



National Women and Infants Health Programme

Annual Report 2021



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MESSAGE FROM THE DIRECTOR

I am pleased to present NWIHP's Annual Report for 2021.

During 2021 Covid-19 continued to challenge the country, and impact on service delivery across the health services. Notwithstanding the challenges that were faced, NWIHP continued with our work programmes, and in collaboration with our colleagues in the six maternity networks continued to make significant progress across maternity, gynaecology and neonatology.

A particular challenge during the year was ensuring that access for partners was facilitated despite the high level of restrictions that were in place, at various stages during the year. NWIHP worked closely with colleagues in the HSE and with advocates to try to ensure that infection prevention and control guidance reflected the importance of maternity partners in the pregnancy journey.

2021 also saw the first increase in the national birth rate since 2009. The overall increase was just over 6%, bringing total birth numbers to over 60,000. This created additional pressure on our maternity services during 2021, particularly as Covid-19 continued to impact on established care pathways. All 19 maternity services saw an increase in births, with the increase ranging from just over 1% to in excess of 20%. The increase in births, with the current level of complexity already in the system, will present staffing challenges to maintain the current level of high quality care.

2021 saw a very significant increase in funding for maternity and gynaecology services. The additional €15.3m (€11.5m from the estimates and €3.8m from the Women's Health Taskforce) received was instrumental in allowing NWIHP to drive forward a number of new initiatives and support an additional 190WTEs. We wish to acknowledge the commitment of the Minister to women's health, which has been supported by additional funding and which has also helped to prioritise women's health, allowing for greater engagement in all sectors.

During 2021 NWIHP worked closely with the Women's Health Taskforce, which enabled us to further enhance services, particularly gynaecology, around the country. These developments include complex endometriosis service, specialised menopause clinic, and additional ambulatory gynaecology services. The productive relationship in 2021, has led to NWIHP taking on a national coordinating role in the HSE for the Women's Health Taskforce. This role will commence in 2022.



Kilian McGrane,
Director, NWIHP

During the year, we continued to focus on the implementation of the National Maternity Strategy, focusing on developments across the four strategic priorities within the plan:

1. Health and well-being approach for mothers and babies;
2. Choice;
3. Enhanced quality and safety of service provision; and
4. Improved governance and leadership.

Specific developments in maternity care during the year, include:

- **Lactation consultants** are in place in all 19 maternity services, 7.5 WTE of these were funded by NWIHP in 2021;
- NWIHP continues to prioritise investment in **medical social work** for maternity services, with a plan to ensure there is a dedicated service in all 19 maternity services; to date, 11 WTE's have been funded.
- All 19 maternity services are providing **midwifery led care** in the supported care pathway;
- **24% of women** booked on the supported care pathway, for normal risk women;
- There are **advanced midwife practitioners** (or candidates) in all 19 maternity services, with an additional six funded in 2021;
- 15 maternity services are offering **early transfer home**;
- 12 maternity services have **Home Away From Home rooms**, which facilitate birthing in less clinical delivery rooms;
- The aim of having a minimum of **six obstetrician/gynaecologists** in all regional hospitals was further progressed with additional targeted investment. In 2021, a further eight consultants were funded;
- A new initiative, the **Obstetric Event Support Team**, was launched in August aimed at improving the learning from adverse events, with a focus on reducing the level of harm; and
- NWIHP continue to meet the **six maternity networks** on a quarterly basis (Covid permitting). The maternity networks are providing clinical support and leadership within each hospital group.

NWIHP continued to meet with the six maternity networks throughout 2021. These meetings were virtual until quarter four, when we were able to meet most of the maternity services for the first time in two years.

In addition to the maternity developments, NWIHP continued to progress plans in gynaecology and work with colleagues in neonatology and sexual and reproductive health. Some of these developments include:

- Phase II of the **ambulatory gynaecology plan** was implemented, with a further 11 hospitals funded. This brings to 14 the number of hospitals with funded ambulatory gynaecology services;
- A **supra-regional endometriosis clinic** was established in Tallaght University Hospital, with a level three centre established in the Coombe Women and Infants University Hospital;
- The first **specialised menopause clinic** was opened in December 2021 in the National Maternity Hospital;
- The first phase of **infertility model of care** was completed, with funding provided to both University Maternity Hospital Limerick and University Hospital Galway, to establish their regional infertility centres;

2021 was a very busy year, and the NWIHP team has grown steadily from the early days in 2017. With the planned recruitment for 2022, the team will now have over 30 people working with us. As the team grows, we need to ensure we maintain the agility and flexibility that has enabled us to respond quickly to emerging issues, as we expand our remit into newly identified areas.

In 2022, as well as continuing with our planned work programmes, we will also start to focus on data, and demonstrate the impact that the substantial investment has had in maternity, gynaecology and neonatal care.

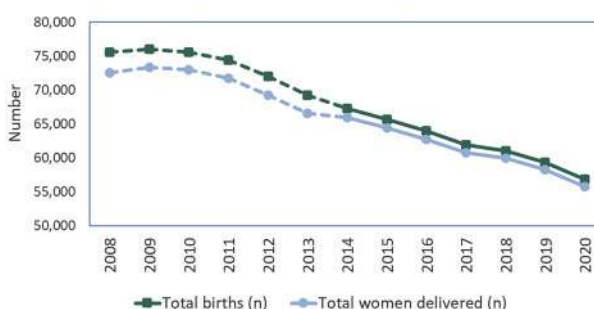
Finally, a note of thanks to all those that have worked with us in 2021. To our colleagues in the hospital groups, maternity networks and acute operations division; to AMRIC for their guidance around maternity partners, to the Women's Health Task Force for championing women's health and raising its profile; and also to our colleagues in the maternity and gynaecology policy unit within the Department of Health, for their support during the year.



BACKGROUND

1.1 Birth figures

2021 saw the annual birth rate rise to 60,551 babies born. This is a 6.5% year on year increase from the birth rate in 2020. This will be the first increase in the national birth rate for 12 years (BIU, 2022).



Annual Birth Rate by Hospital and Hospital Group 2020 and 2021 - Source BIU	2021	2020	Diff (n)	Diff (%)
Dublin Midlands Hospital Group	9269	8970	299	3.33%
Coombe Women and Infants University Hospital	7722	7566	156	2.06%
MRH Portlaoise	1547	1404	143	10.19%
Ireland East Hospital Group	13058	12223	835	6.83%
MRH Mullingar	1985	1845	140	7.59%
National Maternity Hospital	7853	7353	500	6.80%
St. Luke's General Hospital Kilkenny	1506	1441	65	4.51%
Wexford General Hospital	1714	1584	130	8.21%
RCSI Hospitals Group	13555	12518	1037	8.28%
Cavan General Hospital	1384	1374	10	0.73%
Our Lady of Lourdes Hospital	3026	2840	186	6.55%
Rotunda Hospital	9145	8304	841	10.13%
Saolta University Health Care Group	8918	8353	565	6.76%
Galway University Hospitals	2893	2614	279	10.67%
Letterkenny University Hospital	1580	1553	27	1.74%
Mayo University Hospital	1524	1415	109	7.70%
Portiuncula University Hospital	1522	1441	81	5.62%
Sligo University Hospital	1399	1330	69	5.19%

South/South West Hospital Group	11457	10645	812	7.63%
Cork University Maternity Hospital	7467	7073	394	5.57%
Tipperary University Hospital	946	783	163	20.82%
UH Kerry	1279	1154	125	10.83%
UH Waterford	1765	1635	130	7.95%
UL Hospitals Group	4294	4149	145	3.49%
UMH Limerick	4294	4149	145	3.49%
Total	60,551	56,858	3,693	6.50%

1.2 The Team

As the remit of NWIHP's brief continues to expand into the wider area of women's health, the resources within the team has also grown. Over the course of 2021, NWIHP's team has expanded from 18 posts totalling 15 WTE's to 22 posts totalling 17.7 WTE's. Further expansion of the team is planned for 2022.

The core team of the programme into 2021 had 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.

Executive Team

- Kilian McGrane, Director
- Mary Jo Biggs, General Manager
- Davinia O'Donnell, General Manager
- Julie McGinley, Project Manager
- Elaine Gill, Project Manager
- Claire Plunkett, Office Manager
- David Munnely, Staff Officer

Medical Team

- Dr Peter McKenna, Clinical Director
- Prof John Murphy, Clinical Lead, National Clinical Programme for Paediatrics and Neonatology
- Dr Aoife Mullally, Clinical Lead, Termination of Pregnancy Services
- Prof Maeve Eogan, Clinical Lead, SATUs
- Prof Keelin O'Donoghue, Clinical Lead, Clinical Guidelines

Midwifery & Nursing Team

- Angela Dunne, National Lead Midwife
- Margo Dunworth, National Neonatal Resuscitation Programme Coordinator
- Mary Rowland, Fetal Monitoring and Obstetric Emergency Coordinator
- Clare Kennedy, Baby Friendly Initiative Coordinator
- Sinead Thompson, Antenatal Education Coordinator
- Janet Murphy, Registered Advanced Midwife Practitioner

Quality & Patient Safety Team

- Aideen Quigley, Quality and Safety Manager
- Dr Léan McMahon, National Data Manager, IMIS

Other Supports

- Nicolai Murphy, Project Manager, Clinical Guidelines Obstetrics and Gynaecology
- Ann Donovan, SATU National Staffing and Operations Manager

This core team is further supported by a range of personnel and teams from multiple sections of the health service. This includes, but is not limited to, the 19 maternity services and their staff, the maternity networks' clinical and executive management teams, as well as a range of work programmes across the HSE including the Bereavement Standards Working Group, the National Breastfeeding Programme and the Perinatal Mental Health work stream.

GOVERNANCE AND ACCOUNTABILITY

2.1 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.

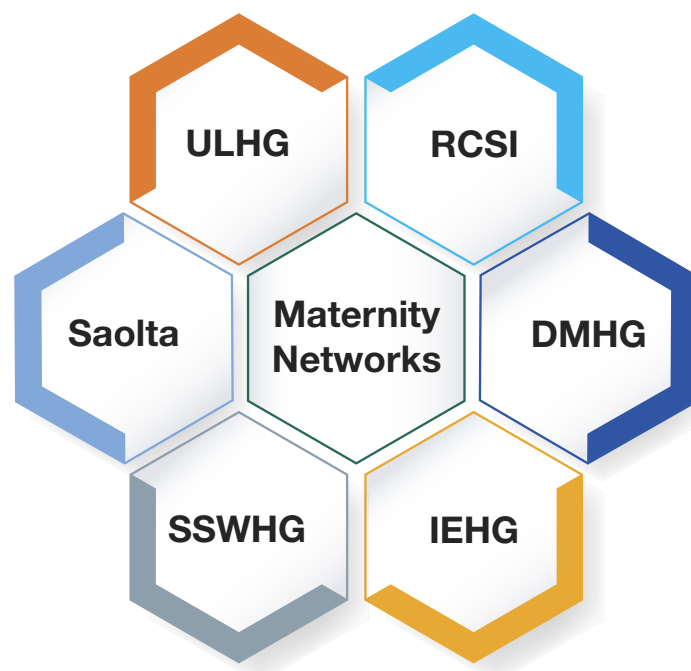
The MSS contains information on 17 metrics covering a range of clinical activities including number of births, modes of delivery, major obstetric events and clinical incidences. The MSS is reviewed on a regular basis by the programme and is discussed directly with the Maternity Networks as a standing agenda item at the maternity network meetings with NWIHP.

The MSS is an important tool in assessing the quality and safety of the maternity networks. The publishing of a Maternity Safety Statement is a National KPI, with data reported on this metric in the HSE annual Service Plan.

2.2 Maternity Network Meetings and Site Visits

The impact of Covid-19 across the 19 maternity services, and on the resources within NWIHP's team reduced the frequency of the maternity network meetings in 2021. NWIHP met with each group twice in 2021, and the majority of these meetings took place in Q2 and Q4.

As per the NMS Revised Implementation Plan 2021-2026, NWIHP will endeavour to have quarterly meeting with each of the maternity networks.



2.4 Funding

In budget 2021, NWIHP was allocated development funding of €11.5m. The purpose of this funding was to progress the further rollout of the National Maternity Strategy and to continue to improve access to gynaecology service, primarily by means of expanding ambulatory gynaecology services and establishing two further regional infertility services. NWIHP received a further €3.8m in funding from the Department of Health’s Women’s Health Taskforce.

Health Budget 2021 delivered...

€7.3 million to deliver the National Maternity Strategy

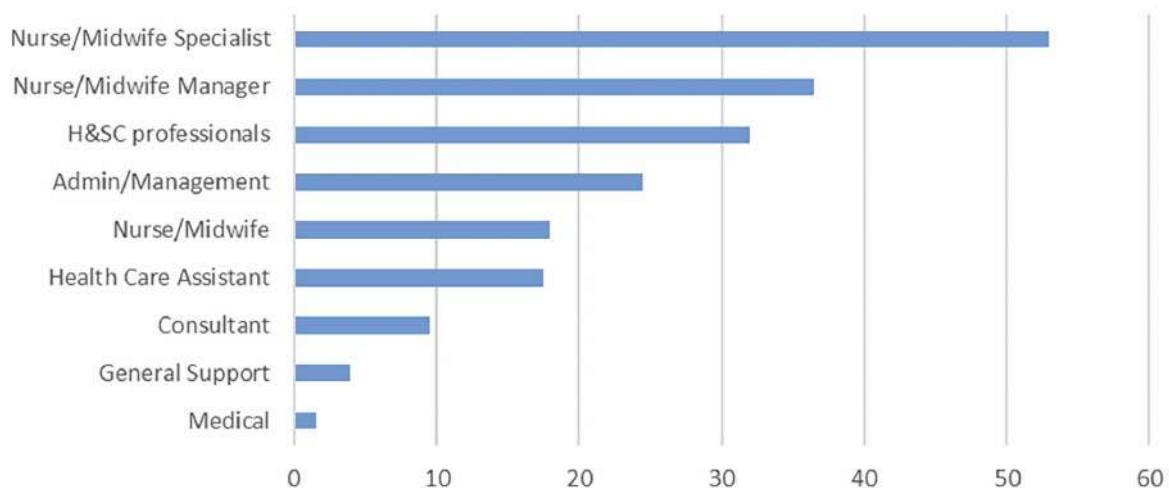
- Developing community-based midwifery services including enhancing postnatal care and early transfer home services
- Improving specialist services, including obstetric, endocrinology, perinatal pathology, neonatology and perineal services
- Recruiting an additional 75.5 WTEs across our maternity services

An Roinn Sláinte
Department of Health

This combined funding was invested across the 19 maternity services by way of 212 additional posts (totalling 196.6 WTE).

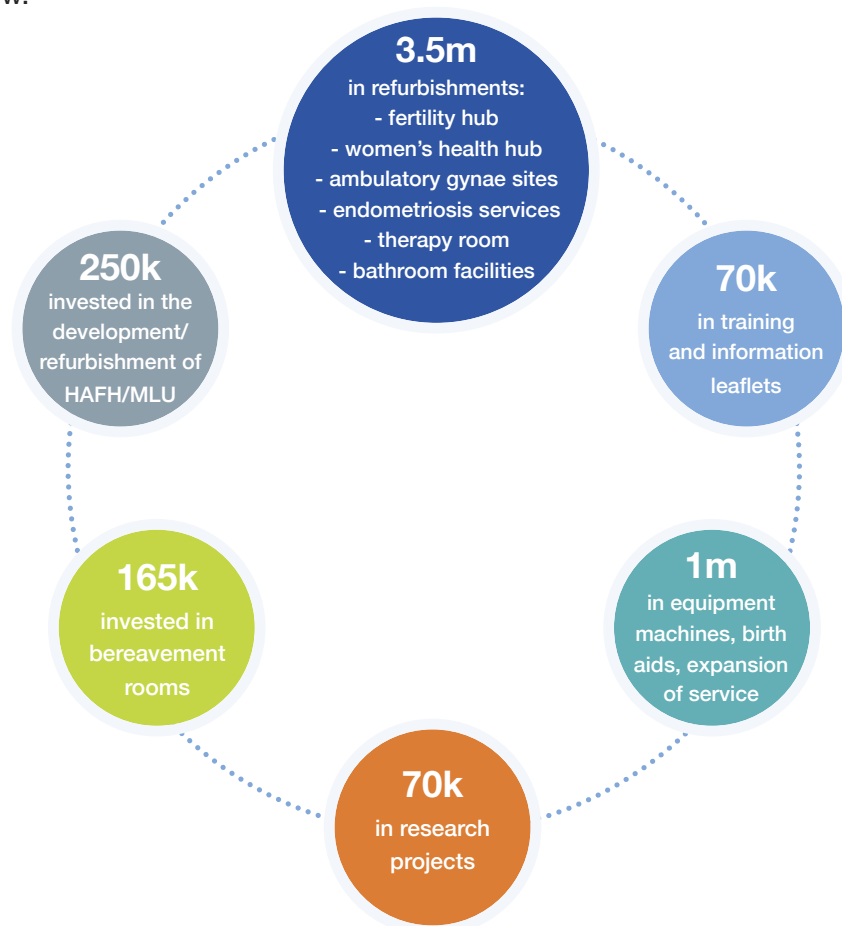
Specialised Endometriosis Services	6.5	Pelvic Floor Specialist	4
Maternity Development	97.9	Fertility Services	9
General Gynaecology Development	11.5	National Service Development	3
Specialist Menopause	1.7	Ambulatory Gynaecology	63
Total			196.6

Category of WTE's invested



Over the course of 2021, NWIHP invested approximately €6m of time related savings into a range of various once off projects to improve existing services and/or to establish new services across the 19 maternity sites.

A high level overview of this investment, and the key areas it was targeted at is provided in the diagram below.



2.5 HIQA recommendations

HIQA made eight recommendations in their February 2020 report into 'Better Safer Maternity Care'. These recommendations relate to infrastructure; workforce planning; revising the NMS Implementation Plan; obstetric emergency training; shared learning; transfer protocols; and maternity safety statements.

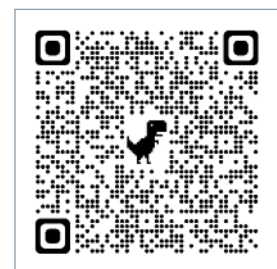
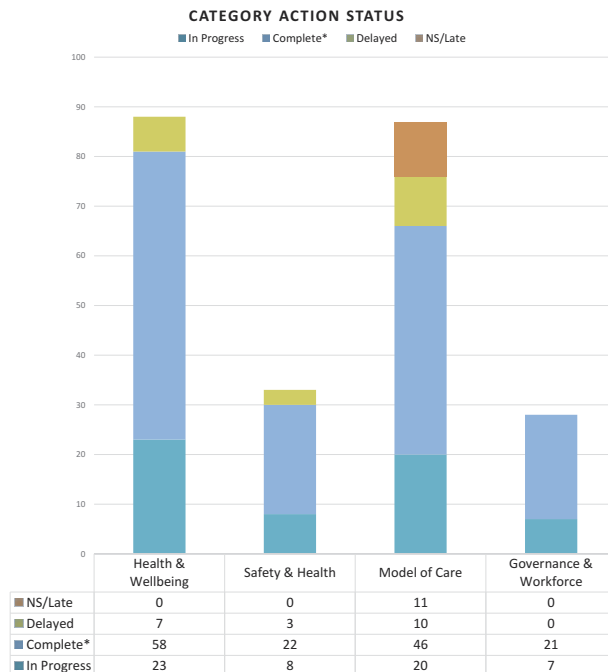
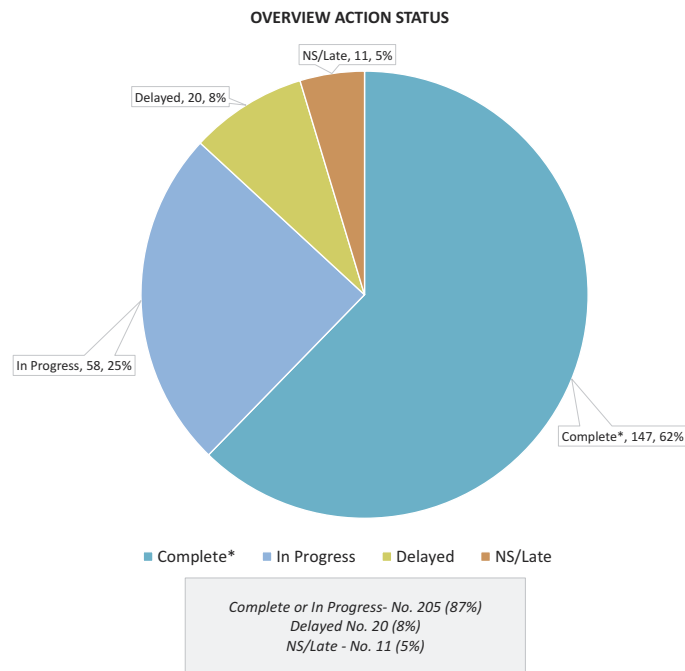


1. NMS implementation plan 2. Infrastructure 3. Workforce 4. Obstetric emergency training 5. Transfer protocols.
6. Shared learning 7. Maternity safety statements 8. Plan to implement these recommendations

There is a significant work programme associated with the HIQA recommendations. As the resources within NWIHP expanded during the course of 2021, work commenced on the implementation of these recommendations.

2.6 Revised Implementation Plan

As per recommendation 1 of the HIQA report, NWIHP produced a comprehensive, time-bound and fully costed revised National Maternity Strategy implementation plan for 2021 – 2026. In developing the revised implementation plan, NWIHP carried out a detailed review of progress across all 77 recommendations and their associated 236 actions.



In developing the updated implementation plan, NWIHP revised the start and end dates for a number of actions/work programmes that were still in progress or had yet to start. <https://www.gov.ie/en/publication/452bf-national-maternity-strategy-revised-implementation-plan-2021-2026/>

MATERNITY SERVICES

Reflections from the Lead Midwife, Ms Angela Dunne

The year 2021 was a challenging year for maternity services as Covid 19 adversely impacted most aspects of life in Ireland. Despite these challenges, maternity services continued to provide care around the clock to mothers and babies throughout the country. Notwithstanding all of the challenges that maternity services faced during the course of 2021, further significant progress was made in relation to the development and deployment of the Supported Care Pathway. In publishing this annual report, I am proud to report the positive achievements that have been made across our maternity sites.



On behalf of NWIHP, I would like to take this opportunity to acknowledge the Directors of Midwifery across all 19 sites and their teams. Their dedication, diligence and commitment is exemplary, as they continue to strive to ensure that every woman's journey through our maternity services is a good experience and that women are provided with the range of care and support as envisaged in the National Maternity Strategy.

3.1 Model of Care

NWIHP published their second baseline report on the ‘Development of the Supported Care Pathway, Irish Maternity Services, 2020’.

This report looked at the implementation of all components of the supported care pathway across the maternity services in Ireland. In 2021, all maternity services had successfully implemented the antenatal component of the Supported Care Pathway.



Maternity Services with Supported Care Pathway	2016	2019	2020	Projected 2021
Ireland East Hospital Group				
National Maternity Hospital	✓	✓	✓	✓
St Luke's Hospital Kilkenny		✓	✓	✓
Midland Regional Hospital Mullingar		✓	✓	✓
Wexford General Hospital	✓	✓	✓	✓
Dublin Midlands Hospital Group				
Coombe Women's & Infants University Hospital	✓	✓	✓	✓
Midland Regional Hospital Portlaoise				✓*
RCSI Hospital Group				
Rotunda Hospital	✓	✓	✓	✓
Cavan General Hospital		✓	✓	✓
Our Lady of Lourdes Hospital Drogheda		✓	✓	✓
South/South West Hospital Group				
Cork University Maternity Hospital	✓	✓	✓	✓
Kerry General Hospital		✓	✓	✓
South Tipperary General Hospital			✓	✓
University Hospital Waterford	✓	✓	✓	✓
University of Limerick Hospital Group				
University Maternity Hospital Limerick		✓	✓	✓
West/North West Hospital Group				
University Hospital Galway		✓	✓	✓
Letterkenny General Hospital		✓	✓	✓
Mayo General Hospital			✓	✓
Portluncula Hospital General & Maternity Ballinasloe		✓	✓	✓
Sligo General Hospital		✓	✓	✓
Total	6	16	18	19

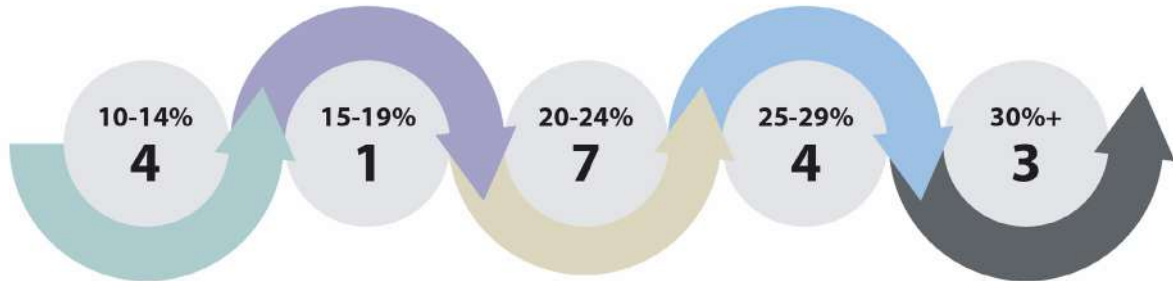
* In May 2021, Portlaoise implemented the supported care pathway into its service.

- In 2020, 18 of the 19 Maternity services had successfully implemented the antenatal component of the supported care pathway. In May 2021 the 19th and final site, Portlaoise, implemented the Supported Care Pathway.

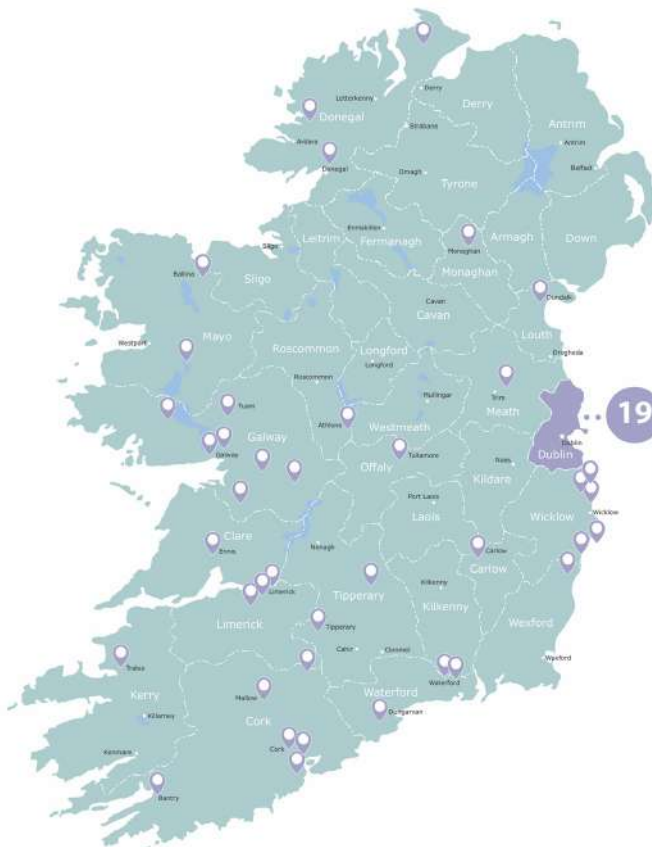


- The national average percentage of women managed through the supported care pathway is 24%.

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



- 174 antenatal clinics are held nationally, with 91 of these being provided for offsite across 59 locations.



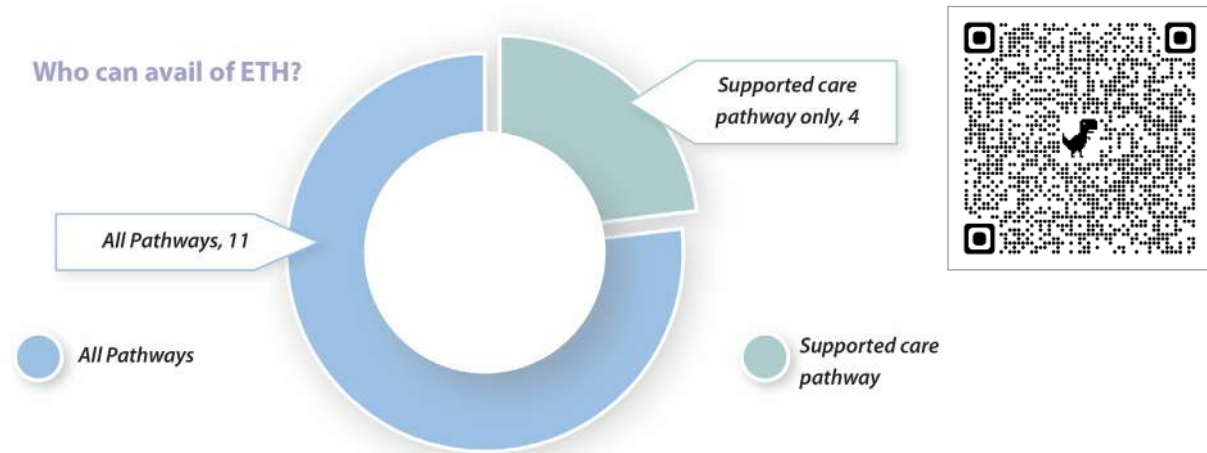
DUBLIN		
Balbriggan	Coolock	Loughlinstown
Ballinteer	Corduff	Lucan
Ballymun	Crumlin	Pearse Street
Ballyogan	Darndale	Swords
Blanchardstown	Deansrath	Tallaght
Cabra	Dun Laoghaire	
Churchtown	Finglas	



Our Lady of Lourdes Drogheda HAFH and MLU

- There are 13 Home Away From Home (HAFH's) rooms nationwide, of these 5 were funded by NWIHP. Continued investment in HAFH rooms is anticipated for 2022.
- There are 2 Midwifery Led Units (MLU's) nationwide, both of which were refurbished using funding from NWIHP.
- Continued investment will be targeted at refurbishing delivery suites across the maternity services, with furnishing similar to HAFH rooms.
- 15 maternity services provide the early transfer home (ETH) service.





- In 2021, 11 of these provided the ETH service to all women regardless of their care pathway

The full report can be found on the following link: <https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/national-reports-on-womens-health/hse-scp-report.pdf>

Objectives for 2022:

With the antenatal component of the Supported Care Pathway successfully implemented in 2021, the focus for 2022 will be:

- to continue with the assisted and specialised pathways; and
- to focus on the postnatal experience.

3.2 Candidate AMP's

Background

In 2020, The National Women and Infants Health Programme funded 12 new Advanced Midwifery candidate posts specifically related to the Supported Care Pathway. These new appointments and investments meant that all the 19 maternity services in ROI now have a cAMP and/or RAMP with specific purpose to champion the implementation of the supported care pathway. The appointment of these posts has led to creation of the NWIHP candidate Advanced Midwife Practitioner (cAMP)/RAMP Supported Care Forum.

The purpose of this forum is to support candidate Advanced Midwifery Practitioners (cAMPs)/RAMPs in their role as they plan, develop, begin and/or continue implementation of the supported care pathway as per the Model of Care in the National Maternity Strategy (DOH, 2016) and provide an oversight for the NWIHP on progress being made. The first Forum meeting took place on the 4th October 2020. It will also help to ensure consistency of approach across our maternity services.

Key deliverables in 2021

The cAMP/RAMP Support Care Forum held two meetings in 2021. NWIHP and OMNSD held a RAMP/cAMP workshop in December to discuss the role of the RAMP/cAMP and their implementation within their maternity service. Twelve action points came from that workshop:

- Establish a national questions forum for cAMP/RAMPs;
- Establish National Midwifery guideline committee;
- Facilitate a cAMP/RAMP mentorship programme;
- Present any feedback from workshop to the Directors of Midwifery;
- Facilitate HSE coaching for both cAMP/RAMP's;
- Seek clarity regarding the role of the RAMP in Supported Care Pathway;
- Look at the establishment of 'local implementation groups' in every site;
- Promote of the role of RAMP to colleagues and service users;
- Integrate and promote the role of the RAMP with colleagues in General Practice;
- Hold an RAMP conference in 2022;
- Create a resource outline for future cAMP's posts; and
- Provide feedback to Higher Institutes of Education regarding to the MSc Advanced Practice courses.

Objectives for 2022

Significant work was undertaken in late 2021 in order to respond to the 12 actions identified in the RAMP/cAMP workshop. Looking towards to 2022, key areas of work that will be progressed are:

- Promote the role of the RAMP/cAMP across all services;
- Host a RAMP conference on the 16th of September 2022 to showcase their work;
- Facilitate a cAMP/RAMP mentorship and clinical supervision programme; and,
- Establish a 'National Maternity and Gynaecology Clinical Guideline Programme' under the governance of NWIHP.

3.3 Recruitment of 3 National Project Co-Ordinators

In 2021, NWIHP ran successful campaigns for the recruitment of 3 project co-ordinators in the areas of Fetal Monitoring and Obstetric Emergencies; Baby Friendly Initiative; and Antenatal Education. Below is an outline of what their work programme(s) will encompass and progress in 2022.

1. Project Co-ordinator for National Fetal Monitoring and Obstetric Emergencies

A key priority for NWIHP is to ensure a nationally consistent approach to fetal monitoring and obstetric emergency training for all relevant staff working in maternity services, as outlined in the Maternity Strategy 2016 – 2026.

The first step to achieve a standardised approach is to identify the training programmes & supports available in each maternity unit/hospital. This was undertaken by asking each maternity service to complete a detailed baseline assessment, which was targeted at capturing data across a range of areas and headings including: governance; training structures and supports; training resources; and mandatory versus recommended training elements.

Individual responses were received from all 19 services. A detailed review and analysis of this data was commenced in late 2021. It is anticipated that a formal baseline report will be published in Q2 2022.

2. Project Co-ordinator for Antenatal Education Standards Implementation

The HSE National Standards for Antenatal Education in Ireland was launched on the 2nd March 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. The project co-ordinator was recruited in Q4 2021 to support the implementation of these standards.

3. Project Co-ordinator for Baby Friendly Initiative Implementation

Following a review of the BFI in Ireland, and the publication of revised WHO guidance for the implementation of baby friendly in 2018, revised BFI standards in Ireland have been developed and are due for publication in 2022. The Standards describe the optimum infant feeding practices and management process required within maternity services in order to implement the HSE infant Feeding Policy for Maternity and Neonatal services. The project co-ordinator was recruited in Q4 2021 to support the implementation of these standards across all 19 services.

3.4 Baseline review of the Midwifery workforce

Following the Birthrate plus HSE National Report in 2016, NWIHP conducted a baseline assessment of the midwifery workforce (data as of December 2020). This was undertaken with a view to preparing for a workforce plan which will incrementally build the further capacity required to enable the full implementation of the new Model of Care (as per HIQA recommendation 3).

There is increased pressure on staff in maternity services, due to rising levels of complex care needs. Therefore workforce issues must be addressed to ensure safe and sustainable care for women and their families in Ireland. Staffing levels, deployment and skill mix are key elements of a safe and quality service.

The baseline assessment undertaken greatly informed NWIHP's approach to the 2022 estimates process in terms of identifying key gaps and variations in midwifery staffing levels. It is anticipated that this data will provide a starting point for further workforce planning in 2022.

3.5 National Breastfeeding Implementation Group

Throughout 2021 further work progressed on the actions relating to maternity services in the Breastfeeding in a Healthy Ireland – Health Service Action Plan 2016-2022.

1. Improved Governance and Health Service Structures

Through capturing women's experiences of care in the development of the national maternity strategy, internal audits of infant feeding practices and more recently the National Maternity Experience Survey identified that improvements for breastfeeding support need to be prioritised.

In 2021 the following new posts were funded in by NWIHP;

- 7.5 WTE in Infant feeding CMM2/CNM2;
- Baby Friendly Initiative - Implementation lead; and
- Antenatal Education Standards – Implementation lead.

This targeted funding by NWIHP in 2021 has now ensured that every maternity unit/hospital in the country now has at least one dedicated infant feeding post in place.

Parallel to NWIHP's investment, a funding commitment was announced by the Minister for Health of €1.58M to support provision of 24 additional Infant feeding posts in the HSE. 9.5WTE of these posts were allocated to maternity services to ensure specialist support is available proportionate to the birth rate within each service, whilst the remainder of posts were allocated to the community to ensure ongoing support for women in the postnatal period.

2. Breastfeeding training for healthcare professionals

The National Healthy Childhood Programme has progressed the development of a standardised and blended breastfeeding education program for Midwives and Public Health Nurses. This includes:

- updating of 2 current e-Learning units with new evidence and approach;
- a new additional 3rd e-Learning module;
- development of pre training materials;
- classroom based skills based training; and
- structured sessions for exposure in clinical practice.

Staff education seminars were facilitated throughout the year by the La Leche League, DCU, Association of Lactation Consultants of Ireland, Pavee Point, National Women's Council and Baby Feeding Law Group Ireland, the 19 maternity services and the National Breastfeeding Implementation group.

3. Health Service Policies and Practices

Two new policies came into effect in 2021 in the HSE within the area of breastfeeding:

- *Breastfeeding Policy for Staff working in the Public Health Service* - HSE staff can now avail of breastfeeding breaks at work for up to one hour per normal working day, in addition to normal rest breaks; and
- *HSE Policy on the Marketing of breast milk Substitutes* – this policy outlines how the HSE can support the recommendations that all parents, whichever way they feed their baby, have access to accurate and effective information free from the influence of marketing campaigns. The HSE, BFLGI, ICGP and FSAI held a launch webinar for staff on the importance of and how to work within the code of marketing.

Policy title: Breastfeeding policy for staff working in the public health service



Breastfeeding Policy for Staff Working in the Public Health Service

Document Reference Number	To be assigned by National Central Repository Office	Document developed by	HSE National Breastfeeding Implementation Group
Revision Number	n/a	Document approved by	HSE Executive Management Team
Approval Date	Nov 2020	Responsibility for implementation	HSE National Breastfeeding Implementation Group & HR
Revision Date	1 year after its introduction and then every three years or more frequently as required	Responsibility for review and audit	HSE National Breastfeeding Implementation Group

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In response to Covid, many HSE breastfeeding supports, for safety purposes, had to be delivered to women via an online platform.

A lot was learned through this online service delivery and as the HSE gradually returned to in-person support groups in 2021, it is anticipated that a hybrid model of in-person and online services to make breastfeeding supports as accessible as possible.

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

The HSE resource 'Breastfeeding for your sick or premature baby' was updated and a new 'Breastfeeding Information for Traveller Beoirs' publication was developed in conjunction with Pavee Point to support discussions with Traveller women on feeding their babies.

The HSE free online breastfeeding advice and information service "ask our breastfeeding expert" answered over 3,800 breastfeeding questions via live chat or e-mail in 2021.

National Breastfeeding Week was celebrated and promoted by MyChild.ie from 1 – 7 October. The week highlighted areas including the return of in person supports for parents and the research findings on Covid-19 antibodies passing to babies through mothers' breast milk.

5. Research, Monitoring and Evaluation

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



Breastfeeding groups are back in communities right across South Dublin



Waterford



Sligo Hospital and President of Ireland

Objectives for 2022

Building upon the achievements of 2021, the National Breastfeeding Implementation Group's objectives for 2022 include but are not limited to:

- Supporting the recruitment and integrated working of new infant feeding posts across maternity and community services;
- Supporting the implementation of the HSE Policy on the Marketing of Breast-milk Substitutes;
- The publication of revised standards and tools to support the implementation of the Baby Friendly Initiative; and
- Commencing the roll out of a national blended breastfeeding education programme.

3.6 National Information Webinar Series

In 2021, NWIHP hosted a National Information Webinar series. This was targeted at both celebrating the significant advancements and developments that have taken place in maternity and gynaecology services, and ensuring that the clinical community had the opportunity to learn from each other.

The first in the series took place on Friday the 30th April. The second and third in the series were scheduled for the month of May, however they were postponed until the 29th of October and 5th November as a result of the cyber-attack. These were very informative and well received information sessions.

In total, 362 different attendees tuned in to the webinars series, with many attending more than one webinar:

- 30th April - 212 attended;
- 29th October - 196 attended; and
- 5th November - 105 attended.

NWIHP would like to extend our thanks to all of the chairs and speakers who were involved across the series.

You can watch the webinars at the following link, or scan the QR code: www.youtube.com/playlist?list=PL_KkYNN3TZQXBBV_ntsPBrFXQ0JKrEUff



The poster is for a webinar series on Friday 30th April 2021, from 12.00 pm to 2.30 pm. It is part of the National Women and Infants Health Programme Virtual Conference Series, chaired by Professor John Morrison. The agenda includes:

- ◆ **National Maternity Strategy 2016-2026; Progress to date**
NWIHP team
- ◆ **Maternity Network Development**
Prof. John Higgins, Clinical Director Maternity Directorate: SIWHIS, Consultant Obstetrician & Gynaecology CUMH
- ◆ **Innovation in Practice**
Roshni Gowen, Clinical Specialist Neonate Dietitian NMH
- ◆ **Termination of Pregnancy**
Dr Aoife Mullally, Clinical Lead for TOP services, Consultant Obstetrician & Gynaecology CWLH
- ◆ **Smoke Free Start**
Majella Phelan CMM2 CUMH & Orla Bowe CMM2 NMH
- ◆ **IMIS Report**
Dr Lean McMahon, Performance Manager, NWIHP
- ◆ **Fetal Viability; a change in practice**
Dr Lisa McCarthy, Consultant Neonatologist NMH
- ◆ **Live Q&A**



3.7 National Maternity Service Directory

Work has been ongoing throughout 2021 on the National Maternity Service Directory Project, funded by Sláintecare. The project was developed in response to a recommendation in the National Maternity Strategy, that “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 aims

- That the directory 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. The directory will;
 - Eliminate the duplication of both development and administrative effort of maintaining individual dataset across the organisation;
 - Store, maintain and publish this information; and
 - Provide an opportunity to align data with data governance standards in HSE ensuring Dates specification Standardisation and Approval.

The project plan is overseen by HSE digital and aims to be completed Quarter 2, 2022.

3.8 All Ireland Midwifery Network

The All Ireland Midwifery Network provides a unique opportunity for partnership, collaboration and sharing of best practice. In Northern Ireland (NI), developing the Network will build on the Strategy for Maternity Care (2012-2018) and the future maternity strategy.

In the Republic of Ireland (ROI) the network will further enable the operationalisation of the three Care Pathways defined (in particular, the Supported-Care Pathway) within the National Maternity Strategy - Creating a Better Future Together (2016-2026). The network will draw on the experience of those who already have in place advanced models of midwifery care, in order to work together with those who wish to improve and introduce evidence based changes to midwifery care with a view to sharing experience and building capacity.

The purpose of the All-Ireland network, which is funded by NWIHP, is to bridge midwifery care communities, by developing a Community of Practice via proactive connectivity through co-production processes. The establishment of such partnerships will enable networked learning and enhance the confidence of midwifery care clinicians in their ability to implement and translate the abundance of midwifery and maternity care research evidence into practice.

The All Ireland Midwifery Network met 3 times in 2021. allirelandmidwiferynetwork.com/

3.9 Transfer of the Homebirth Services

In response to the National Maternity Strategy, the HSE identified the need to integrate the existing National HSE Homebirth Service into the supported care pathway as delivered by acute maternity services, which are under the governance of Acute Operations and its maternity networks. As of 2021, the governance arrangement of the HSE Homebirth Service lies with Primary Care within Community Operations. This governance arrangement will remain in place until governance for the service is formally transferred to Acute Operations and its maternity services as approved and signed off by the Chief Operations Officer, HSE.

In Q2 2021, work commenced on the transition of this service. Acute Operations and NWIHP carried out stakeholder's consultations throughout the months of Quarter 4 to inform the implementation plan and the model of care for homebirth services going forward.

It is planned that the transition of the Homebirth Services will commence in February 2022.

3.10 HIQA National Bereavement Survey

The Health Information and Quality Authority (HIQA) in partnership with the Health Service Executive (HSE) rolled out the National Maternity Care Experience Programme in 2020. As part of the development of the National Maternity Care Experience Programme it was identified that bereaved parents should have their experiences recorded separately to highlight the specific care needs that they have. A programme to examine this groups experience has been set up by HIQA with a National Maternity Bereaved Parents Experience Survey planned for 2022.

3.11 The Mychild Email Digital Support for Parents

Significant progress was made in 2021 on the Sláintecare funded project focusing on digital supports for parents and parents-to-be, NWIHP provided medical and midwifery expertise into the resources being developed for parents.

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; and
- Trial of closed groups on social media providing breastfeeding support for new mothers.

It is anticipated that this project should be completed by Q2 2022.

3.12 Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death National Oversight Group

National Oversight Group

The Oversight Group met in May and November 2021. Topics discussed included:

- Pregnancy Loss Guidelines;
- The amended Coroner's Legislation;
- Determinants of Signs of Life Document;
- Perinatal Pathology; and
- Stillbirth Registration;
- Fetal Medicine and Hospital Audits.

Report on The Implementation Of The National Standards For Bereavement Care Following Pregnancy Loss And Perinatal Death

In July 2021, a report on the programmes of work undertaken to implement the National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death, 2016 (the Standards) was published. The report detailed the Standards, development and implementation programme and all of its achievements. The report also made 40 recommendations for the ongoing improvement of Bereavement Care in Maternity hospitals. These recommendations were based on the findings from the sequential national audits of perinatal bereavement care in the maternity services, expert opinion from multi- disciplinary healthcare professionals involved in the provision of bereavement care following pregnancy loss and perinatal death, the learning from the experiences of bereaved parents and families and best practice as identified from current literature.



<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/bereavement-care/hse-national-standards-for-bereavement-care.pdf>

Education and training

Following on from a recommendation from the Standards National Implementation Group funding was provided by NWIHP to train the Bereavement Clinical Midwife Specialist (CMS) Group as facilitators of the Irish Hospice Foundation provided programme '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. This training was redesigned for online delivery due to Covid-19 restrictions, and the first group of Bereavement Clinical Midwife Specialists trained in January 2021. Subsequent to this, training has been provided both in person and online.

Pregnancy and Infant Loss Website

The national pregnancy loss and perinatal death website has continued to receive increasing traffic in 2021. A management group continues to meet every 6 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.

Bereavement Clinical Midwife/Nurse Specialists

With the implementation of a CMS/CNS post in all maternity units, a bereavement CMS/CNS network was formed. This network met a number of times in 2021, with the programme manager for Bereavement Standards continuing to liaise with, advise and support this network in 2021.

Support & Advisory role

The Clinical Lead and Programme Manager continue to act in a supportive and advisory role to a number of hospitals and individuals in the development and/or expansion of their bereavement services.

Quality Service & Improvement

Following on from the audit carried out in all Maternity hospitals in 2020, a condensed audit tool was developed and sent to all 19 Maternity units in December 2021. Each hospital bereavement team was asked to complete the audit tool. The results will be presented to the NWIHP management team in Spring 2022.

Standards

The Standards document was edited and prepared for publication in 2021. The revised version of the Standards are due to be published in 2022.

Objectives for 2022

The Standards Development Programme is due to complete their work in February 2022. Professor O'Donoghue and Ríona Cotter will continue to supervise the on-going implementation of the Standards and related developments in 2022.



Professor Keelin O'Donoghue, Ms Ríona Cotter (l-r)

This work will include -

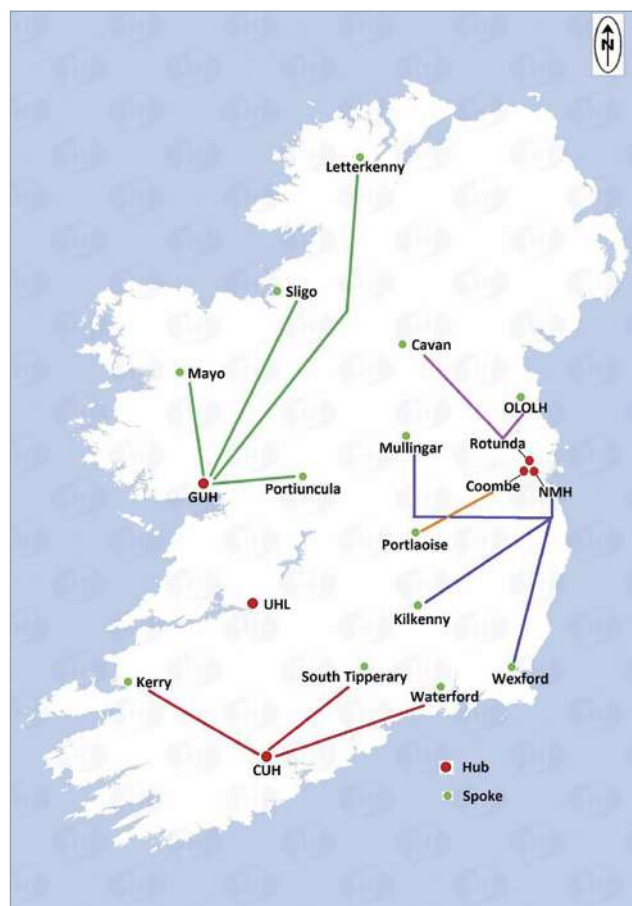
- Continuation and management of the National Oversight Group for the Bereavement Care Following Pregnancy Loss and Perinatal Death.
- Managing the National Website.
- Working with the Clinical Midwife Specialist Group.
- Managing the Bereavement Care Audit.
- Follow up of the education programme (Bereavement Care in Maternity Settings) for maternity hospitals in collaboration with the IHF.
- On-going advocacy on pregnancy loss issues regionally and nationally.
- Education of the remainder of the CMS group as trainers for Dealing With Loss In The Maternity Setting programme.
- Publication of the revised Standards.

3.13 Specialist Perinatal Mental Health Service (SPMHS)

Workforce update

In the three years following the launch of the National Model of Care, a Specialist Perinatal Mental Health Team led by a consultant perinatal psychiatrist is now available in all 6 hub sites. In 2021, funding was also made available to continue the full recruitment of staff in all Hub sites, allowing for the completion of the SPMHS at Galway University Hospital (GUH) and the addition of senior occupational therapists in all 6 hub sites.

During 2021 a successful application was also made to the Women's Health Taskforce by the National Programme and NWIHP, which resulted in the funding of a further 4 perinatal mental health midwives and a 0.4WTE Consultant perinatal psychiatrist post for Galway University Hospital.



There are now perinatal mental health midwives in all 13 spoke sites. The specialist perinatal mental health teams continued to support women and families throughout 2021 and adapted their services to provide both individual and group work online including developing supports for women with anxiety and depression.

2021-2022 MDT Training Programme for Specialist Perinatal Mental Health Services

A specific monthly perinatal mental health online training programme began in November 2021 for all staff working directly in SPMHS and a 2021-2022 training plan was developed. A range of teaching methods are used, including didactic teaching, and small group discussions facilitated by perinatal psychiatrists. This programme is CPD accredited and began in December with an outline of the Perinatal Frame of Mind followed by training on Birth Trauma, PTSD and Tocophobia. Discipline specific monthly perinatal supervision was also provided for senior psychologists, senior occupational therapists and mental health social workers working in the specialist area of perinatal mental health. Specific senior psychology supervision began in 2021. This training was organised by the National Programme in collaboration with the individual peer groups for these specific disciplines and funded by NWIHP.

Perinatal Mental Health App for Healthcare professionals

Other supports were also developed for frontline workers working with women in the perinatal period. Over 1,500 frontline staff are now registered on the PMH App for healthcare professionals (PHNs and Midwives the majority). The app is regularly updated and available at <https://pmh.healthcarestaff.app/>. Specific information was added in January 2021 for GPs following a collaboration with GP Buddy in which specific perinatal mental health questions were answered by Dr. Richard Duffy, Perinatal Psychiatrist, Rotunda Hospital. New video resources have also been added such as the SPMHS in the Rotunda's Me to Mum videos as well as videos made to raise awareness for women from the travelling community on perinatal mental health supports available.

Video Enabled Care

In 2021 in response to Covid-19, the use of Video Enabled Care (VEC) through Attend Anywhere (AA) has supported women to connect with their perinatal mental health service. Women have attended specific CBT sessions, psychology appointments and group sessions using this virtual platform. For new mothers, it allowed therapy to be provided in their own environment, without the constraints of travel or having to bring a newborn to an appointment. VEC through AA provided a blended approach to linking with the service; allowing accessibility for those who have limited transport links or cannot drive following a C-section. All maternity hub and spoke sites used a blended approach to providing services with video enabled care as an option where it is clinically appropriate and approximately 2,300 VEC consultations took place in 2021.

SPMHS have also developed a number of resources to support women and their families including the development of videos, patient information leaflets and useful posters for maternity and other frontline settings. 12 Patient information leaflets were developed with the SPMHS clinicians focusing on specific of PMH problems including specific information for partners and also families. They are available to women and GPs to order free of charge from www.healthpromotion.ie.



A reprint of these leaflets is currently underway with over 65,000 leaflets sent to maternity hospitals, health centres, GPs and individual women and families.

Mother and Baby Unit

In 2021 the National Programme for Specialist Perinatal Mental Health Services placed a focus on the need to develop Ireland’s first Mother and Baby Unit.

A Mother and Baby Unit (MBU) is a specialist in-patient unit for women who have severe mental health problems, where the mother and baby can be admitted together. Specialist staff nurture and support the mother-infant relationship on the Unit at the same time as the mother has treatment for her mental illness.

<https://www.hse.ie/eng/services/list/4/mental-health-services/specialist-perinatal-mental-health/what-is-a-mother-and-baby-unit-print-version.pdf>



National Self-Assessment Framework for Perinatal Mental Health Midwives

On the 30th November, 2021 Minister Mary Butler, TD and Minister of State for Mental Health and Older Persons officially launched the National Self-Assessment Framework to Enhance Knowledge and Skills for the Perinatal Mental Health (PMH) Midwife, Clinical Midwife Manager 2 (CMM2).

Perinatal mental health midwives are specialist midwives working as part of the Specialist Perinatal Mental Health Service. They provide a skilled response to women with mental health problems in pregnancy and the first postpartum year.

The CMM2 midwife post in perinatal mental health is a new, unique and exciting post now in place in each of the 19 maternity hospitals/units in Ireland. The need for a guiding document to support new and existing PMH Midwife CMM2s in their transition to specialist clinical practice was identified in 2020 by the Specialist Perinatal Mental Health Programme (SPMHP).

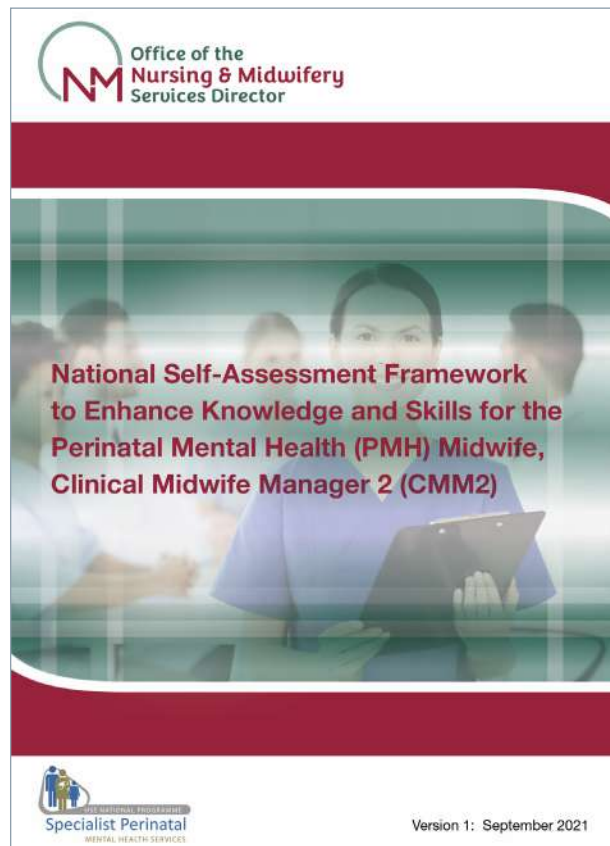
The Self-Assessment Framework was co-produced by the Office of the Nursing and Midwifery Services Director (ONMSD) and the SPMHS. The framework is available for use by all Hub and Spoke PMH Midwife CMM2s and Directors of Midwifery as a resource for further development of the role and as a benchmark for competency guidance.

Objectives for 2022

While challenges remain with regard to appropriate accommodation for teams, the development of a national data system, maternity cover for MDT staff and the development of an MBU, these needs are followed up regularly with the relevant departments.

The SPHMS work for 2022 will include:

- Support the recruitment of staff.
- Continue to design and deliver a specific training and education schedule.
- Design Cascade Training for: PHNs, Practice Nurses, Community Midwives, Community Mental Health Teams.



- Develop a Perinatal Mental Health App to support women and their families.
- Work with services to support the development of a bespoke IT database.
- Work with HSE Estates to advance SPMH Team and clinic accommodation.
- Work with HSE Estates and CHO6 on the development of a National Mother and Baby Unit
- Continue to work closely with the National Women & Infants Health Programme and other relevant service areas.

3.14 National Fetal MRI Service

Background

In March 2020, coinciding with the first week of lockdown, the National fetal MRI service commenced in the National Maternity Hospital. This development came as part of the significant investment NWIHP made in the development and delivery of anomaly scanning services across the 19 maternity units. Access to this national fetal MRI service is available to all units via the maternal fetal medicine (MFM) specialist teams in the 6 hub sites of the Rotunda, Coombe, NMH, Galway, Limerick and Cork.

Ultrasound is, and will remain, the mainstay of second trimester anomaly scanning with fetal MRI available as an adjunct for those women with pregnancies identified to have complex anomalies which are either incompletely evaluated on ultrasound or where MRI provides additional diagnostic information. This is well established for neurological indications such as ventriculomegaly, agenesis of the corpus callosum or posterior fossa abnormalities and body indications such as congenital diaphragmatic hernia. Availability of this service in Ireland, as and when clinically indicated by the MFMs in the 6 hub sites, is supporting and assisting 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. Thus the introduction of the National service provides uniform access to all women, irrespective of location in the country to what is internationally recognised as the standard of care for complex fetal anomalies.

The service is based in the National Maternity Hospital and the Radiology Lead for the National Fetal MRI program is Dr Gabrielle Colleran, Consultant Paediatric Radiologist. All studies are double reported by two Consultant Paediatric Radiologists with subspecialty fetal MRI interest. In late March 2022, Dr Niamh Adams will join Dr Colleran and Dr Ian Robinson in providing the fetal MRI service.

Referrals from the 6 hub sites are accepted on a standard national referral form at no local charge to the site, fully funded by NWIHP. Appointments are provided within a week of referral, usually within 2 days. A full double read report is provided to the referring MFM and with Consultant Paediatric Radiologist, expertise available to present at the local site MDM.

Arising from Covid, on care delivery is that the provision of MDTs in a hybrid or remote fashion has become more normalised. This has enabled the specialist consultant team to present at MDTs in various parts of the country. This has been an essential part of building the relationship with local clinicians and the added value of the fetal MRI program to local provision of care.

Objectives for 2022

With the impact of Covid-19, the anticipated rate of development of this national service was inevitably slowed. Notwithstanding this challenge, the national service grew in 2021, from 137 examinations in 2020 to 214 in 2021, a great achievement given the limitation on physical meetings with hub sites due to Covid-19. Within 2022, work will continue to develop and grow this important service.

It is hoped, now that the country is emerging from the restrictions of Covid, that members of the specialist fetal MRI team will be able to physically visit each site in 2022 as was planned prior to commencement of the program in 2020 which unfortunately coincided with Covid restrictions.

COVID AND THE MATERNITY SERVICES

4.1 Vaccination of Pregnant women

Covid-19 infection in pregnancy is associated with an increased risk of hospitalisation, an increased risk of premature delivery if symptomatic in the third trimester and a significantly higher risk of ICU admission.

In late April the National Immunisation Advisory Committee (NIAC) recommended that pregnant women, between 14 and 36 completed weeks gestation, be offered an mRNA vaccine after a consultation with their obstetric care-giver on the risk/benefits of the vaccine.



In 2021, there had been a much slower uptake of vaccination in the pregnant population than the general population and further efforts were required throughout 2021 in order to increase the awareness of the importance of vaccination for pregnant women.

Skilled communication with a trusted healthcare professional was shown to increase acceptance of vaccines and our colleagues in all maternity services provided advice re the safety of vaccinations in pregnancy with women at routine antenatal appointments.

HSE communications developed a series of initiatives designed to prompt the importance of vaccination via the media; social media; and the HSE website.

While the HSE strongly recommend the vaccine to pregnant women, it is important to note that this is still a choice that remains with the individual woman.

Ireland's Clinical Guidelines were updated by Professor Keelin O'Donoghue, following ongoing review of the international guidance. The HSE, NWIHP and the Chair of the Institute of Obstetrics and Gynaecology (IOG), Dr Cliona Murphy, worked in partnership throughout 2021 to increase awareness around the importance of vaccination in pregnancy as the association between Covid placentitis and stillbirth underlines the importance of keeping women safe from Covid-19 during pregnancy.

4.2 Support Partner Access

Since the commencement of the Covid-19 pandemic, maternity services have been committed to ensuring that to the best of their ability the impact of Covid-19 on services and the pregnancy experience of every mother and their partner should be kept to an absolute minimum wherever feasible. Every restriction and deviation from normal practice across the country was a cause of concern and was deeply regretted at local and national level.

Maternity services and their dedicated staff are acutely aware of how unique the pregnancy journey is for each woman and her family and are mindful how the presence of loved ones can offer unique support and care in this journey.



The HSE guidance on visiting, including access for nominated support partners in the maternity context, is provided by the HSE's Anti-Microbial Resistance and Infection Control (AMRIC) team. This guidance is updated regularly, in line with the changing circumstances of the pandemic, the prevailing transmission rates and the level of vaccination in the population. The association between Covid placentitis and still birth underlines the importance of keeping maternity services as safe as possible.

Covid infection in pregnant women is potentially serious. Many countries, including England, have recorded maternal deaths with Covid infection and pregnancy. To date we are fortunate that out of approximately 105,000 births no maternal death associated with Covid has been reported. This is a reflection on our population, our underlying incidence of Covid, the response of the health service and the priority accorded to keeping maternity units free of Covid.

All involved in the provision of maternity services are aware of the difficulty and distress that the restrictions on accompanying persons due to Covid have caused. The HSE continues to balance the needs of women and their nominated support partner with the risk of infection and transmission in the hospital setting. In this vein, the AMRIC guidance states that restrictions to nominated support partner access should be at the minimum level required to manage infection prevention and risk. It seeks to balance the competing requirements for partners to be present to support women but also giving priority to the safety, welfare and privacy of all women and infants that use the service, and its staff.

Every effort was made by maternity services in 2021 to facilitate maximum access whilst ensuring a safe service continued to be provided to the woman, her baby and the staff providing the service.

GYNAECOLOGY SERVICES

5.1 Model of Care for Infertility

Following on from the commencement of Phase 1 in 2020 and the investment into the first four regional infertility hubs, 2021 saw the continued implementation of this phase with an additional investment in 2 regional hubs.

This concluded the full implementation of Phase One of the Model of Care for infertility Services in 2021.

	Site	Year Funded and Approved
1	Cork	2020
2	Rotunda	2020
3	Coombe	2020
4	NMH	2020
5	Galway	2021
6	Limerick	2021



The Coombe open their fertility hub, June 2021



Fertility Galway (due to open in 2022)

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.

Objectives for 2022

While a public fertility service, including IVF, is planned by Government and will form Phase Two of the roll-out of the model of care, this will require the commencement of primary legislation in order that a robust regulatory framework can be put in place. NWIHP will commence the planning for this phase of the programme in 2022, but will need guidance from the Department on future funding, and also the main relevant provisions of the AHR legislation.

In addition, it is intended that NWIHP will work closely with all 6 regional fertility hubs so as to ensure a consistent approach to service development and delivery.

5.2 Model of Care for Ambulatory Gynaecology

As of 2020, the year on year demand for general gynaecology services measured by number of referrals, outstripped supply measured by new appointments, by over 10,000 per annum resulting in gynaecology general waiting lists continuing to increase across the country. Covid-19 and the cyberattack in May 2021 have further exacerbated these waiting list challenges.

The Ambulatory Gynaecology Model of Care, developed by NWIHP following review of the service in place in Mayo, recommended 20 ambulatory gynaecology clinics across the country. Seven of which are level one units, i.e. targeting circa an additional 3000 capacity per annum, and the remaining 13 are level 2 units, i.e. targeting circa 1200-1500 additional capacity per annum.



The Minister launches the clinic in the Rotunda (left) and Galway (right)

The ambulatory gynaecology model of care is a three phase project. Phase 1 in 2020 focused on three hospitals with significant waiting lists – CUMH, Rotunda and Galway. Following positive engagement with the Department of Health and the Women’s Health Taskforce, funding for an additional 11 hospitals was secured in 2021, which was phase 2.

	Site	Year Funded	Status as of 2021
1	Galway	Funded 2020	Deployed
2	Cork	Funded 2020	Deployed
3	Rotunda	Funded 2020	Deployed
4	Kerry	Funded 2021	Awaiting sign-off on proposed community based footprint
5	Waterford	Funded 2021	Deployed
6	Limerick	Funded 2021 (in conjunction with Women's Taskforce)	Anticipated Q2 2022
7	Tallaght	Funded 2021 (in conjunction with Women's Taskforce)	Awaiting sign-off on proposed community based footprint
8	OLOL	Funded 2021	2021
9	Wexford	Funded 2021	2021
10	Coombe	Funded 2021	2021
11	NMH	Funded 2021	Deployed
12	Letterkenny	Funded 2021	Deployed
13	Portlaoise	Partial funding 2021 Remaining funding 2022	Anticipated 2022
14	Sligo	Funded 2021	Anticipated 2022
15	Mayo	Funded 2021	Deployed
16	Kilkenny	Targeted funding 2022	Anticipated 2022
17	Mullingar	Targeted funding 2022	Anticipated 2022
18	STGH	Targeted funding 2022	Anticipated 2022
19	Portiuncula	Targeted funding 2022	Anticipated 2022
20	Cavan	Targeted funding 2022	Anticipated 2022

Objectives for 2022

Phase 3 has been fully funded in budget 2022, and by year end it is planned by NWIHP that all 20 recommended ambulatory gynaecology clinics will be approved and deployed.

When all 20 units are fully deployed, it is anticipated that an additional national capacity of approximately 34,000 appointments per annum will be gained. This should ultimately address the current waiting lists, and bring supply above the current level of demand. The demand for gynaecology services has increased since 2020, and NWIHP is reviewing this in collaboration with sites and the Acute Operations. However with the investment in ambulatory gynaecology services, sites and services should be robustly positioned to meet this forecasted demand.

5.3 MESH

In 2020, a €1m investment package was allocated by NWIHP to the two designated centres of excellence (NMH and the CUMH) to provide post vaginal mesh complications. Referral to the mesh centres is managed on a Consultant to Consultant basis with exceptions made as clinically required on a case by case basis to enable direct GP referral. This is one national service delivered across two sites, with both being fully operational as of Q3 2021. Two National Mesh Administrators work across the national service to ensure equity of access for patients and structured communication pathways so as to assist patients accessing care and navigating the service.

The national service is supported by full diagnostics with both centres having a translabial scanner on site. Training was provided by a Consultant from Croydon to Consultants in the national service during 2021. Links with Consultants in Croydon Hospital who also specialise in this area continue to optimise learning opportunities and patient care.



Translabial scan training day

5.4 Termination of Pregnancy (ToP)

Geographical spread of ToP services

As of the end of 2021, 10 Maternity Hospitals and 405 GP services were providing ToP services.

NWIHP and the Clinical Lead for ToP had a schedule of hospital visits planned for 2021. 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 took place. NWIHP is committed to the continued roll-out of termination services and plans to recommence site visits as soon as practicable in 2022.

Clinical Advisory Forum

The CAF met 3 times in April, July and September of 2021 to support the continued provision of a high-quality, safe ToP service to women. In this meeting a range of issues and areas were discussed and examined including performance indicators & quality assurance; scanning in EPAUs; ToP provider peer support mechanisms; ToP training; updates from the service.

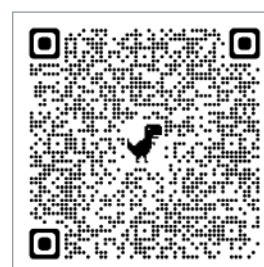
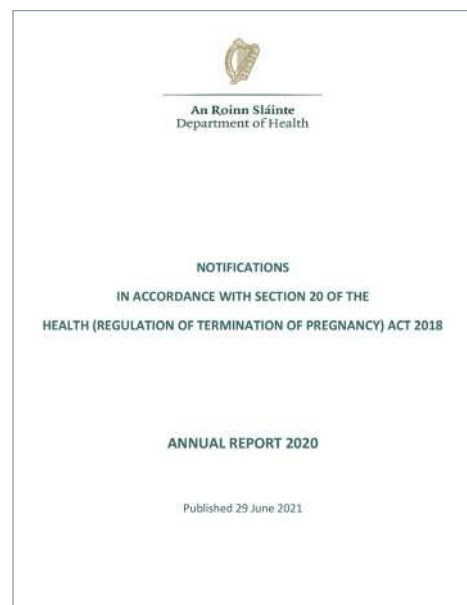
Annual Report

The second annual report on ToP services in Ireland was published on the 29th of June 2021 by the Department of Health.

As outlined in the report, a total of 6,577 terminations were carried out under the legislation in 2020. Of these, 20 were notified under section 9; 5 under section 10; 97 under section 11; and 6455 under section 12.

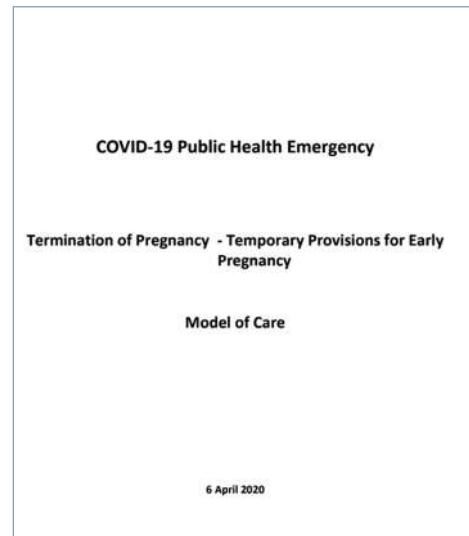
By county, out of the 6577 terminations notified 37% were from Dublin; 10% in Cork; and 4% in Limerick, Galway, and Kildare; and 6% of those notified did not disclose a location.

<https://www.gov.ie/en/publication/ef674-health-regulation-of-termination-of-pregnancy-act-2018-annual-report-on-notifications-2020/>



Review of the revised Model of Care

The Clinical Lead was asked by the Department of Health to lead a review of the revised model of care that was implemented to accommodate telemedicine during the Covid pandemic. In conducting this review, the National Women and Infants Health Programme invited submissions from ToP providers in primary and secondary care, with a focus on patient safety and the acceptability of the service to both women and service providers. Members of the Clinical Advisory Forum on ToP were invited to submit their views and experience. Submissions were received from Consultants in Obstetrics & Gynaecology providing hospital-based services, general practitioners, members of the Southern Taskforce On Abortion and Reproductive Topics (START), the Irish College of General Practitioners, the Irish Family Planning Association, the Dublin Well Woman Centre and MyOptions.



This review of the Revised Model of Care has shown that including remote consultation as part of the ToP service is safe, effective and acceptable to both service users and providers. It improves access for many women and addresses geographical and logistical barriers. It also alleviates some of the difficulty associated with the mandatory 3-day waiting period. Availability of remote consultation places the woman at the centre of the process and supports her reproductive autonomy. There is a growing body of evidence that telemedicine use in ToP care has outcomes that are consistent with in-person care and it is now becoming normalised in many countries. The HSE supports the retention of remote consultation as part of a blended approach to ToP care.

DoH review of the operation of the act

In December 2021 the Minister for Health commenced the Review of the Health (Regulation of Termination of Pregnancy Act) 2018.

The Act specifically provides for such a review of the operation of the Act, which sets out four different types of situations in which a ToP can occur under Irish law. Under the Act, the review must be initiated before the 1st of January 2022.

The review will be led by an independent Chair approved by the Minister for Health, and a final report will be submitted to the Minister in late 2022.

The CAF submitted a paper to the Dept of Health outlining the experiences of its members in implementing the Act. This included particular areas that could be focussed on during the review process with an emphasis on improving access to care for all women.

ToP education group

In 2021, the ToP education group commenced a programme of work, commissioned by NWIHP and the ONMSD, to create a HSE Land training programme titled Termination of Pregnancy.

The programme was developed in association with the national implementation of the ToP Model of Care, and its aim is to provide midwives, nurses, doctors and other healthcare professionals with the knowledge and skills to provide high quality, safe, empathetic care to women opting for a ToP within the confines of the Health (Regulation of Termination of Pregnancy) Act 2018. This training programme is due for completion in Q2 2022.

Objectives for 2022

- NWIHP and the Clinical Lead for ToP will schedule a series of hospital visits in 2022, with a view for the continued rollout of ToP services in Ireland.
- The Clinical Lead will collaborate with the RCPI to develop a webinar on ToP for trainees in obstetrics and gynaecology.
- The engagement with the hospitals will also form part of the development of a service evaluation programme for ToP, ensuring that safety and quality of the service. The Clinical Lead for ToP will establish a Service Evaluation working group in 2022.

5.5 Endometriosis

Background

Endometriosis is one of the most common gynaecological condition requiring treatment in Ireland, approximately 1 in 10 women will suffer from endometriosis. There is a wide-range of symptoms associated with this condition and therefore, the burden of disease varies from person to person. While there are various theories regarding the exact aetiology of endometriosis, it remains a chronic condition from which there is no definitive cure.

Key Achievements in 2021

Since the establishment of the Women's Health Taskforce in the Department of Health, a number of issues that have a profound effect of the quality of women's lives have been raised in profile. With funding secured from the taskforce, NWIHP have worked with Tallaght University Hospital to develop a specialist referral pathway for women with very complex endometriosis.

Funding was invested in Tallaght University Hospital in 2021 to build capacity for dealing with complex endometrial cases, requiring invasive surgery.

Objectives for 2022

Further investment will be made into Tallaght in 2022, and initial investment in Cork University Maternity Hospital in 2022 will enable them to develop a similar service to Tallaght.

A model of care will be developed which will target the full patient pathway, from primary to secondary to tertiary and to super regional specialist care.

5.6 Specialist Complex Menopause Clinics

There has been a longstanding requirement for specialist menopause clinics in Ireland, but the focus of the Women's Health Taskforce has provided the necessary funding for this initiative.

It is envisaged by all parties that the vast majority of care in the area of menopause should be provided within primary care settings. The HSE is keen that Ireland has in place a structured scheduled care pathway in the area of menopause with services provided in primary care being congruent with services provided in secondary care and vice versa.



The first specialist menopause clinic opened in the National Maternity Hospital in December 2021. It is led by Dr Deirdre Lundy - a GP Menopause Specialist and BMS accredited Menopause Trainer, and is assisted by Dr Nicola Cochrane, a GP Menopause Specialist and Nurse Claire McElroy, the first CNS for Menopause in Ireland.

The triage criteria for access to these specialist complex menopause clinics are:

- Women whose treatment within primary care settings does not improve their menopausal symptoms;
- Women who are experiencing on-going troublesome or clinically significant side effects further to treatment within primary care setting e.g. bleeding;
- Women who have contra-indications to HRT and
- Women about whom there are uncertainty about the most suitable treatment option for their menopausal symptoms e.g. complex medical history.

Objectives for 2022

Three further menopause clinics have been funded in 2022, and it is planned by NWIHP that these will be based in Cork, Limerick and Galway.

	Site	Year Funded	Status as of 2021
1	NMH	Funded 2021	Operational Q4 2021
2	Galway	Funded 2022	Anticipated Q4 2022
3	Cork	Funded 2022	Anticipated Q4 2022
4	Limerick	Funded 2022	Anticipated Q4 2022

5.7 Post-Menopausal Bleeding (PMB)

In 2021, NWIHP working with the CCO's office and Acute Operations, developed interim guidance regarding the appropriate timeframe for the investigation of post-menopausal bleeding. These timeframes are:

- **90%** of women experiencing PMB should be seen as an outpatient in an ambulatory gynaecology clinic with **4 weeks** of GP referral.
- **90%** of women experiencing PMB should receive histological confirmation within **4 weeks** of being seen as an outpatient/in an ambulatory gynaecology clinic.
- From receipt of a GP referral, it is recommended that **100% of women** are seen and receive histological confirmation within **12 weeks**.

Objectives for 2022

National Clinical Guidelines in PMB will be developed, and the timeframe for the investigation of postmenopausal bleeding will be reviewed as part of this development.

5.8 Further developments for Gynaecology Services

With the final 6 sites funded for Ambulatory Gynaecology in 2022, NWIHP will turn attention to reviewing and examining general gynaecology services, with particular attention to theatre access and protected day and inpatient beds.

It is expected that this work will be undertaken in close collaboration with Acute Operations, with a view to determining what dedicated capacity is required to meet projected demand. Work in this area is expected to inform NWIHP's 2023 estimate bids in relation to the further expansion and development of gynaecological services.

NEONATOLOGY

Reflections from the Clinical Lead for Neonatology and Paediatrics, Prof John Murphy

The clinical programme in neonatology has, similar to previous years, been working closely with NWIHP throughout 2021.

The remit of the neonatal programme is to design new services and to improve existing services where needed. It considers issues from a national perspective. It concentrates on what matters most to most babies.

Neonatology is a rapidly changing specialty. The NWIHP recognise this and has committed to funding for Consultant Neonatologists, Neonatal ANPs, Neonatal tutors and health and social care professionals in neonatology. In order to function optimally it is important that its future direction and development is planned. Currently, a large number of neonatal projects are being rolled out.



6.1 Neonatal Resuscitation Programme

In 2020, a baseline assessment exercise commenced regarding the provision and organisation of Neonatal Resuscitation (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 late 2020.

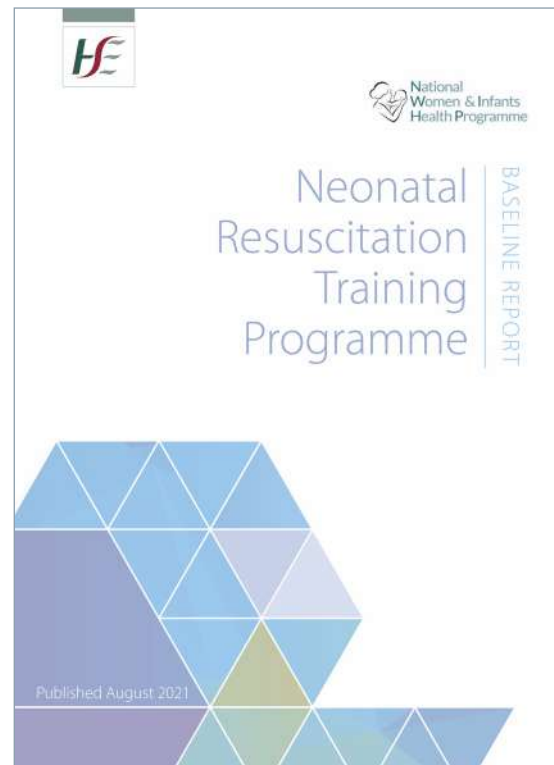
In August 2021 the baseline assessment report was published and disseminated across the system from which key next steps were identified:

- Design and development of a governance structure for the provision of neonatal resuscitation that will ensure the most up-to-date, evidence based training is provided;
- In-depth audit of neonatal resuscitation training and educational aids across all 19 maternity services to ensure that all services have in place and have access to defined standard of equipment for training purposes; and
- Development of a suite of National Standards for NRP training, that can be used by Hospital Groups and individual sites to benchmark and self-audit against defined best practice in the provision of NRP training.

Throughout 2021, work has commenced to action these next steps. An NRP Governance committee has been established in order to progress with the design and development of a governance structure. The Project Co-ordinator engaged with the 19 NRP links nationwide and visited 13 of the 19 sites in order to complete an in depth audit of NR training and educational aids. And work commenced in Q4 to progress the development of a suite of national standards.

Also commenced in 2021:

- In December the Hospital groups were updated on the upcoming changes to NR Programme based on the 8th edition;
- Work has also commenced on the creation of a national database of NRP instructors. The Laerdal Platform is being developed for this register and it is due to be completed in Q1 2022;



- NRP Instructor Eligibility criteria and maintenance as per American Academy of Paediatrics recommendations is being implanted on all 19 maternity sites; and
- Work with emerging research in neonatal resuscitation both nationally and international continues. International links continue with American Academy of Pediatrics and American Heart Association.

Objectives for 2022

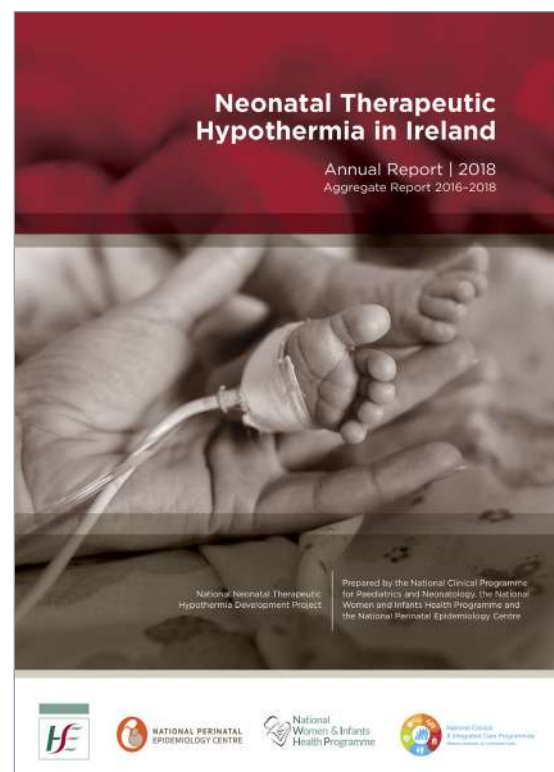
- Visit the remaining 6 sites in Q1 2022;
- Continue development of a suite of national standards;
- The NRP National Governance committee will review the future strategy for provision of NRP Instructor and Provider training in Ireland; and
- The roll out of the NRP 8th Edition as per American Heart Association NRP Faculty recommendations on all 19 maternity sites is to commence in Q1, 2022. The modification of multidisciplinary neonatal resuscitation training in line with up to date International Liaison Committee on Resuscitation (ILCOR) and National recommendations is always ongoing.

6.2 Therapeutic Hypothermia Report

The 2019 Therapeutic Hypothermia (TH) report was published in 2021. It was circulated to all of the relevant stakeholders and published on NWIHPs website. Work is ongoing within the NWIHP team on the implementation of the recommendations from this report.

In 2021 the data for the 2020 TH report was collected. For the first time, the data collection team expanded as the repository of data grows.

A database review also commenced as part of a quality improvement initiative, and targeted research was conducted based on evolving trends emerging from the data.



Objectives for 2022

- The data for the 2020 TH report will be reviewed and analysed a report will be published by Q3 2022;
- Continual data collection to build on the repository of TH data which can inform practice and policy; and
- Create publications from the targeted research based on the evolving trends emerging from the data.

6.3 Neonatology Projects

In 2021, NWIHP continued to progress the work of a number of neonatology projects that had been established in 2020.

1. Neonatal heart valve donation project

A heart valve donation flow chart was developed for use by clinicians in order to encourage a proactive approach to discussing donations with parents of eligible infants. A parental leaflet to aid decision making for parents who are considering donation was also developed. This work has been a collaborative approach with the transplant coordinators in the Mater Hospital, Organ Donation Transplant Ireland (ODTI), and CHI Hospital Group.

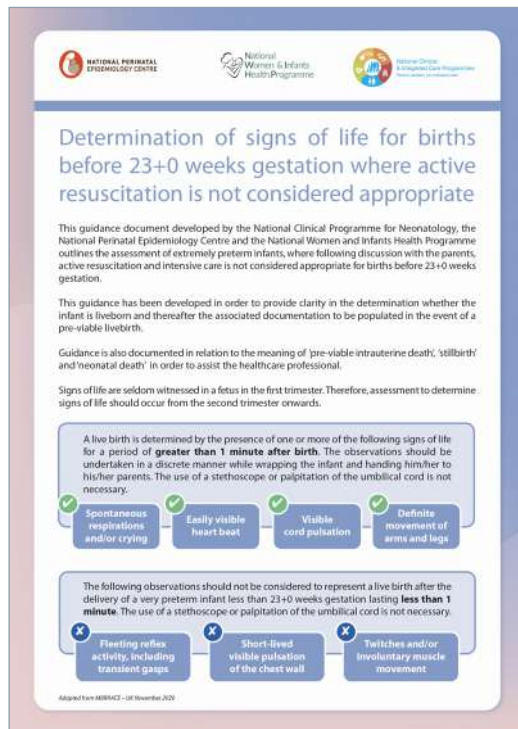
Objectives for 2022

- Record an educational video providing guidance for clinicians on how to use the algorithm created;
- Disseminate suite of documentation and the guidance video the 19 maternity sites; and
- Audit the service one year post dissemination of suite of documents to see if there has been an increase in heart valve donations. NWIHP will continue to work with ODTI regarding education of clinicians sensibly approaching parents regarding the possibility of donation.

2. Determination of signs of life for births before 23+0 weeks gestation where active resuscitation is not considered appropriate.

As referred to last year under fetal viability, a guidance document was developed to inform and provide clarity for frontline clinical staff as to what constitutes a live born infant.

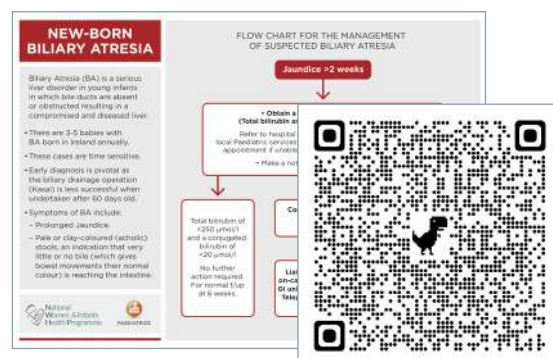
These documents were published and disseminated to the 19 maternity units. Professor Richard Greene and Professor Keelin O'Donoghue recorded a podcast for launch of documentation out to the system. This podcast is available on NWIHPs website.



3. Biliary Atresia (BA)

A care pathway and documentation on new-born biliary atresia was developed.

This documentation was disseminated to the 19 maternity services and the flow chart was made available on NWIHPs website.



4. Cytomegalovirus pathway

A working group was established in 2021 to set up a screening programme for babies who have a 'no clear response' on the Universal Newborn Hearing Screen (UNHS). The aim is to identify babies with symptomatic hearing loss due to congenital cytomegalovirus.

Optimal initiation of treatment for symptomatic congenital cytomegalovirus is time critical for long term benefit. It is anticipated that detection on the UNHS coupled with this new pathway of care will facilitate earlier and more effective antiviral treatment. The pathway is to become operational Q3 2022.

5. DDH

The targeted hip ultrasound screening for Developmental Dysplasia of the Hip (DDH) at 6 weeks old is now in place across all maternity hospitals. The programme screens the 20,000 babies annually at increased risk of a hip dislocation.

6. Neonatal Retro-transfer

A neonatal retro-transfer is being developed through the National Neonatal Transport Programme (NNTP). It will enable the transfer of the convalescent back to their local hospitals. The ambulance, equipment, and staff are in place. The service will be in operation in a matter of months.

7. HIPE

There are ongoing discussions with the relevant agencies about the Hospital in-patient Enquiry (HIPE) capture of routine newborn care on the postnatal wards.

8. Parenteral Nutrition

The programme lead on the development of Parenteral Nutrition (PN) for babies is currently engaged in a series of procurement negotiations.

9. Frameworks for Practice

A neonatal data researcher has been appointed. This manager will be involved in data collection, analysis, and systematic reviews. The appointment will spearhead the production of neonatal guidelines, algorithms, and frameworks for practice.

SEXUAL ASSAULT TREATMENT UNITS

In 2021 further progress has been made across a range of areas to create a more sustainable and consistent SATU service and to improve patient access, quality of care and the patient experience.

Sexual Assault Treatment Unit (SATU) Implementation Project Team

The SATU Implementation Project Team met 4 times in March, July, September and December of 2021 to support the continued rollout of the areas for action from the Department of Health Policy Review (2019).

Ring fence funding secured for 2022

As part of the estimates process for 2022, NWIHP submitted a bid to increase the ring-fenced funding by 0.25m to 0.8m in total, as per the original Implementation plan costing. Identification of funding as part of the 2022 Estimates will ensure progress can be made across key areas, such as:

- Provision of dedicated emotional supports for SATU staff;
- Standardising Clinical supervision;
- Clinical guideline development/revision;
- Developing and sustaining delivery of more accessible and flexible multi-agency training and development programmes;
- Developing/strengthening pathways for onward management of patients; and
- Supporting the co-location of adult and paediatric services in the East.

This additional funding will also ensure the SATU service is appropriately resourced to continue to analyse the performance of the service in terms of patient quality and patient experience whilst utilising all of the data and information to continuously improve.

Annual Report

The Annual report for 2020 was published in May 2021. Key findings from this report included:

- 658 (90%) of incidents occurred in the Republic of Ireland.
- The greatest number of these incidents occurring in Dublin (26%).
- Tuesday was the busiest day of the week and August/September were equally the busiest months.
- 26% attended at night which underpins the importance for round the clock service.
- 92% were female, with the mean age of those attending at 27 years.

Emotional supports for SATU staff

In November 2021, NWIHP held a virtual Professional Therapeutic Space Workshop for the staff working across the 6 SATUs. The aim of the workshop was to collectively explore a reflective practice/emotional support space for those working across the 6 SATUs. <https://www.hse.ie/eng/services/list/5/sexhealth/sexual-assault-treatment-units-resources-for-healthcare-professionals/satu-2020-annual-report.pdf>

Overall the feedback was very positive and the participants identified what they needed from a professional therapeutic space. A blended package consisting of group workshops and individual sessions will be offered to the staff across the 6 SATUs during the first half of 2022. The programme will be formally appraised to ensure it meets the needs of the SATU team.



Training

This year's National multi-agency SATU study day was again held virtually in October, and the benefits of the online platform were apparent from feedback and attendance levels. Speakers and presentations were varied and incredibly engaging – this year's day focussed on many aspects of the service, but particularly on the fact that endeavours to address the prevalence of, and response to sexual violence, need a whole of society approach. It was particularly interesting to hear about the Sexual Violence Framework at UCC and the West Cork Sexual Violence Support Services.

Communications

A social media campaign was run between October 2020 and July 2021. The campaign resulted in 989,000 impressions and 129,000 engagements with the advert, and the results showed that the animated educational videos were particularly popular.

'Sexual Assault' was the top term that drove traffic to the SATU websites. Since ceasing, organic searches are resulting in the SATU websites being 2nd and 5th in the search items.

Objectives for 2022

- The National Guidelines on Referral and Forensic Clinical Examination Following Rape and Sexual Assault will be revised in 2022. Input will be sought from a wide variety of stakeholders including An Garda Síochána, Rape Crisis Centres and Rape Crisis network, Office of DPP and SATUs;
- CPD opportunities will be collated, disseminated and made accessible to all practitioners;
- Feedback on the introduction of the Professional Therapeutic Space will be sought from the SATU staff and the package will be reviewed with a view to implementing a long term support for all staff working across the 6 SATU sites;
- The following training sessions are scheduled for 2022:
 - Forensic medical examiner training in January and May; and
 - Specialist Nurse and Midwife training course in September.
- The Galway SATU/Barnahus will open in early 2022 and it will be a flagship for responsive, combined adult and paediatric services; and
- A review of the SATU National Management Team Structure will be completed and submitted to the Department of Health for review.

QUALITY AND SAFETY

Reflections from the Clinical Director, Dr Peter McKenna

I would like to thank the 6 Clinical Directors, Professor Fergal Malone, Professor John Higgins, Professor John Morrison, Dr Mendinaro Imcha, Professor Michael O'Connell, and Professor Shane Higgins, for enhancing the work of NWIHP throughout 2021.



Two learning notices were issued to the maternity services in 2021, reflecting on:

- 1. The increased importance of ethnicity on adverse maternal outcomes.*
- 2. The increased importance of suicide as a cause of maternal death.*

In August of 2021, the Obstetric Event Support Team (OEST) engaged with three of the hospital groups in relation to supporting reviews into four specific maternity adverse outcomes. These four events are maternal death, intrapartum fetal death, early neonatal death, and babies that require therapeutic hypothermia. The objective of the OEST is to learn if there avoidable factors in these adverse outcomes, and how these can be mitigated. The work of the OEST will be expanded in 2022 to include all hospital groups.

Finally, I would like to congratulate Dr Cliona Murphy as the incoming Clinical Director for NWIHP in 2022.

8.1 Irish Maternity Indicator System

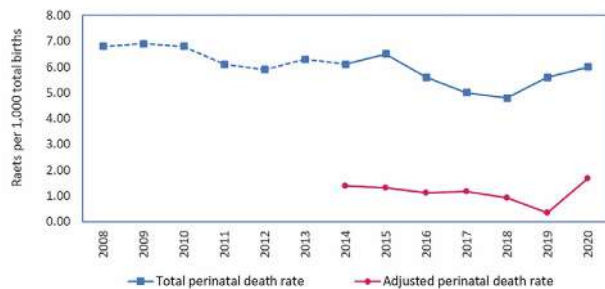
In 2021, despite the challenges of Covid-19, all IMIS data for 2020 were signed-off and returned to NWIHP by March 2021. The IMIS National Report 2020 was published in April 2021.

Key Deliverables

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 for demographics, neonatal care, breastfeeding, obstetric risks and complications, anaesthesia, and delivery interventions. The data are shown on funnel charts (source: IMIS 2020) and longitudinal line charts (sources: HIPE (closed national files for 2008-2013) and IMIS 2014-2020). IMIS is an important quality and safety system for the maternity system. Where a metric is outside of the funnel plots, it is followed out with the relevant maternity network, and assurance is sought regarding the deviation. Any changes resulting from this engagement are then shared nationally.

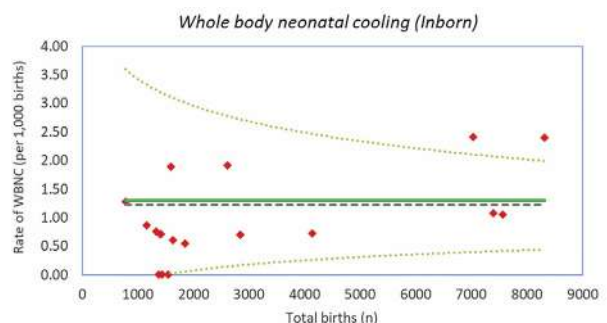
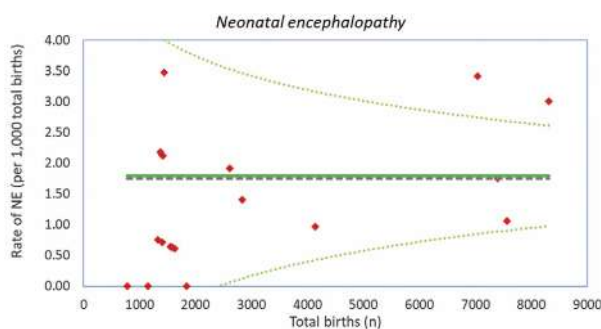
1. Demographics

- Perinatal death: The national rate of total perinatal deaths increased in 2020 compared with the previous year (+6.9%).



2. Neonatal metrics and Breastfeeding

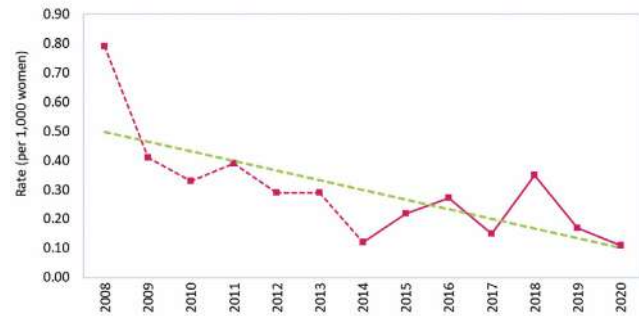
- Neonatal encephalopathy (NE) and Whole body neonatal cooling (WBNC): As set out in the introduction, where a metric is outside the funnel plot, this was followed up with the relevant maternity network.



- 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 Europe. The IMIS data will inform the HSE National Breastfeeding Action Plan.

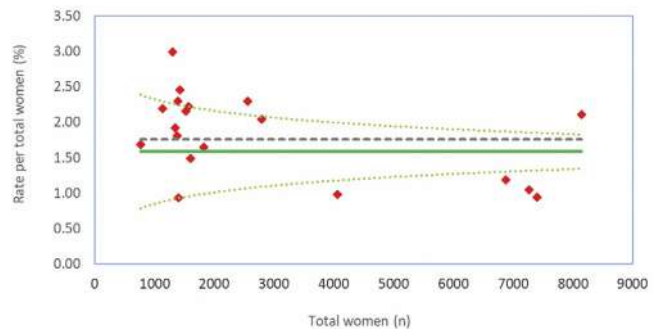
3. Obstetric risks and complications

- Eclampsia: The falling trend in the rate of eclampsia continued in 2020.
- The rates of post-partum haemorrhage 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.
- 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.
- 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. This will be the subject of ongoing engagement with the maternity networks.



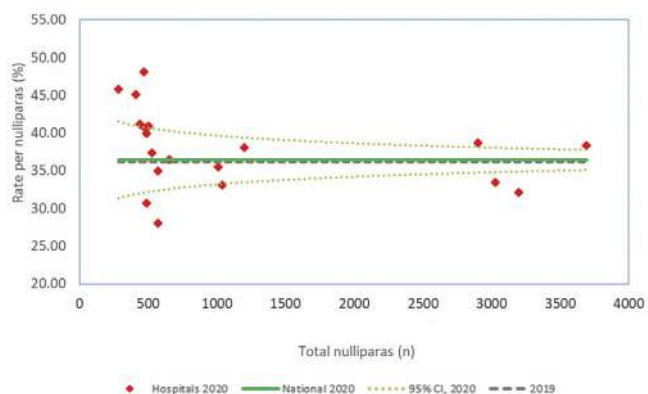
4. Anaesthesia

- The IMIS data indicate very few administrations of general anaesthetics for CS (1.6% of total women delivered and 4.5% of total Caesarean sections).
- 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.



5. Deliveries

- Induction of labour (IoL) and Caesarean section (CS): National increases in rates of IoL and CS continued in 2020, increasing significantly by 0.6% and 3.1% respectively on the previous year (both $p \leq 0.05$). Since 2008, the rate of IoL has increased by 47.2% and the rate of CS has increased by 40.6% (both $p \leq 0.05$).



- High rates of Caesarean section among nulliparas are noted, particularly at some of the smaller maternity units where almost half of nulliparas have CS.
- VBAC: Data recording and reporting on Vaginal birth after Caesarean section (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.

Objectives for 2022

The IMIS will continue to be gathered on a monthly basis at the 19 maternity hospitals/units. It will continue to be used to inform engagement between NWIHP and the maternity networks, and to identify areas for further investment.

8.2 The National Neonatal Encephalopathy Action Group

The National Neonatal Encephalopathy Action Group (NNEAG) is a formal partnership arrangement between key stakeholders (National Women and Infants Health Programme, the Department of Health and the State Claims Agency) 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. The work of the NNEAG began in August 2019 with huge engagement across the stakeholder groups. This engagement continued into 2021. Originally the 15 recommendations from the NNEAG were being progressed through 5 work streams. In 2021, with the creation of the OEST the work streams were reduced to 4 with the shared learning piece now being progressed through the OEST. The work streams are:

- *Work Stream 1: A National Obstetric Clinical Advisory Group.* This group continued to meet in 2021 and was chaired by the Clinical Director of NWIHP
- *Work Stream 2: The creation and roll out of a maternity specific adverse event review tool for standardised use in category 2 concise reviews.* This group continued its work and a pilot is scheduled for Q1 2021.
- *Work Stream 3: Mandatory Training – fetal monitoring and obstetric emergencies.*
- *Work Stream 4: Progressing Practice and Supportive Technology.* A priority area for this work stream is the creation of an admission risk calculator. The group has engaged with similar proposals in both the Irish and UK systems.

Objectives for 2022

The work of NNEAG will continue in 2022, and will remain closely aligned with OEST. The objective remains to reduce the incidence of avoidable injury at birth.

8.3 Major Obstetric Haemorrhaging (MOH)

Major Obstetric Haemorrhage (MOH) and specifically, the incidence of postpartum haemorrhage (PPH), is increasing in Irish maternity units and there is evidence to show an increasing issue regarding variation across units.

A joint venture between NWIHP and the National Perinatal Epidemiology Centre (NPEC) has been established. A steering group with representatives from the State Claims Agency, Midwifery, Institute of Obstetricians and Gynaecologists, Haematology, Blood Transfusion Service, and the HSE was convened to address the increasing incidence of PPH/MOH in our Maternity hospitals/units.

Key Achievements in 2021

The steering group met monthly throughout 2021.

All 19 maternity services agreed to participate in this national project aimed at standardising the management of PPH and MoH. Each service nominated their local champion and a local champion forum for the 19 champions was established. A standardised checklist/proforma was developed by the champion forum in collaboration with the steering group.

An assessment was undertaken on PPH preparedness in each unit. The data from each unit was collected via the PPH database for a period of one month in order to highlight the management stage of PPH. A data dashboard for each unit was developed.

Objectives for 2022

- Audit of the measurement of blood loss in all units;
- Commence a training plan of standardised checklist/proforma linking with the Project Coordinator for Fetal Monitoring & Obstetric Emergencies;
- Launch the PPHQII website;
- Host a local champion forum every 6 weeks and develop a shared learning platform;
- Working with MN-CMS national team, consolidate the data collection on the MN-CMS for PPH.
- Develop a standard approach for reviewing PPH and MOH cases at risk management meetings; and
- Commence a training plan Audit of the measurement of blood loss in all units

8.4 Obstetric Event Support Team (OEST)

The NMS states that safety is a fundamental component of care and mandates that services be enabled to deliver safe maternity care while balancing other competing factors. In response to this, in 2021 NWIHP launched the Obstetric Event Support Team (the OEST). This is a bottom up innovation which aims to support maternity services when an adverse event occurs and takes the opportunity to harvest the learning for national response. This is primarily a support service for hospitals and offers a second set of eyes, which are external, to assist in the incident review process. The OEST is unique in that it focuses on the learning from adverse events to generate risk management strategies to eliminate or mitigate avoidable risks. Additionally, the OEST encourages collaboration across maternity services from NWIHP to the front line and brings attention at the highest level of the HSE to risks in our maternity hospitals and units. Three maternity networks participated in phase 1 of the OEST with phase 2 due to be rolled out in Q2 2022. The responsibility of carrying out the review and accountability remain with the hospital in line with HSE policies.

The OEST consists of a Consultant Obstetrician, a senior Midwife and a Quality & Safety Manager with additional backroom support based in NWIHP. The OEST are all NWIHP staff members and its work forms part of NWIHPs quality and safety framework and priorities. The OEST responses and risk management strategies are shared across the maternity service as a whole and not just individual hospitals where events occur. This leads to all units learning from an event without having to endure the adverse event itself. Therefore the shared learning element of OEST highlights the importance of deploying it across our 19 maternity services.

The OEST reports on a weekly basis to the Director of NWIHP, on a monthly basis to the CCO and provides a 6 monthly report to the HSE's Board Safety and Quality Committee and the EMT of the HSE. Engagement with the hospitals is via direct email and is a fixed agenda item on the agenda between NWIHP and each of the Maternity Networks.

Objectives for 2022:

Phase 2 of OEST will commence in Q2 2022, and NWIHP will share the learning from OEST and other Q&S initiatives at NWIHPs Quality and Safety conference in Q3 2022.

8.5 National Maternity and Gynaecology Guideline Programme

Brief Overview, context & background

The Guideline Programme Team (GPT) is chaired by Professor Keelin O'Donoghue and Ms Nicolai Murphy. Work commenced in March 2021. Responsibilities include the review, update and production of national clinical Guidelines that provide clear guidance in relation to Maternity and Gynaecology services.

An Expert Advisory Group was established. Their purpose is to oversee the development and update of the National Clinical Guidelines for the Maternity and Gynaecology Services in the Republic of Ireland. The group is Chaired by Prof O'Donoghue and co-chaired by Ms Murphy of the Guideline Programme Team (GPT). The EAG reports to the GPT who in turn reports to the Clinical Advisory Group (CAG) for NWIHP in conjunction with the IOG of the Royal College of Physicians Ireland (RCPI). The inaugural meeting took place on the 18th June 2021.

The new Guideline process includes Guideline Programme Team, Expert Advisory Group (EAG) and Guideline Developer Groups (GDG).

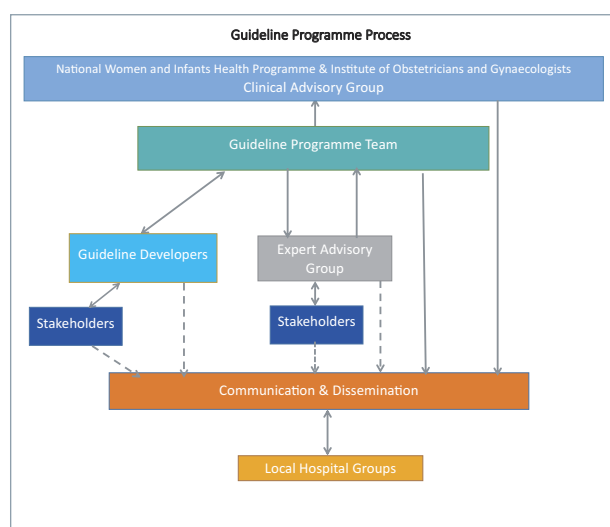
Key Achievements in 2021

The following documents were reviewed and approved by the National Women and Infants Health Programme (NWIHP) team and the Institute of Obstetrics and Gynaecology (IOG) Chair and can be accessed on the Royal College of Physicians Ireland (RCPI) website.

- Objectives for the Guideline Programme Team;
- Terms of Reference for Expert Advisory Group;
- Flowchart of the Guideline process;
- Guideline Developer Information sheet;
- Template for Clinical Guideline;
- Feedback form for use by the Expert Advisory Group; and
- Conflict of Interest Form.

The writing development groups are multidisciplinary in its composition and include representation from relevant clinical areas and stakeholders. The clinical lead of the GPT invites a professional/professional group to take on the task of leading the Guideline update/development.

The Guideline Developer Lead selects the remainder of the Guideline Developer Group (GDG), approved by the GPT. The Guideline Programme Team holds editorial control of the Guideline. The programme manager facilitates the Guideline Developers throughout the process.



In 2021, the following Guidelines were commissioned by the GPT.

1. Investigation and Management of Postmenopausal Bleeding;
2. Investigation and Management of Late Fetal Intrauterine Death and Stillbirth;
3. Recurrent Miscarriage;
4. Antenatal Corticosteroids in Pregnancy;
5. Prevention and Management of Primary Post-partum Haemorrhage in Pregnancy;
6. Diagnosis and Management of Placenta Accreta Spectrum/CS Scar Pregnancy;
7. Diagnosis and Management of Mesh Complications;
8. Routine Anomaly Ultrasound in Pregnancy;
9. Assessment and Management of Stress Urinary Incontinence;
10. Group B Streptococcus Disease in pregnancy;
11. Hyperemesis Gravidarum/Nausea and Vomiting in pregnancy;
12. Diagnosis and Management of Pelvic Organ Prolapse; and
13. Induction of labour.

A full list of Guideline information can be viewed on the Royal College of Physicians Ireland (RCPI) website: <https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-Guidelines-in-obstetrics-and-gynaecology/>

A survey was designed and circulated, the aim of which was to conduct a review of Irish Obstetrics and Gynaecology Guidelines focusing on acceptance, interest and perceived barriers and facilitators amongst clinicians. The survey was launched in August 2021, initially focusing on Non-Consultant Hospital Doctors (NCHDs). It will be circulated to Midwifery staff in early 2022. It is intended to use these data to inform Guideline development and updates, as well as help plan appropriate ways to disseminate and implement the Guidelines.

In October 2021, the Guideline Programme Team (GPT) released a formal newsletter out to the maternity services providing an update on the work completed by the GPT in year.

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**National Guideline Development
(Maternity & Gynaecology)**

Guideline Programme

The Guideline Programme Team (GPT) comprises Professor Keelin O'Donoghue and Ms Nicola Murphy. Our responsibilities include the review, update and production of national clinical guidelines that provide clear guidance in relation to Maternity and Gynaecology services.

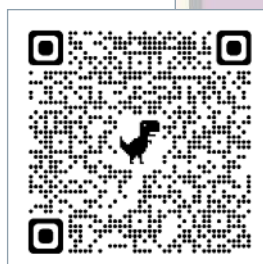
Meetings with the National Women and Infants Health Programme (NWIHP) held March - April 2021 → Introduction of and discussions around vision for new Guideline Development Programme

The new process includes: the Guideline Programme Team, an Expert Advisory Group and Guideline Developer Groups.

The following documents were reviewed and approved by the NWIHP team and the ICG Chair. Until such time as these documents are available on a public website they can be requested from Nicola.murphy@hse.ie

- ⇒ Objectives for the Guideline Programme Team
- ⇒ Terms of reference for Expert Advisory Group
- ⇒ Flowchart of the Guideline process
- ⇒ Guideline Developer Information sheet
- ⇒ Template for Clinical Guideline
- ⇒ Feedback form for use by the Expert Advisory Group
- ⇒ Conflict of Interest Form

Logos: National Women and Infants Health Programme, HSE, Sciorbhís Stáinte Níos Fásraí & Forbairt, Building a Better Health Service, INSTITUTE OF OBSTETRICIANS & GYNAECOLOGISTS



Meetings & Training

- Meetings with Medical E-Guides (MEG) around the use of mobile devices to view and store clinical Guidelines and relevant documents. Making access to key information possible quickly and without an internet connection;
- Discussions with National Clinical Effectiveness Committee (NCEC) and National Cancer Control Programme (NCCP) Guideline Developer Groups to encourage open communication going forward;
- Meetings with the National Midwifery Guideline Development Programme team. It was agreed that Midwifery Guidelines developed within this programme of work will be reviewed by the Expert Advisory Group within the Maternity and Gynaecology Guideline Programme; and
- Ms Murphy attended a GRADE workshop (07th-15th October 2021) hosted by Evidence Synthesis Ireland and Cochrane Ireland.

Objectives for 2022

- Commission a further 13 Guidelines;
- Publish Guidelines commissioned in 2021 and support the dissemination and implementation process of the new Guidelines; and
- Develop mobile applications for ease of access to the new Guidelines and update both IOG and NWIHP Guideline website pages.

OTHER AREAS OF WORK

9.1 Women's Health Taskforce

Background

The establishment of the WHTF has been a very positive development for women, and the prioritisation of women's health has greatly enhanced NWIHP's ability to get system wide engagement on these key areas.



NWIHP have been members and active collaborators with the Women's Health Taskforce since its establishment. Working alongside DoH, the HSE will work to improve women's health outcomes and experiences of healthcare with particular attention to the priorities chosen by the Taskforce. The areas and priorities identified by the Taskforce included gynaecological health, supports for menopause, physical activity, and mental health among women and girls, alongside additional priorities to be identified in 2021.

Complementing the ongoing implementation of strategies like the National Maternity Strategy, working with the Taskforce has enabled NWIHP to address gaps including the expansion of endometriosis services; increased access to ambulatory gynaecology; strengthening links to general practice and leading out on a new approach to menopause care.



Key Achievements in 2021

- Co-investment in two additional Ambulatory Gynaecology clinics;
- Specialist menopausal clinic in the National Maternity Hospital;
- Expansion of tertiary services for Child & Adolescent Gynaecology;
- Development of Specialist Endometriosis Service in Tallaght University Hospital;
- Additional specialist Consultant and Midwifery resources for Perinatal Mental Health Services;
- Expansion of the Pelvic Floor Centre service based in St. Michael's Hospital; and
- Recruitment of an ICGP/HSE Clinical General Practice Lead in Women's Health.

Objectives for 2022

Continue to work in partnership with the Taskforce in driving improvements in women's health, further supported by a new dedicated Taskforce team within NWIHP, to drive its implementation.

9.2 Perinatal Genetics

Background

Perinatal genetics is a clinical service that focuses on the evaluation, diagnosis, management and treatment of anomalies before birth. Perinatal anomalies may include chromosomal anomalies, hereditary disorders and metabolic conditions before or during pregnancy, as well as structural anomalies during pregnancy. A perinatal genetics service facilitates earlier diagnosis of fetal conditions, therefore improving both pregnancy and neonatal outcomes.

The National Women and Infants Health Programme (NWIHP) within the HSE has secured funding in 2022 for the initial development of a National perinatal genetics programme.

Objectives for 2022

During the course of 2022, NWIHP will work with the 6 Maternity Networks and other key stakeholders in this area to develop a framework for the development of this service and guide investment in 2022 and onwards.

9.3 Perinatal Pathology

Background

Perinatal pathology is a core component of safe quality maternity services. Since 2018, NWIHP commenced investment in this area with a view to building capacity and securing additional consultant and laboratory expertise.

Key Achievements in 2021

Working with the maternity networks, in 2021 NWIHP progressed with the development of a perinatal network across the SSWHG, ULHG and Saolta. This network will ultimately see 3 Consultants based in Cork and 2 in Galway that will work as a structured network, thereby addressing and managing perinatal pathology across the 3 Maternity Networks.

With the Eastern region, NWIHP made further investment in this service in NMH with a view to enabling and supporting NMH to provide a structured, readily accessible service to all regions and maternity services in its network.

Objectives for 2022

A key requirement for NWIHP in 2022 is to further develop the workforce plan for perinatal pathology. This will include the consultant posts, and associated laboratory staff to ensure that the maternity services have access to timely perinatal pathology service across all 19 units.

SUMMARY

While the Covid-19 pandemic continued to present a unique set of challenges for maternity services, a significant amount of progress was made in 2021 in relation to the on-going implementation of the NMS and across the wide range of work programmes that NWIHP is driving and leading on.

As set out in this Annual Report, with the substantial investment in 2021, NWIHP has been able to progress service improvements across maternity, gynaecology and neonatal services. Much of the progress has been implementing further areas of work already commenced; and in the case of the National Maternity Strategy working through the implementation plan.

As identified throughout the course of this Annual Report, 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 2022, all targeted at continuing and building on the improvements underway to date. These priorities include:

- Further progress the implementation of the HIQA recommendations, with particular attention to infrastructure and workforce planning;
- Continue to progress the assisted and specialised care pathways; giving particular focus to the postnatal experience;
- NWIHP to work closely with all 6 regional fertility hubs so as to ensure a consistent approach to service development and delivery;
- Implement phase 3 of the Model of Care for Ambulatory Gynaecology;
- Expand access to a safe, high quality termination of pregnancy service;
- Establish a ToP service evaluation working group, with a view to ensuring the safety and quality of the service;
- Roll out the NRP 8th Edition as per American Heart Association NRP Faculty recommendations to all 19 maternity sites;
- Review, analyse and publish the data for the 2020 TH report;
- Continue to implement the National Policy Review in relation to sexual assault treatment, and continue to provide strategic leadership;
- Review the SATU National Management Team Structure and submit to the Department of Health for review;
- Audit the measurement of blood loss in all units, as part of the MOH project;
- Commence Phase 2 of OEST;
- Commission a further 13 Clinical Guidelines;

- Continue to work in partnership with the Women's Health Taskforce to drive improvements in women's health;
- NWIHP to work with the 6 Maternity Networks and other key stakeholders, to develop a framework for the development of Perinatal Pathology; and
- Support the ongoing implementation of the Maternal and Newborn Clinical Management System (MNCMS).
- Publish the revised standards and tools to support the implementation of the Baby Friendly Initiative.

