

**AGREEMENT FOR THE PROVISIONS OF MEDICAL AND SURGICAL SERVICES FOR  
MOTHERS AND INFANTS UNDER  
SECTION 62 AND 63 OF THE HEALTH ACT 1970**

I .....  
(hereafter called the "Contracting Medical Practitioner") having a premises at  
.....  
.....

and being a registered medical practitioner, entered in the Register of Medical Practitioners maintained by the Medical Council in that name and practicing in the State and having Medical Protection Insurance, hereby agree to provide medical and surgical services in accordance with the terms and conditions set out in the Schedule to this Agreement.

SIGNED: ..... (Signature of the Medical Practitioner)  
DATE OF BIRTH: .....(Please attach Copy of Birth Certificate)

SURGERY TELEPHONE: .....

SURGERY FAX: .....

E-MAIL ADDRESS: .....

SIGNED: ..... Local Health Manager HSE

DATE: .....

AGREEMENT BETWEEN

DEPARTMENT OF HEALTH & CHILDREN AND THE  
IRISH MEDICAL ORGANISATION IN RESPECT OF A  
CONTRACT BETWEEN THE HEALTH SERVICE  
EXECUTIVE AND GENERAL PRACTITIONERS FOR THE  
PROVISION OF  
MEDICAL AND SURGICAL SERVICES TO  
MOTHERS & INFANTS UNDER SECTION 62 AND 63  
OF THE HEALTH ACT 1970

## **Schedule**

### 1. **Services to be provided**

The contracting general practitioner will provide an agreed programme of antenatal and post-natal care as outlined in Appendix 1.

### 2. **Fees**

The Scheme provides for a schedule of visits set out in Appendix 1. The following fees are payable in respect of agreements entered into after 1 June 1998:

in respect of visit 1	€38.42
in respect of visits 2 to 8.	€27.67per visit
in respect of visit 9.	€38.42

Where complete services are provided a fee of €242.85 is payable for first pregnancies and €270.52 for all other pregnancies.

Care in respect of illnesses which are co-incidental with but not related to pregnancy do not form part of the Scheme. Where additional visits are required by patients suffering from major conditions e.g. diabetes, hypertension, a fee of €27.67 per visit, subject to a maximum of 5 visits, will be paid.

The diagnosis of pregnancy forms part of the Scheme and the pregnancy testing kits will be provided by the Health Service Executive.

Each element of the total fee will be paid on the basis of the professional service provided, i.e. no payment will be made where the appropriate professional service is not provided.

Where a General Practitioner is required to attend an emergency delivery a fee of €230.53 will be paid. It is the responsibility - of the Health Service Executive to supply the general practitioner with equipment to deal with obstetric emergencies.

The contracting general practitioner will not be entitled to accept any other payment of any fee or remuneration in respect of ante-natal and post-natal care for the woman.

The contracting general practitioner will submit his/her claim for payment within one month of the six week post-natal visit. The claim for payment should be made on the appropriate section of the combined obstetric card (see Appendix 1).

*N.B. Since 2009 all claims to be submitted on new claim form, see last page.*

Payment will be processed and made by the Health Service Executive within one month of a valid claim.

Only in exceptional circumstances will payment be made for services provided more than 28 days before the date of application or for claims received more than 12 months after the completion of the service to the applicant.

Fees will be increased in line with the general increases under National Pay Agreements.

### 3. **Disputes and Termination**

- (a) Either party may terminate this agreement by giving not less than three months notice to the other party. Where the Agreement is terminated the General Practitioner must submit patient records to the Senior Area Medical Officer in the Health Service Executive.
  
- (b) Where the CEO is satisfied that the care of patients is being placed at risk, or where the medical practitioner breaches (or has breached) materially any term of this agreement, the CEO may suspend the operation of the agreement with immediate effect pending investigation. The CEO (or his/her representative) shall notify the medical practitioner of such suspension by registered post and the basis for the same. The CEO or his/her representative and the contracting general practitioner shall meet within 21 days of the issue of the notification of suspension at which time the general practitioner shall be entitled to respond to the CEO's allegations and the reason(s) for which the CEO supports such allegations. A representative of the Irish Medical Organisation or other professional representative at this meeting may also, where appropriate, accompany the general practitioner. If following this meeting, the CEO is satisfied that the care of the patients is being placed at risk or the general practitioner has materially breached the terms of this agreement, the CEO may give notice of termination of the agreement or may impose such other sanction including the further suspension of the agreement for a specified period or the imposition

of a reprimand or warning as the case may be where the CEO imposes a sanction under this provision after investigation whether by terminating the agreement or by a further suspension of the contract or the imposition of a reprimand or warning, the Tribunal referred to in paragraph (d) shall in all cases meet to consider the disciplinary sanction not later than 21 days from the date of the imposition of the same. "here a suspension has been imposed by a CEO under this agreement (whether in the context of an investigation or by way of disciplinary sanction) the CEO of any other Health Service Executive with which the contracting general practitioner has an agreement, may, if he or she deems fit, suspend that agreement pending consideration of the matter by the Tribunal.

- (c) A decision, not to offer a contract, to terminate the contract or to impose other disciplinary action under (b) may be appealed by the applicant or contracting general practitioner to the Tribunal referred to in paragraph (d) to be established for the purpose in which case the relevant decision of the CEO shall not take effect unless and until such decision is upheld by the Tribunal. The appeal by the applicant or the contracting general practitioner must be made within 14 days.
- (d) The Tribunal which will be set up by the CEO shall consist of one person nominated by the Irish Medical Organisation, one person nominated by the CEO and an independent chairperson who is acceptable to the Irish Medical Organisation and the CEO. This Tribunal shall have power only in relation to matters arising from action taken under this section of this agreement. The Tribunal will be established within 7 days of the receipt of an appeal by the applicant.

Where the Tribunal finds that the decision not to offer a contract or disciplinary action/termination of the contract would be unfair, it shall recommend the withdrawal of the decision of the CEO. The CEO shall comply with the finding of the Tribunal. The Tribunal may uphold the decision of the CEO or recommend disciplinary action other than that imposed by the CEO, where they confirm a serious breach of the agreement.

- (e) This contract shall be terminated where the contracting general practitioner's name is erased from the register of medical practitioners under the Medical Practitioners Act, 1978, or where an order is made by

the High Court that the name of the contracting general practitioner shall not have effect in the general register of medical practitioners; the contract shall be suspended for such period as maybe specified in such order.

- (f) This contract shall be terminated, on such notice not exceeding three months as may be agreed by the CEO, upon the general practitioner accepting employment in a whole time capacity in the service of the State or of the Health Service Executive or otherwise.
- (g) The CEO may terminate the agreement where the Health Service Executive is satisfied, after compliance with procedures analogous to those contained in Circular 13/75 determined by the Minister for Health & Children in agreement with the Irish Medical Organisation that the contracting general practitioner is suffering from permanent infirmity of mind or body. An appeal shall lie to the Minister for Health & Children against a decision of the Health Service Executive to terminate the agreement under this paragraph and the Health Service Executive shall comply with any direction in that respect given by the Minister for Health & Children.
- (h) The agreement shall terminate on the contracting general practitioner reaching the age of 70 years except where a contracting general practitioner has a GMS contract, this agreement will terminate when s/he reaches the age at which the GMS contract terminates. The contracting general practitioner shall, on entering into the agreement, furnish evidence of his date of birth.

#### 4 **Review**

This contract will be subject to review by the Minister for Health & Children, the Health Service Executive and the Irish Medical Organisation, no later than June 2001.

## **Appendix 1**

### **Maternity and Infant Care Scheme**

#### **1. Background**

The Maternity and Infant Care Scheme provides for the delivery of services under Section 62 and 63 of the Health Act 1970. It comprises an agreed programme of care arising out of her pregnancy to an expectant mother and to her new-born baby for six weeks after birth. All expectant mothers who are ordinarily resident in Ireland are eligible for services under the Scheme, which is available free of charge.

If a woman chooses to avail of services under the Scheme she will be under the care of both a general practitioner of her choice and a hospital obstetrician. A general practitioner who wishes to provide services under the Maternity and Infant Care Scheme must enter into an agreement with the Health Service Executive.

#### **2. Applications to Participate in the Scheme**

Applications for services under the Scheme should always be made through the general practitioner of the expectant mother. When pregnancy is confirmed the general practitioner will advise the expectant mother as to her eligibility for maternity services under the Health Act and provide her with an application form for service under the Scheme. This form should be completed by both the expectant mother and the general practitioner and submitted to the Health Service Executive where it will be processed for admission to the Scheme.

The Health Service Executive will advise the general practitioner when the applicant has been approved for service under the Scheme.

In the event of a woman changing address, her medical records should be submitted by the first general practitioner to the new general practitioner and the Health Service Executive notified. In the event of the Agreement being terminated, the woman's medical records should be submitted to the Senior Area Medical Officer.

3. **Schedule of Visits**

Table 1 describes the broad outline of the schedule of visits provided for in the Scheme.

Table 1

Maternity and infant Care Scheme: Schedule of Visits

Number of Weeks of Pregnancy	Visit to General Practitioner	Visit to Chosen Maternity Unit/Hospital
Before 12 weeks (preferably as soon as possible after conception)	*	
Before 20 weeks		*
24	*	
28	* (Except in case of first pregnancy)	* (In case of first pregnancy)
30	*	
32		*
34	*	
36		*
37	*	
38		*
39	*	
40		*
Birth of the Baby		
2 Weeks after birth (for baby)	*	
6 Weeks after birth (for mother and baby)	*	

This schedule may be changed by either the general practitioner or obstetrician, for example where the patient suffers from a major condition (e.g. diabetes/hypertension) which requires special care. However, care in respect of illnesses which are coincidental with but not related to the pregnancy does not form part of the Scheme.



After the birth of the baby, the public health nurse will visit mother and baby in their home to give advice and support. (The mother may, if she so wishes be contacted by the Public Health Nurse during pregnancy).

#### 4. **Combined Obstetric Card: Clinical Information**

The Combined Obstetric Card, which has been produced by the Irish College of General Practitioners and the Institute of Obstetricians and Gynaecologists, enables information obtained during ante-natal visits to be recorded in a standardised format. The expectant mother will receive this card from the Health Service Executive and should bring it with her on her visit to both the general practitioner and the hospital.

Information generated during the ante- and post-natal process should be accurately and comprehensively recorded and transmitted to the hospital where the delivery is to take place, after it has been collected in accordance with the agreed format contained in the Combined Obstetric Card. When a woman is referred to hospital, the general practitioner should ensure that all relevant medical and other details are contained in the Combined Obstetric Card and that this information is supplied to the hospital.

The general practitioner must ensure that the blood tests specified on the card are carried out, as appropriate. To prevent the unnecessary repeating of tests it is recommended that the general practitioner sends the original copies of the blood reports to the hospital with the Combined Obstetric Card.

#### 5. **Health Promotion**

It is important that every expectant mother is seen by a medical practitioner as early as possible in pregnancy and that she remains under medical and midwifery supervision throughout the ante-natal and post-natal period. Health promotion advice should be provided early in pregnancy in the areas of nutrition, alcohol and the avoidance of drugs and smoking. The general practitioner should bring to the attention of the expectant mother the 'General Advice Towards A Healthy Pregnancy' contained in the Combined Obstetric Card and in information leaflets on the Scheme.

## 6. Completion of Service under the Scheme

The Scheme provides for two designated visits to the general practitioner after the birth of the baby:

### (i) *within two weeks of birth*

This visit enables the general practitioner to check on the mother's health status, to review the hospital care experience and to discuss any difficulties in the management of the baby. It also provides the opportunity of meeting the baby; to establish a programme for monitoring growth and development (percentile measurements); to review screening status; and to discuss immunisation options.

### (ii) *six weeks after the birth*

A post-natal examination of the mother should be carried out by the general practitioner during this visit. The Report of the Department of Health Cervical Screening Committee advises that post-natal smears are not recommended in the asymptomatic woman.

The visit provides an opportunity to discuss family planning and issues that may have arisen during the pregnancy e.g. rubella immunisation.

This visit also enables the general practitioner to review the general health of the baby; to conduct another developmental examination; to review feeding practice and the overall management of the baby and to finalise immunisation plans.

Following this visit, the general practitioner should forward health information on the baby (e.g. percentile measurements and developmental status) to the Senior Area Medical Officer in the Health Service Executive. It is particularly important that information on any abnormalities be supplied to the Health Service Executive (Senior Area Medical Officer).

General practitioners should be aware of the need to notify the Director of Public Health in the Health Service Executive of a peri-natal death.

## **Appendix 5**

### **Recommended Equipment for General Practitioners to Deal with Obstetric Emergencies**

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I.V. giving sets x 2

I.V. cannula size 16 x 2

I.V. cannula size 18 x 2

I.V. cannula size 20 x 2

Haemocel 500 mls. x 2

Hartmann's solution or normal saline solution 1000 mls. x 2

Syntometrine 1 ml. x 2

Cord clamp x 2

Scissors and artery forceps

Cotton wool 100 grams and gauze swabs

Ambu-bag with paediatric face mask

Paediatric airway

Manual suction apparatus

Neo-natal thermal blanket



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**Claim Form (from 1<sup>st</sup> March 2009) for Provision  
of Services under Maternity and Infant Scheme:  
please submit signed form to your Local Health  
Office**

Mother's Forename	
Mother's Surname	
Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
Mother's DOB	
Mother's PPS No.	
Maternity Ref. No.	

GP's Forename	
GP's Surname	
Practice Address Line 1	
Practice Address Line 2	
Practice Address Line 3	
Practice Address Line 4	

Gravida	
LMP	

Date	Antenatal Service Provided
	Antenatal first visit
	Antenatal care
	Antenatal care
	Antenatal care
	Antenatal care
	Antenatal care
	Antenatal care (2nd and subsequent pregnancies)

Date	Additional Service Provided and Reason

Date	Postnatal Service Provided
	Date of Birth
	Baby at two weeks
	Mother and Baby at six weeks

GP Signature	
Date	