Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Maternity Safety Statement (MSS)

Guidance Handbook

Version 5 for Publication
Issued 2025

Contents

Introduction

In accordance with recommendations set out in the CMO's HSE Midland Regional Hospital, Portlaoise Perinatal Deaths report February 2014, HSE Service Plan 2015 and the HIQA Portlaoise Report May 2015, there is a requirement for all 19 Maternity Units to report and publish a Maternity Safety Statement henceforth "the Statement" monthly.

The purpose of the Statement is for each local hospital and Hospital Group to review their own data monthly in relation to their maternity services. This data will inform management and assist them in carrying out their role in safety and quality improvement. It is intended to assist in an early warning mechanism for issues that require local action and or escalation.

The objective in publishing the Statement each month is to provide public assurance that each of the 19 maternity units delivers services in an environment that promotes open disclosure.

It is not intended that the monthly Statement be used as a comparator with other units or that they would be aggregated at Hospital Group or national level. It is important to note that tertiary and referral maternity centres will care for a higher complexity of service users (mothers and babies). Rates of clinical activity and outcomes will be higher and therefore these should not be compared with units that do not look after complex cases.

The Statement does not contain the entire suite of metrics used to measure safety in our maternity services.

Governance

It is the responsibility of individual maternity units/hospitals to publish a monthly Maternity Safety Statement. The Statement must be signed off by the REO for the RHA and must also be signed by the Maternity Network Clinical Director. If appropriate, the Statement may be signed by the Designated IHA Manager.

There is a KPI in the HSE's National Service Plan that monitors performance with regards to the Statements (A128). This KPI relates to the completion and publication of a Statement by a defined date each month. The information for this KPI is obtained from the MSS homepage or where applicable individual hospitals or maternity network websites.

% of maternity hospitals / units that have completed and published monthly Maternity Safety Statements	M (2 Mths in arrears)	100%	100%	100%
% of Hospital Groups that have discussed a quality and safety agenda with National Women and Infants Health Programme (NWIHP) on a bi / quarterly / monthly basis, in line with the frequency stipulated by NWIHP		100%	100%	100%

The Statements are published 2 months in arrears. The data on publication is collected by the BIU. If a hospital has not published their MSS by the collection date, then they are recorded as non-compliant. It is not possible to amend this data for subsequent late reporting.

As the Statements is a Department of Health recommendation the publication data is also reviewed by them. The Department will follow up with hospitals for an explanation for non-compliance.

This guidance document has been compiled to assist hospital management in reporting and publishing the monthly Statement and includes the following:

1. Maternity Safety Statement Template

2. Data Definitions; and

3. Implementation Guidelines for Completing and Publishing the Monthly Statement.

Maternity Safety Statement

This is a monthly report, specific to the hospital named below setting out a range of information on the safety of maternity services.

Hospital Name	**Insert Hospital Name**	**Reporting Month**	**Insert Month**
Purpose & Context	• This Statement is used to inform local hospital and hospital Group management in carrying out their role in safety and quality improvement. The objective in publishing the Statement each month is to provide public assurance that maternity services are delivered in an environment that promotes open disclosure. • It is not intended that the monthly Statement be used as a comparator with other units or that statements would be aggregated at hospital Group or national level. It assists in an early warning mechanism for issues that require local action and/or escalation. • It is important to note tertiary and referral maternity centres will care for a higher complexity of patients (mothers and babies), therefore clinical activity in these centres will be higher and therefore no comparisons should be drawn with units that do not look after complex cases. • This Statement does not contain the entire suite of metrics used to measure safety in our maternity services.		

			Insert Month	Year to date
Hospital Activities	1	Total mothers delivered ≥ 400g or ≥ 23 weeks (n)		
	2	Multiple pregnancies (n)		
	3	Total births ≥ 400g or ≥ 23 weeks (n)		
	4	Perinatal mortality rate – adjusted (per 1,000 total births)		
	5	In utero transfer – admitted (n)		
	6	In utero transfer – sent out (n)		
Major Obstetric Events	7	Total combined rate (per 1,000 total mothers delivered) of major obstetric events for the following four obstetric metrics: • Eclampsia; • Uterine rupture; • Peripartum hysterectomy; and • Pulmonary embolism.		

			Insert Month	Year to date
Delivery Metrics	8	Rate of assisted vaginal delivery per total mothers delivered (%)		
	9	Rate of nulliparas with assisted vaginal delivery (%)		
	10	Rate of multiparas with assisted vaginal delivery (%)		
	11	Rate of induction of labour per total mothers delivered (%)		
	12	Rate of nulliparas with induction of labour (%)		
	13	Rate of multiparas with induction of labour (%)		
	14	Rate of Caesarean section per total mothers delivered (%)		
	15	Rate of nulliparas with Caesarean section (%)		
	16	Rate of multiparas with Caesarean section (%)		
Maternity Services Total Clinical Incidents	17	Total number of clinical incidents for **Maternity Services** (reported monthly to NIMS) (n)		

The Maternity Safety Statement for Insert Hospital Name provides up to date information for management and clinicians who provide maternity services in relation to a range of safety issues for Insert Month and Year.

The information in this Statement is a core element of clinical governance and management of maternity services within the above hospital and the Insert Hospital Group.

This Statement does not contain the entire suite of metrics used to measure safety in our maternity services.

REO/Designated IHA Manager: Insert Name

Signature: Insert Signature

Maternity Network CD: Insert Name

Signature: Insert Signature

Date: Insert Date

Data Definitions

Outlined below are the definitions of the information areas required within the Maternity Safety Statement Version 5 February 2025.

1.	Total mothers delivered ≥ 400g or ≥ 23 weeks (n)	Total number of women delivering a baby weighing great than or equal to 400g or reached a gestation of 23 weeks or more.
2.	Multiple pregnancies (n)	Total number of women delivering more than one baby (live births or stillbirths) at least 400 grams or 23 weeks from a single pregnancy. **Count the number of women, not the number of babies born**.
3.	Total births ≥ 400g or ≥ 23 weeks (n)	Total number of births, including live births and stillbirths, for singleton and multiple births weighing greater than or equal to 400 grams or 23 weeks or more.
4.	Perinatal mortality rate – adjusted (per 1,000 total births)	Number of perinatal deaths (stillbirths and early neonatal deaths combined) weighing 2.5kg or 37 weeks gestation without a major congenital anomaly. Congenital anomalies are physiological or structural abnormalities that develop at or before birth and are present at the time of birth *(Diseases/conditions in ICD-10, Chapter XVII, Congenital Malformations, Deformities and Chromosomal Abnormalities (Q00.0-Q99.9)).*
5	In utero transfer – admitted (n)	Women with fetus in utero admitted into the hospital after being transferred from another hospital in the fetal interest.
6	In utero transfer – sent out (n)	Women with fetus in utero transferred out of the hospital to another hospital in the fetal interest.
7	Total combined rate (per 1,000 mothers delivered) of major obstetric events for the following four obstetric metrics: -Eclampsia; -Uterine rupture; -Peripartum hysterectomy; - Pulmonary embolism	Rate is the sum of the numbers of cases of four obstetric metrics per 1,000 total mothers delivered, i.e.: Eclampsia (n) + Uterine Rupture (n) + Peripartum Hysterectomy (n) + Pulmonary Embolism (n) ---------- x 1,000 Total mothers delivered The denominator refers to total mothers delivered of babies weighing greater than or equal to 400g or 23 weeks .

7a	Eclampsia (n)	**Eclampsia:** Number of women diagnosed with eclampsia during any antenatal hospital event or at delivery, including eclampsia in pregnancy, in labour, in the puerperium, and eclampsia unspecified as to time period. Does not include severe pre-eclampsia. Eclampsia may be defined as a condition in which one or more convulsions occur in a pregnant woman suffering from high blood pressure, often followed by coma and posing a threat to the health of mother and baby.
7b	Uterine rupture (n)	**Uterine rupture:** Number of complete ruptures of uterus before onset of labour or during labour, including cases that may not be diagnosed until after delivery. Hospital incidence of uterine rupture is rare. The main risk factors for uterine rupture are previous caesarean section or induction of labour (using prostaglandins).
7c	Peripartum hysterectomy (n)	**Peripartum hysterectomy:** Number of hysterectomy procedures completed during the birth episode of care, usually following a caesarean section, including hysterectomies performed during pregnancy and/or procedures within seven completed days after delivery. Peripartum hysterectomy is rare and usually only performed in emergency situations, but it is a life-saving procedure in cases of severe haemorrhage.
7d	Pulmonary embolism (n)	**Pulmonary embolism:** A blockage of the lung's main artery or one of its branches by a substance that travels from elsewhere in the body through the bloodstream. PE results from a deep vein thrombosis (commonly a blood clot in a leg) that breaks off and migrates to the lung, a process termed venous thromboembolism (VTE). The measure includes pulmonary emboli in pregnancy and/or the puerperium and excludes embolism complicating abortion or ectopic or molar pregnancy. While rare, PE is a leading cause of maternity mortality in developed countries.
8	Rate of assisted vaginal delivery per total mothers delivered (%)	Also called 'Operative vaginal delivery'. Includes forceps delivery and vacuum extraction, excluding failed forceps and failed vacuum extraction. Forceps delivery includes low forceps delivery, mid-cavity forceps delivery, high forceps delivery, forceps rotation of fetal head, and forceps rotation of fetal head with delivery. Also includes assisted breech delivery with forceps to after-coming head and breech extraction with forceps to after-coming head. Rate of instrumental delivery (total) = $\frac{\text{assisted vaginal deliveries (total) (n)}}{\text{Total mothers delivered (n)}} \times 100$
9	Rate of nulliparas with assisted vaginal delivery (%)	Definition of assisted vaginal delivery as above. Rate of nulliparas with instrumental delivery = $\frac{\text{assisted vaginal deliveries for nulliparas (n)}}{\text{Total nulliparas (n)}} \times 100$
10	Rate of multiparas with assisted vaginal delivery (%)	Definition of assisted vaginal delivery as above. Rate of multiparas with Instrumental delivery = $\frac{\text{assisted vaginal deliveries for multiparas (n)}}{\text{Total multiparas (n)}} \times 100$

11	Rate of induction of labour per total mothers delivered (%)	Including medical induction of labour, oxytocin; medical induction of labour, prostaglandin; other medical induction of labour. Includes surgical induction of labour by artificial rupture of membranes; other surgical induction of labour; and synchronous medical and surgical induction of labour. Rate of induction of labour (total) = Induction of labour (total) (n) Total mothers delivered (n) X 100
12	Rate of nulliparas with induction of labour (%)	Definition of induction of labour as above. Rate of nulliparas with induction of labour = Induction of labour for nulliparas (n) Total nulliparas (n) X 100
13	Rate of multiparas with induction of labour (%)	Definition of induction of labour as above. Rate of multiparas with induction of labour = Induction of labour for multiparas (n) Total multiparas (n) X 100
14	Rate of Caesarean section per total mothers delivered (%)	Deliveries by Caesarean section, including elective classical Caesarean section, emergency classical Caesarean section, elective lower segment Caesarean section, and emergency lower segment, Caesarean section. According to the Australian Coding Standard 1541 [extracted from *NCCH eBook, July 2008, Pregnancy, Childbirth and the Puerperium*), an elective Caesarean is defined as a Caesarean section carried out as a planned procedure before the onset of labour or following the onset of labour, when the decision was made before labour. An emergency Caesarean is defined as a Caesarean required because of an emergency situation (e.g. obstructed labour, fetal distress). Rate of Caesarean sections (total) = Caesarean sections (total n) Total mothers delivered (n) X 100
15	Rate of nulliparas with Caesarean section (%)	Definition of Caesarean section as above. Rate of nulliparas with Caesarean section = Caesarean section for nulliparas (n) Total nulliparas (n) X 100
16	Rate of multiparas with Caesarean section (%)	Definition of Caesarean section as above. Rate of multiparas with Caesarean section = Caesarean section for multiparas (n) Total multiparas (n) X 100
17	Total number of clinical incidents for Maternity Services (reported monthly to NIMS) (n)	The total number of clinical incidents for Maternity Services reported monthly to NIMS.

Implementation Guidelines for Completing and Publishing the Monthly Statement

Completing the Monthly Statement

1. Metrics requiring numbers (n) should be written as whole numbers: this applies to metrics #1, #2, #3, #5, #6 and #17.

2. Metrics requiring rates should be written with 1 decimal place (e.g. 0.7): this applies to metrics #4 and #7.

3. The Delivery metrics (#8 to #16 inclusive) are all percentages (%) and should be written with 1 decimal place.

4. The Maternity Safety Statement is based primarily on data sourced directly from maternity units. It is designed to capture and measure clinical activities, incidents and staffing levels within the maternity unit. **It is primarily a management tool for each hospital to report on their own data.** The data will be collected within the hospital, by hospital staff, and analysed by hospital managers.

5. **Clinical Elements**: The clinical elements within the Statement are drawn from the IMIS. As per guidance for IMIS, please do NOT use data or reports from national-level datasets, such as the Hospital Inpatient Enquiry System (HIPE), the National Perinatal Reporting System (NPRS), or National Perinatal Epidemiology Centre (NPCE).

6. **Incidents:** The elements relating to the total number of clinical incidents reported on NIMS will be based on the numbers **reported on NIMS** for each calendar month. It is recommended that the data for these components is sourced from the QPS personnel in each hospital. In order to generate the report required for Maternity Patient Safety Statements, the reporter needs to create an Ad-Hoc report as normal and complete the following:
    I. Fill out the usual fields such as report name, description, etc.
    II. Click the 'select data' tab and add the following conditions:
        - Create Date is between the first day and last day of the month concerned
        - Incident/Hazard Category should be "Clinical Care"
        - Specialty should be "Maternity Services"
    III. Click the 'other info' tab and under 'Include Incidents' click yes.
    IV. Save the report and click run.

Monthly Reporting

7. Hospital Managers are to review the Statement on a monthly basis at their performance and management team meeting.

8. Hospitals will then share their respective Statements with the REO for the IHA and Maternity Network Clinical Director. A hospital is responsible for escalating matters that require a response.

9. Each REO and Maternity Network Clinical Director is to have a process in place to review the Statements for the maternity units within their Groups as part of the monthly performance meetings and sign off on same prior to their publication.

Publishing the Statement on a Monthly Basis

10. The Statement is to be published monthly via the Hospital/ Hospital Group website. If a hospital does not have a website, they are to be published on the HSE Maternity Safety Statement homepage. To this end hospitals should submit their Statements to Digital@hse.ie to publish.

11. Each month going forward statements will be published on the last working day of every month, and as such will need to be supplied to Digital Communications teams 3 working days prior to this.

12. As these Statements do not contain the entire suite of metrics used to measure safety in our maternity services, hospitals need to ensure that they monitor all safety metrics, from relevant sources, consistently and respond and escalate as appropriate.

Publishing dates for 2025:

Maternity Safety Statements Reporting Dates 2025	
January 1st	October Maternity Safety Statements
February 1st	November Maternity Safety Statements
March 1st	December Maternity Safety Statements
April 1st	January Maternity Safety Statements
May 1st	February Maternity Safety Statements
June 1st	March Maternity Safety Statements
July 1st	April Maternity Safety Statements
August 1st	May Maternity Safety Statements
September 1st	June Maternity Safety Statements
October 1st	July Maternity Safety Statements
November 1st	August Maternity Safety Statements
December 1st	September Maternity Safety Statements

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This Statement does not contain the entire suite of metrics used to measure safety in our maternity services.

REO/Designated IHA Manager: Insert Name

Signature: Insert Signature

Maternity Network CD: Insert Name

Signature: Insert Signature

Date: Insert Date