivered. These developments are part of the envisaged outcomes of national recommendations for maternity services.

Objectives for 2021

The IMIS will continue to be implemented on a monthly basis at the 19 maternity hospitals/units. It will continue to be used to inform hospital reviews and planning as well as reviews among the Hospital Groups and the NWIHP.

The National Neonatal Encephalopathy Action Group

Background

The National Neonatal Encephalopathy Action Group (NNEAG) is a formal partnership arrangement between key stakeholders (NWIHP, the DoH and the SCA) to deal with issues of joint concern related to the occurrence of neonatal encephalopathy in Irish maternity units /hospitals. The purpose of the NNEAG is to identify and address issues relating to avoidable incidents of neonatal encephalopathy. Primarily this is a risk management group tasked with identifying and addressing factors that are known to contribute to avoidable neonatal encephalopathy and improve the quality of care within maternity services.

The NNEAG seeks to reduce the frequency of these cases by the identification of causes and risk factors and driving initiatives to eliminate or mitigate same. The expected outcome is an improvement of the quality of care with a reduction of avoidable neonatal encephalopathy cases in the 19 national maternity units/hospitals.

Key Deliverables

The work of the NNEAG began in August 2019 with huge engagement across the stakeholder groups. This engagement continued into 2020. At a meeting in January 2020 the NNEAG members agreed on a list of 15 recommendations. The next meeting in June 2020 was cancelled, due to Covid-19, however work continued in the background. In September 2020 a virtual meeting of the NNEAG was held. The group agreed on the 15 recommendations being progressed through 5 individual work streams. Each work stream is led by a Chair and Service Gate Keeper with a clear purpose and objectives defined in a terms of reference.

The 5 work streams are:

- The National Clinical Advisory Group for HSE Maternity and Gynaecology Services.
- Develop an electronic maternity event review tool for use in the 19 units in the review of all SRE 4F(ii).
- Shared Learning.
- Mandatory Training.
- Progressive Practice and Supportive Technology.

In December 2020 the NNEAG met one again virtually. At this meeting the work stream Chairs presented their terms of reference, membership and next steps for 2021.

Major Obstetric Haemorrhaging (MOH)

Background

For every woman who dies of pregnancy-related causes, 20 or 30 others experience morbidity, potentially causing permanent damage to their normal functioning. In developed and developing countries Major Obstetric Haemorrhage (MOH) remains one of the major causes of maternal death or morbidity. MOH and specifically, the incidence of postpartum haemorrhage, is increasing in Irish maternity units and there is a need to reduce this increasing trend for the overall care that is provided to women. This trend is not confined to the Irish system, but appears to be a reflection of what is happening internationally.

The MOH audit 2011 - 2013 showed that there are good practices being followed in the 19 maternity hospitals/units however, standardising these practices and learning from one another would provide an opportunity for all clinical staff and inform training requirements.

Key Deliverables

MOH has been highlighted as a problem by the IMIS, NPEC and the SCA. In response to this a joint venture between the National Women and Infants Health Programme and the National Perinatal Epidemiology Centre commenced in 2020 to address the increasing incidence of PPH/MOH in the Maternity hospitals/units.

Project Aims:

- Audit PPH and MOH practices using the Pro Forma as an audit tool.
- Examine how the estimation of blood loss is calculated in each unit.
- Develop a standardised training module on estimating blood loss.
- Assist in the development of standardised policies and protocols for the management of PPH and MOH.
- Develop a standard approach for reviewing PPH and MOH cases at risk management meetings as part of the clinical governance process.
- Link with HQIA and the national patient experience survey to inform a patient information initiative.
- Examine the reason for the increase in PPH.
- Examine the reason for the increase in blood transfusions in Irish maternity units.
- Implement a national standard proforma for the management and documentation of PPH and MOH.
- Collaborate with international organisations (Euro-peristat, Welsh Project, Dutch Institute for Clinical Audit).

Governance will be provided by the NWIHP and NPEC who will report directly to the CCO. The committee is representative of all stakeholders – obstetrics, anaesthetics, midwifery, haematology, clinical trainees as well as the SCA and the Irish Blood Transfusion Service.

Funding was ring fenced by the NWIHP in 2020 to progress with the 19 hospitals/units and a project oversight committee was assembled. The Committee met for the first time in December 2020. A project lead was appointed and key priorities for 2021 were selected.

Objectives for 2021

Next steps for the project in 2021 are:

- Standardisation of terms.
- Endorsing the multidisciplinary training in the management of PPH advocated by the National Clinical Programme for Obstetrics and Gynaecology.
- The development and national implementation of a specific proforma to improve management and documentation during a MOH event, whether in the antenatal or postnatal period.
- A quantitative approach involving volume and weight assessment to estimate blood loss should be considered for use in all maternity units.
- Development of a national toolkit to assist standardisation of such an approach.
- The implementation of a case assessment audit of major obstetric audit (MOH) is essential as it continues to be the leading cause of severe maternal morbidity.

This is a key national quality and safety initiative and will lead to better outcomes and safer deliveries for mother's going forward.

8 | SUMMARY

Introduction

While the Covid-19 pandemic presented a unique set of challenges for maternity services, a significant amount of progress was made in 2020 in relation to the on-going implementation of the NMS and across the wide range of work programmes that the NWIHP is driving and leading on.

The key developments outlined in this report, such as; the on-going development and strengthening of the six Maternity Networks, the significant inroads being made across all services regarding the development of the midwifery provided supported care pathway, the expansion of services available to women accessing maternity service including anomaly scanning services, development and rollout of ambulatory gynaecology plan, perinatal mental health services, smoking cessation services, bereavement services, the focus and development of pathways of care for infertility the roll out and delivery of termination of pregnancy services, the investment in screening colposcopy services, the strengthening of sexual assault and treatment units, the focus on quality and patient safety agendas by multiple key agencies and players at all levels of the service – all mark real progress in improving the provision of care to women.

As identified throughout the course of this Annual Report, the NWIHP working with its collaborators and partners throughout the system and with the support of the DoH, have identified a significant number of priorities for 2021, all targeted at continuing and building on the improvements underway to date. These priorities include

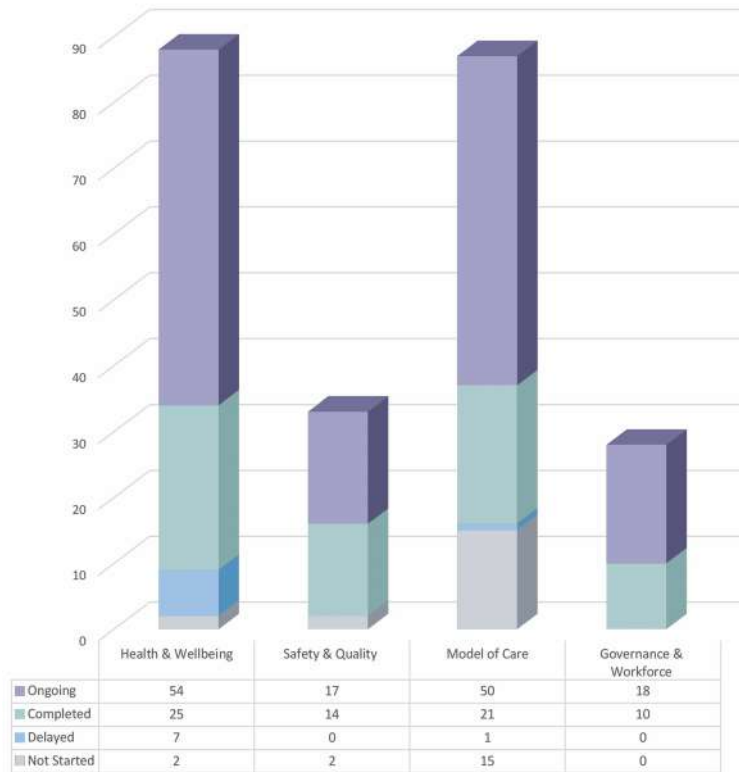
- Support the development of maternity networks and Serious Incident Management Forums for maternity services.
- Enhance the choices available to women by the further development of the supported care pathway and this to include the post-natal element. From the National Maternity Experience Survey and other reports/surveys, care post-delivery needs to be enhanced to include postnatal hubs, bring our specialist midwifery staff (CMS in Perinatal Mental Health CMS Breastfeeding, Debriefing midwife) out to community clinic to meet the needs of women and babies.
- Improve access to specialist HSCP services and supports.
- Deliver a maternity specific healthcare communication programme to staff in the 19 maternity services.
- Respond to the National Maternity Experience Survey 2020 by working with and supporting maternity services regarding the implementation of quality improvement programmes.
- Support the integration of the national home birth service into acute maternity services.
- Increase the range of information and educational supports available to pregnant women.
- Review existing and develop new national clinical guidelines in the areas of maternity and gynaecology.
- Develop further key performance indicators in the areas of maternity and gynaecology services.

- Continue to implement the national policy review in relation to sexual assault treatment and continue to provide strategic leadership.
- Continue to respond to the recommendations set out in the Chief Medical Officer's report on the use of transvaginal mesh.
- Expand access to a safe, high quality termination of pregnancy service.
- Expand provision of ambulatory gynaecology services around the country and support expanded gynaecology theatre access in the Dublin region.
- Revise and update the 2015 model of care for neonatology.
- Develop a national strategy for the provision of neonatal resuscitation training.
- Complete implementation of Phase 1 of the model of care for infertility services by establishing two further regional fertility hubs.
- Identify issues relating to avoidable incidents of neonatal encephalopathy in collaboration with the DoH and the SCA, and commence a structured work programme to address.
- Support the ongoing implementation of the Maternal and Newborn Clinical Management System (MNCMS).
- Progress the work of the NNEAG and its five work streams.

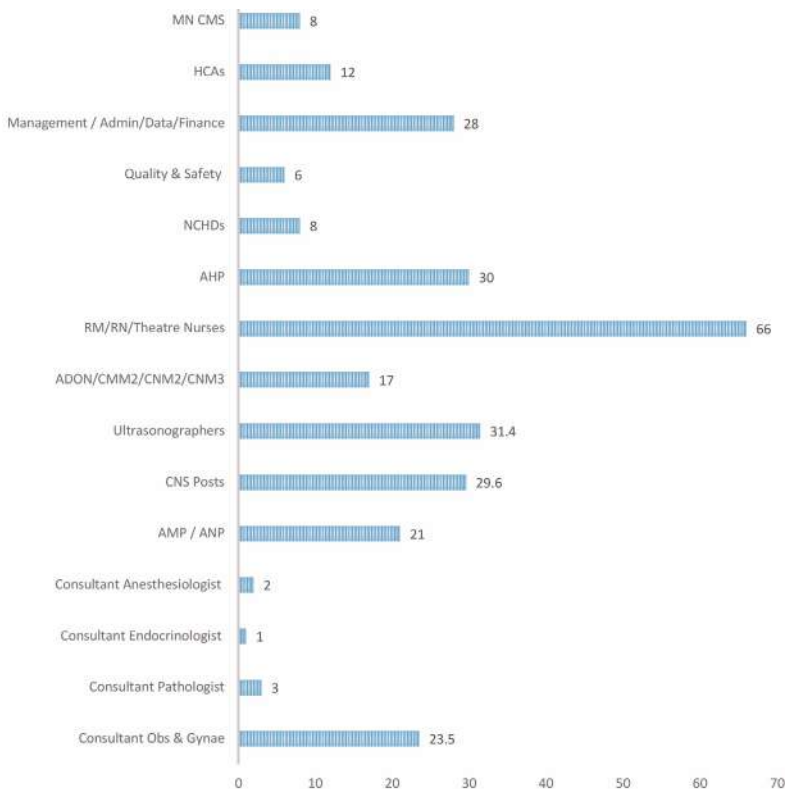
APPENDIX 1

NATIONAL MATERNITY STRATEGY STATUS 2020

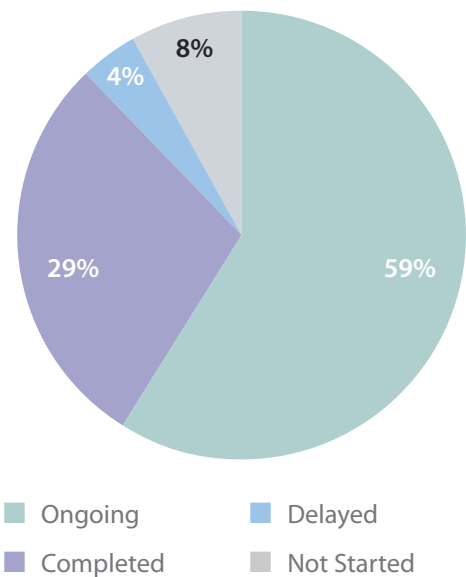
NMS ACTION ITEM STATUS 2020



NWIHP FUNDED POSTS TO DATE



NMS ACTION ITEM STATUS 2020



APPENDIX 2

THE NWIHP STAFF STRUCTURE

Executive Team

- | | |
|--|--|
| <ul style="list-style-type: none"> ● Kilian McGrane - Director ● Mary Jo Biggs - General Manager ● Davinia O'Donnell - Business Manager ● Dearbhla DeLasa - Project Manager* | <ul style="list-style-type: none"> ● James McGrath - Project Manager* ● Claire Plunkett - Staff Officer ● David Munnely - Staff Officer |
|--|--|

Medical Team

- | | |
|--|---|
| <ul style="list-style-type: none"> ● Dr Peter McKenna - Clinical Director ● Dr John Murphy, Clinical Lead, National Clinical Programme for Paediatrics and Neonatology | <ul style="list-style-type: none"> ● Dr Aoife Mullally - Consultant Obstetrics & Gynaecology, National Clinical Lead, Termination of Pregnancy Services (TOP) ● Dr Maeve Eogan - Consultant Obstetrician and Gynaecologist, National Clinical Lead, Sexual Assault Treatment Units (SATU) |
|--|---|

Midwifery & Nursing Team

- | | |
|---|---|
| <ul style="list-style-type: none"> ● Angela Dunne - Director of Midwifery ● Julie McGinley - Neonatology Project Co-Ordinator ● Margo Dunworth - National Neonatal Resuscitation Programme Coordinator | <ul style="list-style-type: none"> ● Sinead Thompson - Labour Hopscotch ● Janet Murphy - Registered Advanced Midwife Practitioner |
|---|---|

Quality & Patient Safety Team

- | | |
|--|---|
| <ul style="list-style-type: none"> ● Aideen Quigley - Programme Manager | <ul style="list-style-type: none"> ● Dr Léan McMahon - National Data Manager, IMIS |
|--|---|

* Left the NWIHP in 2020

APPENDIX 3

MATERNITY HOSPITALS/UNITS IN IRELAND

The four standalone maternity hospitals in Ireland are:

1. The Rotunda Hospital (RCSI)
2. National Maternity Hospital (IEHG)
3. Coombe Women and Infant's University Hospital (DMHG)
4. University Maternity Hospital Limerick (ULHG)

The 15 maternity units are:

5. Cavan General Hospital (RCSI)
6. Our Lady of Lourdes Hospital, Drogheda (RCSI)
7. Wexford General Hospital (IEHG)
8. St Luke's General Hospital (IEHG)
9. Midlands Regional Hospital Mullingar (IEHG)
10. Midlands Regional Hospital Portlaoise (DMHG)
11. Cork University Maternity Hospital; collocated with Cork University Hospital (SSWHG)
12. University Hospital Waterford (SSWHG)
13. University Hospital Kerry (SSWHG)
14. South Tipperary General Hospital (SSWHG)
15. University Hospital Galway (Saolta)
16. Portiuncula University Hospital (Saolta)
17. Mayo University Hospital (Saolta)
18. Sligo University Hospital (Saolta)
19. Letterkenny University Hospital (Saolta)

APPENDIX 4

STAKEHOLDERS THE NWIHP HAVE ENGAGED WITH DURING 2020

- The Rotunda Hospital (RCSI)
- Hospital Group CEOs
- HSE Acute Operations
- HSE Acute Strategy and Planning
- HSE Primary Care
- HSE Quality Assurance and Verification
- HSE Quality Improvement
- HSE Health and Wellbeing
- HSE Mental Health
- HSE Communications
- National Treatment Purchase Fund
- National Health Service
- National Perinatal Epidemiology Centre
- Office of Nursing and Midwifery Services
Division
- Institute of Obstetrics and Gynaecology
- Irish Nurses and Midwives Organisation
- Directors of Midwifery Forum
- Advocacy groups
- State Claims Agency
- National Clinical Programmes;
 - Anaesthetics
 - Critical Care Programme
 - Paediatrics and Neonatology
 - Diabetes

APPENDIX 5

TERMINATION OF PREGNANCY SERVICES CLINICAL ACTION FORUM MEMBERSHIP

- The Rotunda Hospital (RCSI)
- Dr. Aoife Mullally - Clinical Lead, Termination of Pregnancy Services
- Dr. Peter McKenna - Clinical Director, National Women and Infants' Health Programme
- Kilian McGrane - Director, National Women and Infants' Health Programme
- Angela Dunne - Director of Midwifery, National Women and Infants' Health Programme
- Davinia O'Donnell – Business Manager, National Women and Infants' Health Programme
- Yvonne Goff - Interim National Director, Acute Strategy & Planning
- Aisling Heffernan - General Manager, Primary Care Strategy & Planning
- Dr. David Hanlon - National Clinical Advisor & Group Lead Primary Care, Clinical Strategy and Programmes Division, Primary Care Division
- Maeve O'Brien - Programme Lead, Sexual Health Crisis Pregnancy
- Janice Donlon - Sexual Health and Crisis Pregnancy, HSE
- Cliona Loughnane - Women's Health Coordinator, National Women's Council
- Mike Thompson - START Group
- Trish Horgan - START Group
- Mary Short - Director of Women's Health
- Dr Eimear McCarthy – Interim Lead for Women's Health in ICGP
- Shirley McQuade - Medical Director
- Catriona Henchion - Medical Director
- Sarah Devilly - Operations Manager
- Dr. Cliona Murphy - Chair of the Institute of Obstetricians and Gynaecologists, Consultant Obstetrician & Gynaecologist, Coombe women's and Infants University Hospital
- Dr. Una Conway - Obs and Gynae Consultant - SAOLTA
- Dr. Mary Higgins - Obs and Gynae Consultant - National Maternity Hospital
- Dr. Deirdre Hayes Ryan - Obs and Gynae Consultant - CUH
- Dr. Naro Imcha - Obs and Gynae Consultant - UL
- Prof. Keelin O'Donoghue – Fetal Medicine
- Dr. Lisa Mc Carthy – Consultant Neonatologist
- Dr. Jennifer Donnelly Consultant O&G, Rotunda
- Dr. Joan Lennon SPR O&G
- Fiona Hanrahan - Director of Midwifery, Rotunda
- Siobhan Canny - Saolta Group Director of Midwifery
- Karen Canning - Practice Nurses

