

*NATIONAL WOMEN AND
INFANTS HEALTH PROGRAMME*

ANNUAL REPORT 2022

Kilian McGrane

HSE [Company address]

Contents

MESSAGE FROM THE DIRECTOR	4
1. BACKGROUND	7
1.1 Birth figures.....	7
1.2 The Team.....	8
2. GOVERNANCE AND ACCOUNTABILITY	10
2.1 Maternity Safety Statements.....	10
2.2 Maternity Network Meetings and Site Visits.....	10
2.3 Parliamentary Affairs.....	11
2.4 Funding	11
2.5 HIQA recommendations	13
2.6 Revised Implementation Plan	14
2.7 Department of Health.....	14
3. MATERNITY SERVICES	15
3.1 Model of Care.....	15
3.2 Candidate AMP's	16
3.3 International Day of the Midwife Conference 2022	17
3.4 Fetal Monitoring and Obstetric Emergencies	18
3.5 Antenatal Education Standards Implementation	19
3.6 Infant Feeding Standards Implementation.....	21
3.7 Baseline review of the Midwifery workforce	22
3.8 All Ireland Midwifery Network	22
3.9 Transfer of the Homebirth Services	23
3.10 National Maternity Bereavement Experience Survey	23
3.11 Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death ...	24
3.12 Specialist Perinatal Mental Health Service (SPMHS).....	26
3.13 National Fetal MRI Service	28
3.15 Postnatal Hubs.....	28
3.16 Epilepsy in Pregnancy.....	29
4. GYNAECOLOGY SERVICES.....	31
4.1 Model of Care for Fertility	31
4.2 Model of Care for Ambulatory Gynaecology	31
4.3 Registered Advanced Nurse Practitioner (cANP/RANP) Ambulatory Gynaecology Forum.....	34
4.4 Termination of Pregnancy (ToP)	35
4.5 Endometriosis.....	38

4.6	Specialist Complex Menopause Clinics	39
4.7	Gynaecologic Physiotherapy	41
4.8	Gynaecology eReferral Form.....	42
5	NEONATOLOGY	43
5.1	Neonatal Resuscitation Programme	43
5.2	Therapeutic Hypothermia Report.....	44
5.3	Neonatology Projects	45
5.4	National Neonatal Practice Guidelines.....	47
5.5	Neonatal Investment	48
6	SEXUAL ASSAULT TREATMENT UNITS.....	49
7	QUALITY AND SAFETY	53
7.1	Irish Maternity Indicator System.....	53
7.2	Obstetric Event Support Team (OEST).....	56
7.3	The National Neonatal Encephalopathy Action Group	57
7.4	Major Obstetric Haemorrhaging (MOH)	57
7.5	Learning Events	58
7.6	National Maternity and Gynaecology Guideline Programme.....	59
8	OTHER AREAS OF WORK	63
8.1	Women’s Health Taskforce and Women’s Health Action Plan.....	63
8.2	Perinatal Genetics	64
8.3	Perinatal Pathology	65
8.4	Women’s Aid Training.....	66
9	SUMMARY.....	68
	Maternity & Neonatology	68
	Quality & Safety	69
	Gynaecology.....	69
	Sexual and Reproductive Health.....	70

MESSAGE FROM THE DIRECTOR

I am pleased to present the National Women and Infants Health Programme Annual Report for 2022.

In 2022 services began to return to normal, as the Covid impact lessened. This allowed NWIHP to continue our work programmes, and in collaboration with our colleagues in the six maternity networks, to make significant progress across maternity, gynaecology, neonatology, quality and safety and sexual and reproductive health services around the country.



*Kilian McGrane,
Director, NWIHP*

In 2022, the national birth rate decreased by just under 10%, following the first increase in 12 years in 2021. Although the birth rates have returned to the 2020 levels, maternity services continue to deal with increasing levels of complex presentations driven by older maternal ages and increasing co-morbidities.

Increased funding in 2022 (€16.09m from budget 2022 plus €2.68m from the Women's Health Taskforce) was vital in progressing the further rollout of the National maternity Strategy, continuing to improve access to gynaecology services and establishing fertility services. We wish to acknowledge the commitment of the Minister to women's health, which has been underpinned by additional funding and which has also helped to prioritise women's health, allowing for greater engagement in all sectors.

2022 also saw NWIHP's first Clinical Director Dr Peter McKenna, step down from that role. Dr McKenna has been central to the development of NWIHP, and the important improvements that have occurred since 2017. He was also interim Clinical Lead for Cervical Check, after the challenges that service experienced in 2018, and played an important role in restoring confidence in the service. Dr McKenna continues to make an important and significant contribution to the NWIHP as Clinical Lead for the Obstetric Event Support Team (OEST).

Following a recruitment process Dr Cliona Murphy was appointed as Clinical Director for NWIHP in April 2022. Dr Murphy is a consultant obstetrician and gynaecologist, and was the first woman appointed as Chair of the Institute of Obstetrics and Gynaecology, and brings very significant skills and experience to NWIHP.

As the NWIHP brief has expanded in recent years, we have increased our team to keep pace with the work programmes. In 2022 we recruited colleagues in communications, quality and safety and general administration.

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;

- Funding for recruitment of an additional **175 WTEs**. Including **10 Obstetricians & Gynaecologists**, **54** additional midwives and **23** Health and Social Care Professionals;
- Continued focus on increasing consultant Obstetrician/Gynaecologist workforce to a **minimum of six** for each regional hospital, with most hospitals achieving that in 2022;
- Prioritised investment in specialist services, including **gestational diabetes**, with Clinical Midwife specialists appointed to all services;
- An **Integrated Epilepsy and Maternity Model of Care** has been developed in collaboration with the National Epilepsy Clinical Care Programme;
- In conjunction with the ICGP the first **GP lead in women's health was appointed** to NWIHP, an integral role in achieving Slaintecare objectives;
- Developed framework for the **deployment of postnatal hubs** in Ireland which will provide postnatal care within the community in line with the findings from the National Maternity Experience Survey and Slaintecare objectives, with the first 5 Hubs approved for funding;
- The first **Annual Midwifery Conference** was held on the 5th of May 2022, a wonderful celebration of the role and importance of midwives in maternity care, and hosted in conjunction with ONMSD;
- **12 new clinical guidelines** in Obstetrics and Gynaecology were developed over the course of 2022, which were launched in January 2023;
- The roll out of Phase Two of the **Obstetric Events Support Team (OEST)**, enhancing learning from adverse events;
- Completed a baseline review of Obstetric Emergency Training;
- A review of **perinatal pathology services** was carried out, and a network for this critical service developed across three of the maternity networks;
- Developed framework for the establishment of a **National Perinatal Genetics Service** which will focus on the evaluation, diagnosis, management and treatment of anomalies before birth.

In addition to 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 I of the Model of Care for Fertility** was implemented, with five of the six regional hubs fully operational by Q4 2022. This has laid the platform for the introduction of publicly funded IVF services in 2023;
- **12 'see and treat' ambulatory gynaecology clinics** are currently operational, of which five opened this year, with a further seven in development. The clinics have a direct impact on gynaecology waiting lists at local and national level, as women are identified, triaged and directed for treatment in an ambulatory setting;

- **Specialist menopause clinics** are being developed nationwide to provide services to women who require specialist medical expertise in menopause. Five clinics have been opened to date with an additional clinic under development and due to commence services in 2023;
- Development of framework which sets out the roadmap for the provision of **Endometriosis services in Ireland**, including two supra-regional centres, and five multidisciplinary endometriosis Hubs;
- As a result of Gynaecology Services development, as outlined above, and National Treatment Purchase Fund funded initiatives, despite a 59% increase in Gynaecology referrals from 2020 to 2022, waiting lists were reduced by 6.5% - including a **60% decrease in the total number of patients waiting longer than 12 months**;
- A review was commissioned into the operation of **Section 11 of the Health (Regulation of Termination of Pregnancy) Act 2018**, chaired by Dame Lesley Regan, with the results of this review due to be published in 2023. Section 11 of the Act sets out the framework for Termination of Pregnancy where there is present a condition which will lead to the death of the fetus, within of before 28 days of birth;
- Continued investment in Sexual Assault Treatment Unit (SATU) services, with a specific focus on establishing a blended staffing model across the SATU network;
- **Neonatal Resuscitation Programme** (8th Edition) was rolled out in all 19 maternity services;
- The **2020 Therapeutic Hypothermia Report** was published, with a number of key messages emerging from the dataset.
- Work commenced on development of **12 new National Neonatal Practice Guidelines**, to be launched in 2023.

1. BACKGROUND

1.1 Birth figures

In 2022, the national birth rate decreased by just under 10%, following the first increase in 12 years in 2021. This decrease follows the downward trend in birth rate since 2009

Annual Birth Rate by Hospital and Hospital Group 2020 and 2021	2022	2021	Diff(N)	Diff (%)
Dublin Midlands Hospital Group	8278	9269	-991	-10.69%
Coombe Women and Infants University Hospital	6916	7722	-806	-10.43%
MRH Portlaoise	1362	1547	-185	-11.96%
Ireland East Hospital Group	11610	13058	-1448	-11.08%
MRH Mullingar	1732	1985	-253	-12.74%
National Maternity Hospital	6911	7853	-942	-11.96%
St. Luke's General Hospital Kilkenny	1398	1506	-108	-7.17%
Wexford General Hospital	1569	1714	-145	-8.49%
RCSI Hospitals Group	12417	13555	-1138	-8.39%
Cavan General Hospital	1257	1384	-127	-9.17%
Our Lady of Lourdes Hospital	2867	3026	-159	-5.25%
Rotunda Hospital	8293	9145	-852	-9.20%
Saolta University Health Care Group	8161	8918	-757	-8.4%
Galway University Hospitals	2649	2893	-244	-8.43%
Letterkenny University Hospital	1495	1580	-85	-5.37%
Mayo University Hospital	1377	1524	-147	-9.64%
Portiuncula University Hospital	1399	1522	-123	-8.08%
Sligo University Hospital	1241	1399	-158	-11.29%
South/South West Hospital Group	10142	11457	-1315	-11.47%
Cork University Maternity Hospital	6538	7467	-929	-12.44%
Tipperary University Hospital	796	946	-150	-15.85%
UH Kerry	1131	1279	-148	-11.57%
UH Waterford	1677	1765	-88	-5.25%
UL Hospitals Group	3931	4294	-363	-8.45%
UMH Limerick	3931	4294	-363	-8.45%
Total	54,539	60,551	-6012	-9.92%

Source: BIU

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 2022, NWIHP's team has expanded from 22 posts totalling 17.7 WTE's to 28 posts totalling 23.4 WTE's. Further expansion of the team is planned for 2023.

The core team of the programme into 2022 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, communications and administrative personnel.

This core team is further supported by a range of personnel and teams from multiple sections of the health service. In 2022, NWIHP continued to focus on Women's Health services co-design with collaboration between researchers, service user and other stakeholders, including 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 HSE's Mental Health Division.

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
- Cormac Mc Adam - Communications Officer
- Trisha Connor - Assistant Staff Officer
- Susan Harrington - Assistant Staff Officer

Medical Team

- Dr Cliona Murphy, Clinical Director
- Dr Aoife Mullally, Clinical Lead, Termination of Pregnancy Services
- Dr Maeve Eogan, Clinical Lead, SATUs
- Prof Keelin O'Donoghue, Clinical Lead, Clinical Guidelines & Bereavement Standards
- Dr Peter McKenna, Clinical Lead, Obstetric Events Support Team
- Dr Ciara McCarthy, NWIHP / ICGP Lead for Women's Health

Midwifery & Nursing Team

- Angela Dunne, National Lead Midwife
- Mary Rowland, Fetal Monitoring and Obstetric Emergency Coordinator
- Clare Kennedy, Baby Friendly Initiative Coordinator
- Sinead Thompson - Antenatal Education Coordinator

Neonatal Team

- Dr John Murphy, Clinical Lead, National Clinical Programme for Paediatrics and Neonatology
- Margo Dunworth, National Neonatal Resuscitation Programme Coordinator
- Michelle Friel - Researcher and Neonatal Clinical Guidelines Development Manager

Quality & Patient Safety Team

- Aideen Quigley - Quality and Safety Manager
- Gary Shaw - Quality & Safety Officer
- 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
- Ríona Cotter, Programme Manager, Bereavement Standards

2. 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

[\[https://www.hse.ie/eng/services/publications/serviceplans/national-service-plan-](https://www.hse.ie/eng/services/publications/serviceplans/national-service-plan-2023.pdf)



[2023.pdf\]](#)

2.2 Maternity Network Meetings and Site Visits.

As per the NMS Revised Implementation Plan 2021-2026, NWIHP endeavours to host quarterly meetings with each of the maternity networks. Notwithstanding the challenges of hosting quarterly meetings, NWIHP was in regular contact with the Networks throughout the year. NWIHP met with each Hospital Group in 2022, however due to competing demands at site level, it was only possible to meet with 3 of 6 Hospital Groups on more than one occasion.



Communication with the clinical and executive teams in all 19 sites is not limited only to formalised meetings, but is an on-going and continuous two-way conversation.

Throughout 2022 members of the NWIHP team conducted visits to all 19 sites with regards to the rollout and/or delivery of particular services, including but not limited to Ambulatory Gynaecology, Termination of Pregnancy, Sexual Assault Treatment Units, and Endometriosis.

2.3 Parliamentary Affairs

During 2022, NWIHP responded to 133 Parliamentary Questions, 19 Representative Questions, 14 FOI's and over 300 Your Service Your Say comments and complaints.

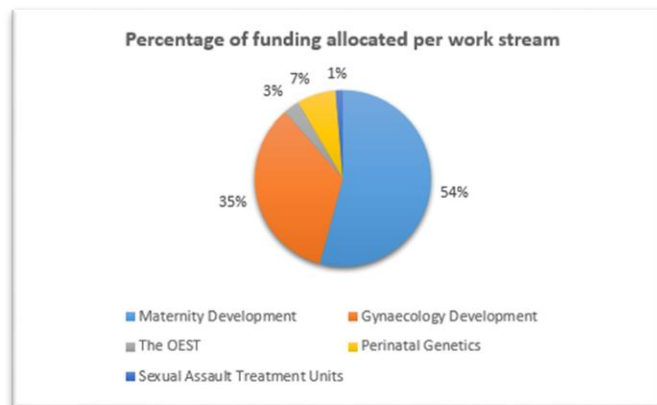
The questions asked involved a wide range of topics, including: HSE's Home Birth Service; Termination of Pregnancy; Hyperemesis; Water Births; Menopause, Perinatal Deaths; Fertility; and Breastfeeding

2.4 Funding

In budget 2022, NWIHP was allocated development funding of **€16.09m**. 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 fertility services. NWIHP received a further **€2.68m** in funding from the Department of Health's Women's Health Taskforce.

This combined funding of **€18.8m** was invested across the 19 maternity services by way of five separate work streams:

- Maternity Development
- Gynaecology Development
- The OEST
- Perinatal Genetics
- Sexual Assault Treatment Units



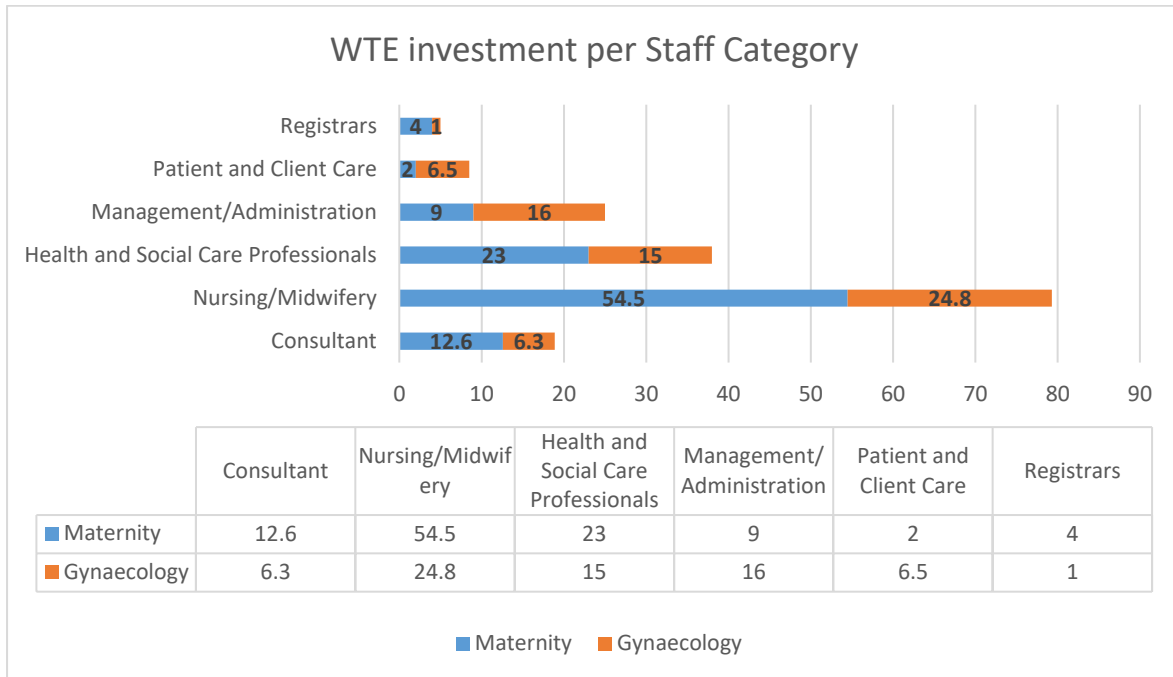
The OEST received ring fenced funding of **€540k** to support and enable the provision of a robust, professional and responsive OEST structure and process.

Perinatal Genetics received **€1.34m** funding in order to develop and establish a National Perinatal Genetics Service.

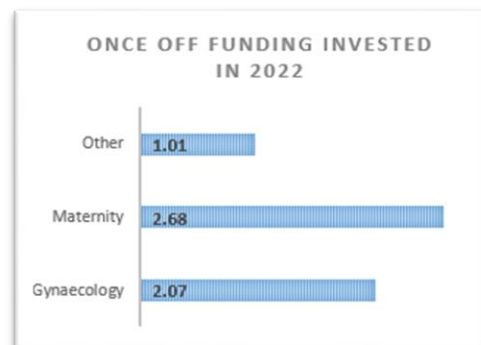
The SATU service received an additional **€250k** of ring fenced funding as per the original costing for the implementation of the policy review. This funding will support the recruitment of a SATU National Management Team as well as provide protected funding for key areas of need such as emotional supports and clinical supervision for the SATU staff, investment in staff training programmes, clinical guideline development etc.

€10.15m of funding has been invested in maternity development as per the National Maternity Strategy by way of a further **105.1 WTE's**.

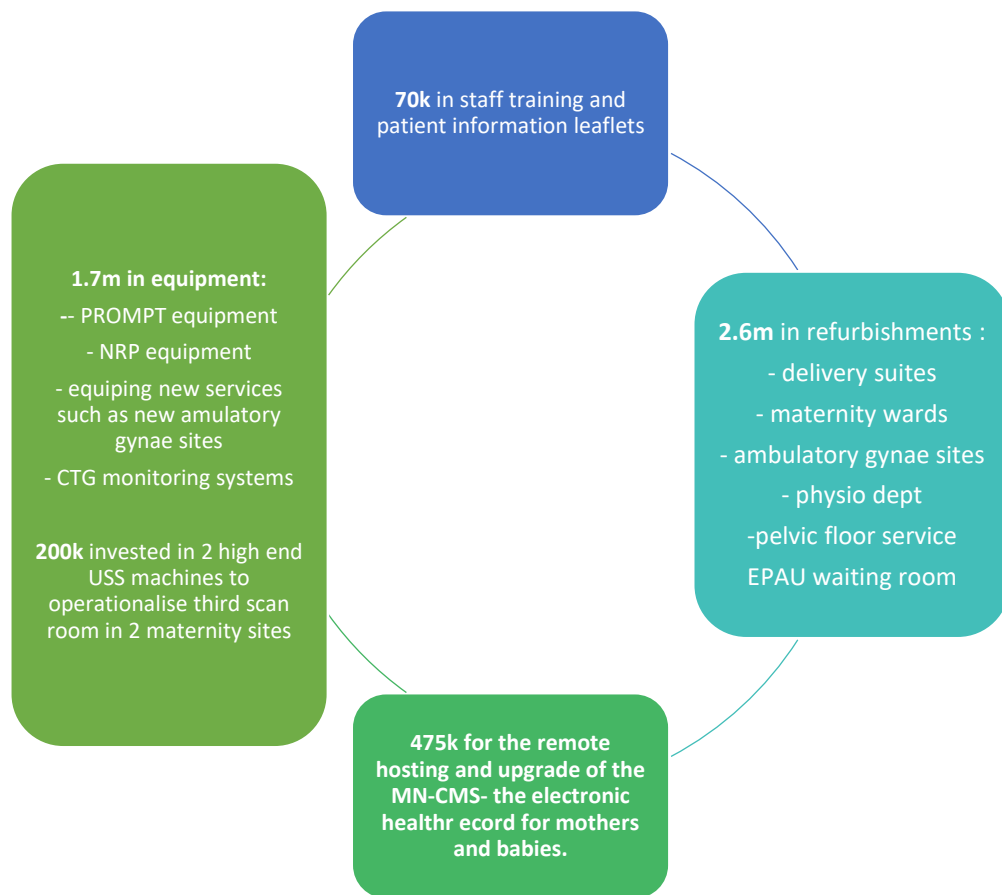
€6.43m of funding was invested in the further rollout of Gynaecology Services such as Ambulatory Gynaecology, Endometriosis and Menopause, by way of **69.6 WTE**.



Over the course of 2022, NWIHP invested approximately €5.75m 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. The investment has been critical in updating the appearance and design of spaces in maternity units.



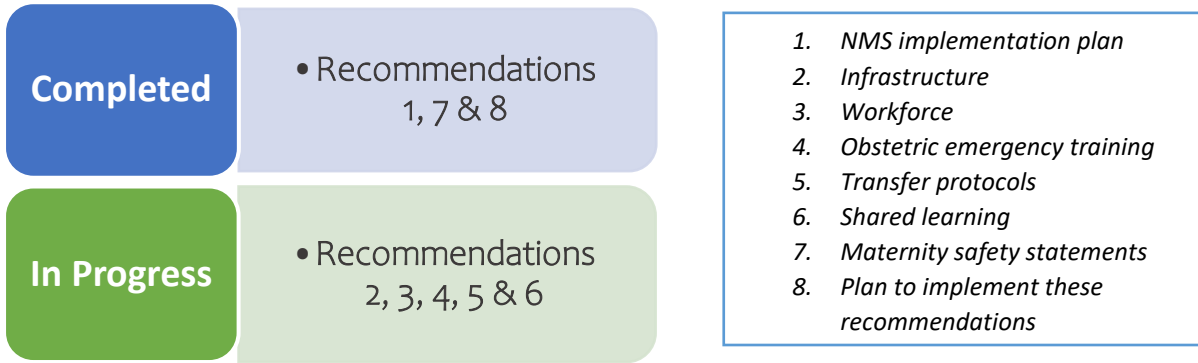
A high level overview of this investment, and the key areas it was targeted at is provided in the diagram below.



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.

Throughout 2022 work continued to progress on recommendations 3, 4, 5 & 6, and work commenced on recommendation 2.



2.6 Revised Implementation Plan

In 2021 NWIHP produced a comprehensive, time-bound and fully costed revised National Maternity Strategy implementation plan for 2021 – 2026. NWIHP revised the start and end dates for a number of actions/work programmes that were still in progress or had yet to start.

In 2022, work commenced in a number of areas including the Maternity and Infant Scheme, Making Every Contact Count (MECC), and Infrastructure. Work will continue to progress in these areas in 2023.

2.7 Department of Health

In 2022, NWIHP continued to maintain our positive relationship with the wider HSE, and the Department of Health.

In addition to structured monthly meetings with the Department of Health, on matters pertaining to maternity and gynaecology services, NWIHP commenced providing Quarterly Updates to the Department in order to keep the Minister, and relevant unit with the Department, up-to-date on service developments and initiatives.

3. MATERNITY SERVICES

Reflections from the Lead Midwife, Ms *Angela Dunne*

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.

In 2022, increased funding was vital in progressing the deployment of the Supported Care Pathway (25% to 30% of women are booked onto this pathway), and enabling the development of additional senior midwifery posts in such areas as diabetes, parentcraft and high risk pregnancy. In addition, midwifery-led projects on fetal monitoring, and obstetric emergencies demonstrated our commitment to safe and standardised care for women and their newborns.

We held our first Annual Midwifery Conference on the 5th of May and this was a wonderful celebration of the role and importance of midwives in maternity care. The conference was hosted in conjunction with the Office of the Nursing and Midwifery Services Director.



Ms Angela Dunne, Lead Midwife, National Women and Infant's Health Programme

3.1 Model of Care

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

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

All 19 units have now in place an advanced midwifery practitioner to ensure and continue to implement the supportive care pathway. The national average percentage of women managed through the supportive care pathway is between 25% and 30%

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 cAMP/RAMP Support Care Forum held two meetings in 2022. Significant work was undertaken in 2022 to:

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



The RAMP Conference was held in University Hospital Limerick on 16th September 2022 to explore the "Ever-evolving role of the Registered Advanced Midwife Practitioner".

Two excellent keynote speakers shared their expertise and knowledge during the day. Dr Geraldine Butcher, former Consultant Midwife in NHS Ayrshire

& Arran, Scotland, who talked us through her pathway to becoming a Consultant

Midwife in the NHS, and Marie Gleeson, Former Irish Navy Captain, who motivated and inspired the attendees with her story of resilience and leadership.

During the course of the conference, we also heard from RAMP/RANP colleagues around the country on the developments, challenges and achievements in the areas of maternity care, gynaecology, perinatal mental health and more, and insights into the academic and professional pathway of the Registered Advanced Midwife Practitioner.

Evaluation of the conference from the 100 attendees was extremely positive with 77% of attendees rating the conference excellent and confirming that it met their continuous professional development requirements.

In September 2022 all the terms of reference for the group and action points had been met and the group consensus was that should be dissolved.

Clinical Supervision sessions will continue with cAMPS until April 2023 as agreed.

3.3 International Day of the Midwife Conference 2022

The over 130 attendees of the Dublin conference, "Celebrating International Day of the Midwife", were treated to a programme of renowned international, national and local speakers, with topics spanning the past, present and future of midwifery. A key theme for discussion at the conference was progress made in relation to Ireland's National Maternity Strategy (2016-2026).

Professor Fran McConville, Midwifery Adviser, World Health Organisation, provided a keynote address at the conference and shared global achievements in midwifery as well as opportunities and challenges. 2022 marked 100 years since the foundation of the International Confederation of Midwives (ICM), the international organisation which leads celebrations of the day in 120 countries. Minister for Health, Stephen Donnelly, attended and spent time after his speech responding to questions from the audience on current midwifery related issues and concerns.

CEO Paul Reid also addressed the conference and acknowledged the significant contribution midwives made during the pandemic and continue to make as we go through the recovery. Insight was given into progress with Sláintecare and the developments in relation to the new Regional Health Areas (RHAs)



The range of topics on the programme also included: the historical, present and future journeys of midwifery in Ireland, experiences of student midwives, and from midwives in the NHS, learnings around maintaining normality and postnatal maternal morbidity, and conversations about innovation, collaboration, and leadership.

Two important documents were launched during the National Midwifery Conference which was co-hosted by the National Women and Infants Health programme (NWIHP) and the Office of the Nursing and Midwifery Services Director (ONMSD) on May 5th 2022.

The National Standards for Infant Feeding in Maternity Services 2022, a HSE Baby Friendly Initiative, is a resource that will support the continued provision of a high quality service for women and babies in Ireland. The updated Practice Standards for Midwives 2022, launched by the Nursing and Midwifery Board of Ireland (NMBI), which will further support good professional practice and a woman-centered approach to care.



Angela Dunne, Minister Stephen Donnelly, and Margaret Quigley, with the newly launched Standards for Infant Feeding in maternity Services

3.4 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. After a detailed review and analysis of this data, a baseline report was published in 2022.

A development group representing obstetricians, anaesthesiologists, midwives and quality and safety was convened in September 2022. The purpose of the group was to develop a suite of national training standards for obstetric emergencies and fetal monitoring. It is envisaged that this work will be completed by Q2 2023.

As part of this work programme, NWIHP developed and implemented two structured investment programmes in the area of obstetric emergencies. The first programme targeted the implementation of standardised training equipment across all 19 sites. The second aimed to enable all maternity sites to attend the practical obstetric multi-professional training (PROMPT) Train the Trainers programme. This was to ensure that all sites had sufficient numbers of facilitators to run the local training programme. The combined cost of both initiatives was €187,700.

Further to the above, NWIHP also supported Childbirth Emergencies in the Community training, which enabled community midwives to train in collaboration with the National Ambulance Service.

Funding was also allocated for 6 pilots posts for Fetal Monitoring Midwives. These roles are envisaged to champion best practices in fetal monitoring and improve perinatal outcomes

3.5 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.

National Self Assessment Tool

In 2022, a National Self-Assessment Tool was developed by NWIHP to facilitate Maternity Services to assess their own performance against the National Standards for Antenatal Education (2020). This tool will help to identify and address opportunities and challenges implementing the standards. This tool is set to launch in 2023 to the 19 Maternity Services in Ireland.



A National Group was established to support the implementation of the Standards was undertaken by NWIHP in 2022. This National Group was assigned two key functions;

1. The development of a National Programme for Parent Education;
2. The development of a National Education Programme for Parent Educators.

The new National Programme for Parent Education.

In 2022, a multidisciplinary working group was tasked with agreeing a standardised Programme for antenatal education classes. The new National Programme is mapped across the journey of pregnancy from early pregnancy to life as a new mother.

The recommended themes highlighted throughout the Programme are in line with the recommendations set out by the National Standards for Antenatal Education in Ireland (2020), these include:

- Developing a relationship with your unborn baby
- Supporting parents to enjoy positive interactions with new born baby
- Preparation for labour and birth
- Inclusion of partners/fathers in all aspects of parent education
- Protecting the mental health of mothers fathers and infant mental health
- Protecting the couple's relationship

The content for the new National Programme is due to be completed in Q1 2023, with design and dissemination in Q2 2023.

A new Education Programme for Parent Educators.

Concurrently, a second multidisciplinary working group set about designing a standardised educator's training programme. The programme will consist of two parts: The National Clinical Leadership Centre (NCLC) National Facilitators Education Programme (NFEP), and the Transition to Parenthood Programme (TtP). The NFEP will offer training and learning in facilitation skills, and the TtP will offer participants the opportunity to utilise skills from NFEP into specific antenatal education practice.

Evaluation of Online Antenatal Education Classes Report

In 2022, the National Women and Infants Health Programme compiled a report evaluating the impact of Online Antenatal Education Classes during the COVID-19 pandemic. The findings from this report are twofold. Firstly, valuable feedback has been provided by participants, which antenatal educators can use to further enhance the quality of their classes. Secondly, it provides evidence that shows the online classes have been successful and educators can build on this evidence post the COVID 19 pandemic.

3.6 Infant Feeding Standards Implementation

Following a review of the Baby Friendly Initiative (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 were published 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.

The launch of the National Standards for Infant Feeding in Maternity Services occurred in May 2022, at the NWIHP/ONMSD National Midwifery Conference. These Standards set out the key priority areas to be addressed to improve support for breastfeeding mothers and babies and to improve health outcomes for all mothers and babies regardless of method of feeding.



A self-assessment tool was developed by NWIHP to facilitate Maternity Services to assess their own performance against the National Standards (2022). This tool will help to identify and address opportunities and challenges implementing the standards. This tool is set to launch in 2023 to the 19 Maternity Services in Ireland.

In 2022, NWIHP established the National Baby Friendly Initiative Oversight Group. This group has broad representation of key stakeholders involved in infant feeding services in Ireland and includes services users. The aim of the Oversight Group is to support the ongoing work of the project co-ordinators for the HSE Baby Friendly Initiative with a particular focus on:

- Implementation of the National Standards for Infant Feeding in Maternity Services (2022).
- Reviewing the progress with the implementation of the Standards and self-assessment process.
- Identifying opportunities (operational, research, training, education, strategic etc.) that would further enable the HSE to support exemplar Infant Feeding Practices.

The Infant Feeding Specialist Support Forum was also established in 2022 by NWIHP. The purpose of the Infant Feeding Specialist Support Forum was to support Infant Feeding Specialists in their role as they plan, develop, begin and/or continue

implementation of the National Standards for Infant Feeding in Maternity Services and provide an oversight for the NWIHP on progress being made.

3.7 Baseline review of the Midwifery workforce

Following the Birthrate plus HSE National Report in 2016, NWIHP conducted a baseline assessment of the midwifery workforce in 2021. 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.

There is increased pressure on staff in maternity services, due to rising levels of complex care needs. Therefore workforce issues must be addressed on an ongoing basis 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.

In 2022, work began within NWIHP to develop a National Maternity Workforce Project which will encompass an integrated workforce plan for medical, nursing and midwifery and allied health and social care professionals. An oversight committee has been established within the HSE and a Project Manager appointed to scope out the project with a view to providing a desktop national maternity workforce report in 2023. Information outlined in the report will be key in determining workforce planning, succession planning and funding required for the sector for the next 5 years.

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 has drawn 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 coproduction 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.

Over the course of 2022, the All Ireland Midwifery Network met four times, and hosted a number of conferences and seminars exploring topics such as physiological labour and birth, waterbirth, and building a community of practice.

<https://allirelandmidwiferynetwork.com/>

3.9 Transfer of the Homebirth Services

In February 2022, the HSE Home Birth Service moved from Community Operations to Acute Operations and is now being integrated into the maternity networks, which are part of the six hospital groups, in line with the strategic objectives of the National Maternity Strategy.

A National Homebirth Oversight and Integration Committee was established in February 2022 to support the transition of the Homebirth Service governance from Community Services to Acute Services. This committee, which has convened on several occasions during 2022, has a number of representatives from key stakeholder groups involved in the HSE Homebirth Service. These representatives include; Consultant Obstetricians, Directors of Midwifery, Designated Midwifery Officers, Self Employed Community Midwives, Patient Representative and GP Lead.

Whilst the Home Birth Service is small relative to the overall birthing numbers (approximately 0.7%) the HSE and its National Women and Infants Health Programme recognise that it is an important pathway for women.

3.10 National Maternity Bereavement Experience Survey



The National Maternity Bereavement Experience Survey (NMBES) was a partnership of HSE, Health Information and Quality Authority and the Department of Health. The NMBES provides us with important insights into perceived care experiences across both hospital and community

services in Ireland. It identifies areas for improvements and strengths that we can build on. The NMBES offered women and their partners the opportunity to share their experiences of Ireland's maternity bereavement care services. The survey is part of the National Care Experience Programme and reflects a commitment made in the National Maternity Strategy 2016-2026 to evaluate maternity care services from the

perspectives of the women who use them. The aim of the survey was to learn from the lived experiences of bereaved women to improve the standard and quality of the care that they receive

Women and their partners who experienced a second trimester miscarriage a stillbirth or the early neonatal death of a baby in one of Ireland's 19 maternity units or hospitals between 1 January 2019 and 31 December 2021 were invited to participate in the National Maternity Bereavement Experience Survey. The online survey was open to all eligible participants from 1 September to 31 October 2022. The results of the Survey are expected to be released in Q2 2023.

3.11 Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death

Revised Standards for Bereavement Care

The Standards document was edited and prepared for publication through 2021 and 2022. The revised version of the Standards was published in 2022.

NWIHP would like to acknowledge: the members of the Bereavement Standards Review Group who gave of their time to review and update the Standards and the parents, voluntary organisations and health professionals, including members of the original authorship group, who advised and informed the Bereavement Standards Review Group during their work.

National Bereavement Standards Oversight Group

The Oversight Group met in May and November 2022 and was co-chaired by Prof Keelin O'Donoghue and Ms Riona Cotter.

Topics discussed included:

- Pregnancy Loss Guidelines
- Stillbirth Registration
- the amended Coroner's Legislation
- Perinatal Pathology
- Fetal Medicine
- Hospital Audits
- Perinatal Mortality rates
- Staff education and training
- HIQA's National Maternity Bereavement Experience Survey

A review of the Oversight Group was conducted in October 2022 to examine whether it met the needs of its membership, and if/how the Group should develop into the future.

Among the key findings were that objectives such as reporting of activities, acting as an advisory group for review of the Bereavement Standards, overseeing development of pregnancyandinfantloss.ie, were met to 'a large extent' and objectives rated less so were: review and update national patient information leaflets, raise public awareness of pregnancy loss, advocate for improvements in legislation, and act as an advisory group around staff education.

A majority of participants rated all current objectives of the Group as very important going into the future. Many spoke of the need to maintain momentum and focus in the area; they felt that the Group had many strengths (including diverse membership), much had been achieved and that there was a need to continue to make improvements to policy and practice, and ultimately care experiences

A report on the review of the Oversight group was presented to the NWIHP senior Management team in November 2022; this included a proposed new structure and function of the Group, to be reconstituted as an Advisory Group. This proposed group would transition to advising on issues relating to improving bereavement care and pregnancy loss supports, including – but not limited to – the continued implementation and development of the Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death in the 19 Maternity Units in Ireland. It is envisioned that this Advisory Group will be convened for its inaugural meeting during the course of 2023.

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.

TEARDROP workshop

The pregnancy loss research group at UCC developed, piloted, and evaluated the multidisciplinary, interactive TEARDROP (Teaching, Excellent, pArent, peRinatal, Deaths-related, inteRactions, tO, Professionals) workshop to address the educational needs of all health professionals involved in maternity and neonatal care in managing perinatal death and pregnancy loss. The workshop is based on the Irish National Bereavement Standards for Pregnancy Loss and Perinatal Death and members of the National Oversight Group for the Implementation of the Standards were involved in its development.



Dr Daniel Nuzum, presenting at a TEARDROP workshop in October 2022.

Two workshops were held at CUMH in 2022, and staff from the SSWHG, Limerick, and Saolta hospital group attended.

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 2022, with the programme manager for Bereavement Standards continuing to liaise with, advise and support this network in 2022.

There were challenges for the Bereavement CMS in 2022 with a number of vacant CMS posts due to a number of CMS moving onto other posts.

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 of the 2021 audit were presented to the NWIHP management team in April 2022, with accompanying recommendations.

3.12 Specialist Perinatal Mental Health Service (SPMHS)

Perinatal Mental Health

The findings of the National Maternity Experience Survey 2020 highlighted the need for healthcare services to improve health information about mental health changes that may occur during pregnancy and in the postnatal phase. A Specialist Perinatal Mental Health Model of Care for Ireland has been implemented across the HSE which supports the seven actions on mental health outlined in the Government's National Maternity Strategy.

Following the launch of the National Model of Care, a Specialist Perinatal Mental Health Team led by consultant perinatal psychiatrists are now available in all 6 hub sites, as well as perinatal mental health midwives in all 13 spoke sites. 6 Senior OT posts, one for each hub, were recruited in 2022. In addition, the Galway consultant post was re-configured to a full time post.

In addition, candidate AMP and candidate ANP posts in Perinatal Mental Health have been appointed, both based in Limerick.

In 2022 the appointment took place of a Clinical Lead for Specialist Perinatal Mental Health Services. The Clinical Lead, Dr Colm Cooney, will take up his post in 2023.

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 were used, including didactic teaching, and small group discussions facilitated by perinatal psychiatrists. This programme is CPD accredited and continued in 2022, with an outline of the Perinatal Frame of Mind followed by training on Birth Trauma, PTSD and Tocophobia. This training was organised by the National Programme in collaboration with the individual peer groups for these specific disciplines and funded by NWIHP.

The College of Psychiatrists in Ireland have recently agreed to establish a Special Interest Group in Perinatal Psychiatry

Perinatal Mental Health App for Healthcare professionals

Over 1,800 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/>

Mother and baby Unit

Work continued in 2022 to develop a mother and baby unit dedicated to Perinatal Mental Health in Dublin in line with the National Model of Care.

As the MBU will provide care for mothers with the most serious forms of mental illness, it must be sited within an approved mental health facility. It should be part of but separate from an acute adult inpatient unit.

This work programme includes:

- Developing proposal for the MBU to be located as a separate unit within the approved inpatient mental health facility on the campus of St. Vincent's University Hospital.
- Convened a group comprised of HSE Estates, CHO6 Mental Health senior management team, the National Specialist Perinatal Mental Health senior management team and representatives from St. Vincent's Hospital to develop a business case for the MBU proposal.
- Approval has been granted to carry out a comprehensive appraisal of the option to expand Elm Mount Unit to facilitate the development of the MBU. It is expected that this appraisal will commence in quarter two of 2023. When this has been completed, a more detailed framework and timeline for the development of the MBU will be available.

Perinatal Mental Health Data

A SPMH data group has been set up, involving NPEC, with piloting of the core data set due in a number of hub and spoke sites in Q2 of 2023.

3.13 National Fetal MRI Service

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.

The service continues to develop nationally with 269 examinations in 2022. The national Fetal MRI furthermore extended its service in 2022 to facilitate colleagues in Northern Ireland to access this advanced diagnostic care for women and their babies. The service intends to continue to expand over 2023 with ongoing site visits and engagement with referral sites so as to promote the service and capabilities.

3.15 Postnatal Hubs

Postnatal care is an area recognised by women themselves as one requiring improvement as reflected in the HIQA National Maternity Experience Survey 2020.

On average, mothers and their babies spend 2-3 days on postnatal wards post birth, with a number of mothers being discharged earlier to the care of the public health nursing services. In 2022, The National Women and Infants Health Programme (NWIHP) have devised a Framework for the development of Postnatal Community Hubs that will move this essential care back to the community supported by a comprehensive and multidisciplinary package of resources and for the duration of the postpartum period.

Working in collaboration with stakeholders across the maternity networks and the Department of Health's Women's Health Taskforce, NWIHP, in 2022, approved funding for the establishment of five postnatal hubs.

Cork University Maternity Hospital

CUMH have a large catchment area, providing care to women all over Munster. A phased implementation is proposed that will see the commencement of postnatal services on two sites,

Cork City- North Lee - St Mary's Orthopaedic in Gurrabraher.

Cork City- South Lee - Carrigaline Primary Care Centre.

The Cork postnatal hubs will serve as a 'one stop shop' for postnatal women and babies providing routine postnatal care as well as providing support for complicated feeding issues, birth reflections, perinatal mental health services, physiotherapy and ultimately growing in time to include audiology and other support services provided by a range of allied health professionals.

St Luke's General Hospital, Kilkenny

Postnatal hub to be based in **Kilkenny City** as well as outreach and satellite clinics/services to be held in both **Carlow Town and County** and **Kilkenny central and south**. Collectively, the postnatal community services will seek to provide a 7/7 midwifery service with a strong multi-disciplinary element, and a particular focus on the role of physiotherapy for the appropriate cohort of women in the vital postnatal period.

University Hospital of Kerry

Due to the dispersed population of Kerry, the approved postnatal hub comprise four locations. The main location, **“the Hub”** will be situated in **Tralee**. To facilitate accessibility of postnatal care, and provide choice and continuity of care to women in other areas of Kerry, particularly women who are vulnerable and hard to reach, **three “spoke”** outreach postnatal hubs have been proposed in the three areas where outreach antenatal clinics are already established; **Dingle, Killarney and Listowel**.

Portiuncula University Hospital

Postnatal hubs in three locations – **Loughrea, Athlone** and within **Portiuncula University Hospital** itself. These postnatal hubs will target all first time mothers, with all first time mothers being discharged to a postnatal hub regardless of their care pathway. Therefore, this new service initiative will target circa 35% of mothers attending PUH.

Sligo University Hospital

Postnatal hub services will co-locate in four sites already providing midwifery led supportive care: **Carrick on Shannon, Ballyshannon, Ballymote, and Sligo** itself. These hubs will target first time mothers, which accounts for approximately 32% of the overall Sligo General Hospital birth rate.

3.16 Epilepsy in Pregnancy

During the course of 2022, NWIHP and the National Epilepsy Clinical Care Programme developed an Integrated Epilepsy and Maternity Model of Care.

Women with epilepsy have unique clinical requirements that mandate individualised and tailored care packages. This care needs to be designed with due consideration to their life journey, from puberty to menopause, such that treatment decisions will be informed by their reproductive and sexual health.

The objective of the Model of Care is to enable this care to be delivered in an integrated manner such that access to and support from specialist epilepsy services and other specialist women's health service is bi-directional with structured access and inbuilt referral pathways.

This integrated MoC was developed to manage:

- The structured implementation of the HSE's Practice Guide for the Safe Management of Women with Epilepsy (WWE) attending Maternity Services and the need for these recommendations to be implemented in a co-ordinated manner between epilepsy and maternity services;
- The requirement of the HSE to respond in a robust and structured manner to requirements surrounding the safe prescribing and use of sodium valproate;
- The safe management of the unique pathway that women travel with epilepsy and how their decisions regarding their reproductive and sexual health impact the management and their experience of epilepsy; and
- The clinical needs of women attending maternity and other women's health services who present with neurological conditions – new or existing – other than epilepsy for whom clinical teams in our maternity and gynaecology service require easily accessible neurological input.

The Model of Care as developed by NWIHP and the National Epilepsy Clinical Care Programme was targeted at providing better geographical access to women across the country to this co-ordinated care so as to ultimately improve the quality and safety of WWE through enhanced management and co-ordination between neurology and specialist women's health services.

This integrated model with ANPs and Consultant Neurologists (Specialising in Epilepsy) will require additional funding in 2023 and 2024 to complete.

4 GYNAECOLOGY SERVICES

4.1 Model of Care for Fertility

Government have increased funding for reproductive health issues, which includes the expansion of the Model of Care (MoC) for Fertility. Commitments identified in the area of reproductive medicine include the enacting of the Assisted Human Reproduction (AHR) Bill and the roll out of Phase Two of the MoC for Fertility which seeks to provide publically funded advanced reproductive services inclusive of IUI and IVF.

Phase One of the roll out of the MoC commenced in 2020 with the establishment, at secondary care level, of Regional Fertility Hubs within maternity networks. In total, 6 hubs were approved and funded, 4 in 2020, and 2 further in 2021. 5 of the 6 Fertility Hubs were operational in 2022, with the 6th scheduled for Q3 2023.

A national professional network of fertility experts was established early in 2022 under the auspices of NWIHP to oversee the development of the regional hubs and standardisation of care provided nationally so as to ensure equity of services.

Work commenced within NWIHP in Q4 2022 to deliver on the Minister for Health's commitment to commence provision of privately provided AHR services in September 2023, with publically provided services to commence coming on stream during the course of 2024.

4.2 Model of Care for Ambulatory Gynaecology

The year on year demand for general gynaecology services measured by number of referrals, continues to outstrip supply, by over 10,000 per annum. As a result, general gynaecology waiting lists continued 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 a review of international and national best practice in the area of ambulatory gynaecology as demonstrated in Mayo University Hospital, 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 Model of Care envisages that approximately 70% of all gynaecology GP referrals can be appropriately managed within this ambulatory service, with 95% of this cohort being suitable for discharge following a single episode of care. The first Ambulatory Gynaecology Services deployed in 2020 following phase one funding.

Significant progress has been made with regards to the roll out of the Ambulatory Gynaecology Model of Care, with 19 units fully funded across the country as of 2022. 12 services have deployed and continue to grow their capacity and throughput.

	Hospital	Site	Level	Year Funded	Status as of 2022
1	Galway	On Site	Level 1	Funded 2020	Deployed
2	Cork	On Site	Level 1	Funded 2020	Deployed
3	Rotunda	On Site	Level 1	Funded 2020	Deployed
4	Limerick	Nenagh Women's Health hub	Level 1	Funded 2021 (in conjunction with Women's Taskforce)	Deployed
5	Coombe	On Site	Level 1	Funded 2021	Deployed
6	NMH	On Site	Level 2	Funded 2021	Deployed
7	Letterkenny	On Site	Level 2	Funded 2021	Deployed
8	Portlaoise	On Site	Level 2	Partial funding 2021 Remaining funding 2022	Deployed
9	OLOL	On Site	Level 2	Funded 2021	Deployed
10	Waterford	On Site	Level 2	Funded 2021	Deployed
11	Mayo	On Site	Level 2	Funded 2021	Deployed
12	Wexford	On Site	Level 2	Funded 2021	Deployed
13	Kerry	Tralee	Level 2	Funded 2021	Awaiting premises Handover
14	Tallaght	Off Site Adjacent to Hospital	Level 1	Funded 2021 (in conjunction with Women's Taskforce)	Awaiting premises Handover
15	Sligo	On Site	Level 2	Funded 2022	Anticipated 2023
16	Kilkenny	On Site	Level 2	Funded 2022	Anticipated 2023
17	Mullingar	On Site	Level 2	Funded 2022	Anticipated 2023
18	Portlincula	On Site	Level 2	Funded 2022	Anticipated 2023
19	Cavan	On Site	Level 2	Funded 2022	Anticipated 2023
20	STGH	TBC	Level 2	Funded 2022	Infrastructural Challenges
	Level 1	3,000 New patients per annum			
	Level 2	1,000 -1,500 New patients per annum			

Reviewing the available data for the units identified in the Model of Care, in 2020 and 2021, there was a sharp increase in gynaecology referrals. This trend continued into 2022, with a **59% increase in general gynaecology referrals from 2020 to 2022.**

Between December 2020 and December 2022 there was a net reduction of **6.5% in the gynaecology waiting list** despite the increase in referrals.

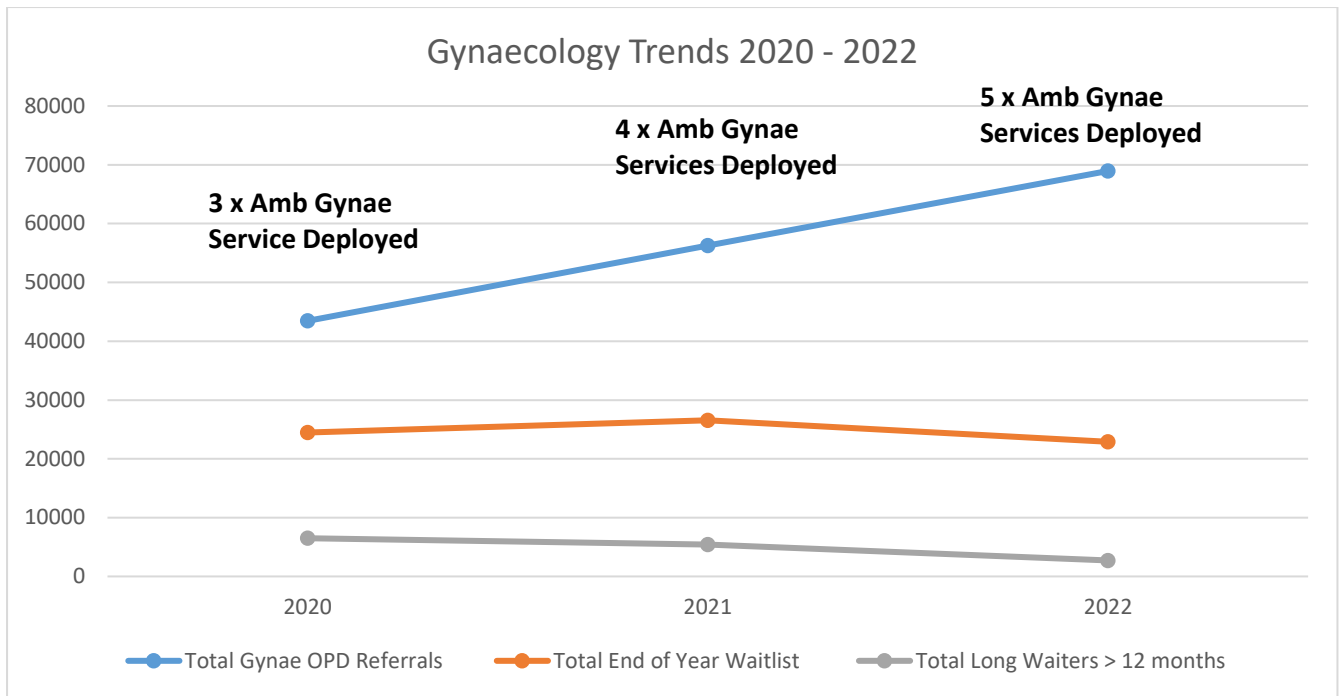


Figure 1 Gynaecology Trends 2020 – 2022

Importantly, there has also been a very significant reduction in the total number of patients waiting longer than 12 months for access to care. The total number of long waiters **has decreased by almost 60% between 2020 and 2022.**

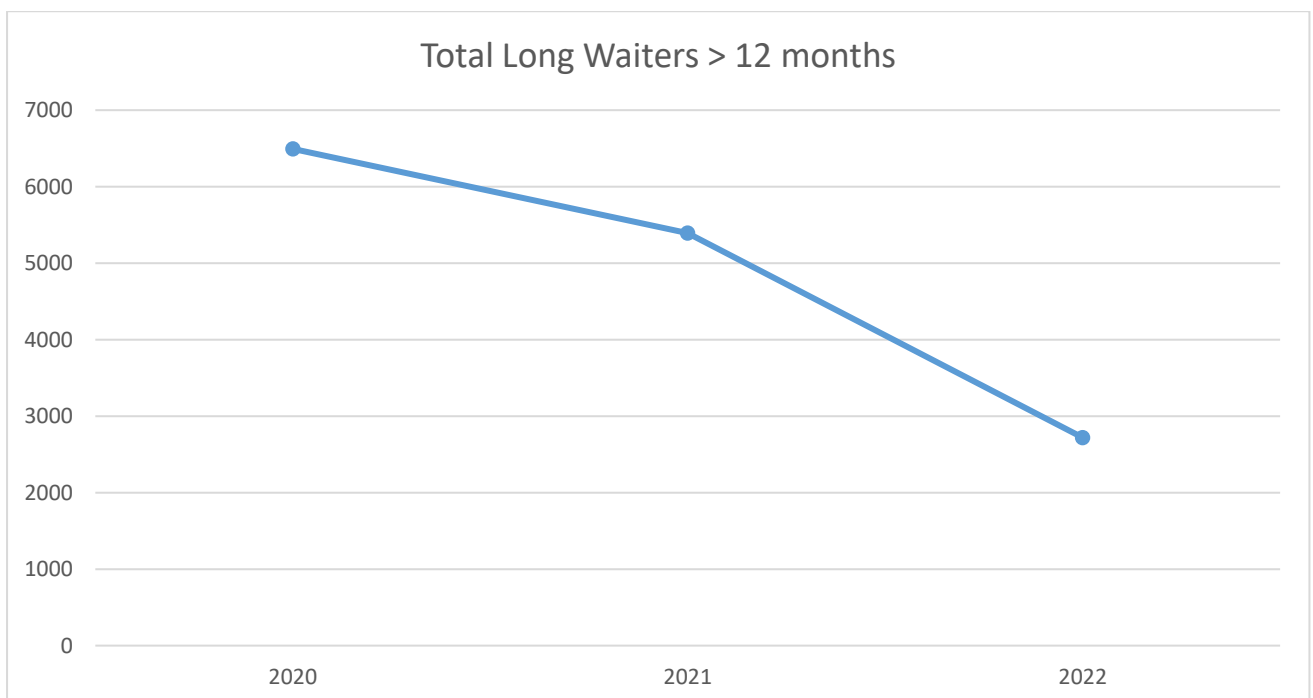


Figure 2 Total Long Waiters > 12 months 2020 - 2022

Objectives for 2023

NWIHP continue to engage with individual sites as well as at maternity network level to drive the roll out of ambulatory gynaecology services. Undoubtedly, services require time to fully embed and deliver maximum results. NWIHP are committed to working collaboratively with sites to optimise patient pathways and provide efficiencies that will facilitate even more women access to timely care within an ambulatory gynaecology service.

It is anticipated that the capacity to see and treat women will continue to grow year on year, with more services due to deploy in 2023 as well as current services continuing to expand their own service capacity as the service beds in.

4.3 Registered Advanced Nurse Practitioner (cANP/RANP) Ambulatory Gynaecology Forum

Background: NWIHP have invested in 20 Advanced Nurse Practitioner WTEs in ambulatory gynaecology. This investment has had a positive impact on the gynaecology services by way of:

- A Model of Care was developed;
- Equipment and supports were provided;
- Waiting lists and delay in access to care have reduced.
- Every site having one dedicated Advanced Nurse Practitioner.

Purpose of the forum: The Forum was established in September 2022 to support the candidate Advanced Nurse Practitioner (cANP) and Registered Advanced Nurse Practitioner (RANP) Ambulatory Gynaecology Women's Health in their role as they plan, develop, begin and/or continue implementation of the new women's health model of care within their services and provide an oversight for the NWIHP on progress being made.

Key deliverables in 2022

The cANP/RANP Support Care Forum had two meetings in 2022 to discuss the role of the RANP/cANP Ambulatory Gynaecology Women's Health and the implementation of these new roles within their hospital service. Action points generated at that workshop to be considered for implementation by NWIHP include;

- The establishment of a national shared folder for RANP/cANP's Ambulatory Gynaecology Women's Health
- The establishment of Clinical Supervision sessions for the new cANPs in Ambulatory Gynaecology Women's Health.
- Inclusion in the development of any future national guidelines pertinent to their clinical practice through the National Clinical Guidelines program in Obstetrics and Gynaecology.
- A national standardised Service-user leaflet and video to be developed

- Promotion of role of RANP/cANP's Ambulatory Gynaecology Women's Health nationally, via workshop or webinar
- Development of a national standardised survey to explore the experiences of patients attending their service.

4.4 Termination of Pregnancy (ToP)

The HSE is committed to the provision of a high quality, safe and integrated Termination of Pregnancy (TOP) Service. 11 of the 19 maternity hospitals/units are currently providing full Termination of Pregnancy (TOP) services, as prescribed under the Health (Regulation of Termination of Pregnancy) Act 2018. At time of reporting, there are 419 GP practices providing TOP services nationwide

NWIHP and the Clinical Lead for TOP commenced a schedule of site visits in 2022. These visits were designed to a) support sites where the service is operational; and b) to engage with sites not providing full TOP services, working with them to overcome any obstacles preventing commencement of the full service. NWIHP is committed to the continued roll-out and expansion of termination services and will continue to engage with maternity hospitals/units over the course of 2023.

To further support the roll out of TOP services nationally, in 2022, NWIHP approved funding for five additional Consultant in Obstetrics and Gynaecology posts, across five non providing sites. NWIHP continues to engage at Hospital Group, maternity network and local levels to ensure recruitment plans progress for these posts.

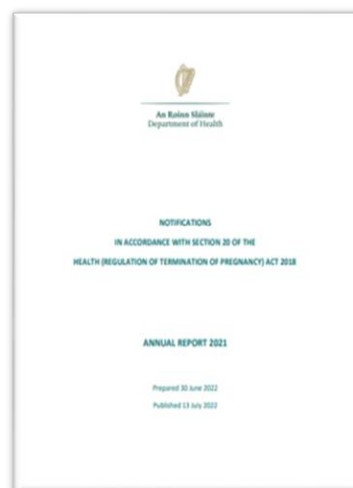
Clinical Advisory Forum

The Termination of Pregnancy, Clinical Advisory Forum (CAF) met 5 times in 2022, January, May, June, September and October, to support the continued provision of a high-quality, safe TOP service to women. This forum was used to discuss a number of aspects of TOP services including: continued roll out; the DOH Legislative Review and the CCO Review of TOP services provided under Section 11 of the Act; the blended model of care for TOP services; service evaluation & quality assurance; TOP provider peer support mechanisms and TOP training.

Annual Report

The third annual report on TOP services in Ireland was published on the 13th July 2022 by the Department of Health.

As outlined in the report, a total of 4,577 terminations were carried out under the legislation in 2021. Of these, 9 were notified under section 9; 2 under section 10; 53 under section 11; and 4,513 under section 12. By county, out of the 4,577 terminations notified 35.4% were from Dublin; 9% in Cork; and 4.5% in Galway, 4% in Limerick and 3.5% in Louth, Meath and Kildare; and 4.5% of those notified did not disclose a location.



<https://www.gov.ie/en/publication/ce61b-notifications-in-accordance-with-section-20-of-the-health-regulation-of-termination-of-pregnancy-act-2018-annual-report-2021/>



A supplementary note was published by the Minister for Health which acknowledged that while the overall notifications reported to the Minister under s.20 for 2021 was substantially lower than observed in the first two annual reports, the reimbursement claims for TOP services was similar to previous years. It was therefore concluded that the cyber-attack was impactful in the large reduction in notifications during those months and that the number of terminations of pregnancy notified to the Minister was likely substantially lower than the number of terminations carried out in 2021.

Service Evaluation

In 2022, the NWIHP established a Termination of Pregnancy Service Evaluation Steering Committee to provide oversight for the design and implementation of a Service Evaluation Programme for the Termination of Pregnancy Services. Work continues in this area into 2023.

Review of the revised Model of Care

In Q4 of 2021, the Department of Health requested the HSE to revisit the Model of Care to review its operation and consider whether the blended Model of Care for Termination of Pregnancy Services, should be retained as the enduring Model of Care for the service.

This review showed that including remote consultation as part of the termination of pregnancy service is considered safe, effective and acceptable to both service users and providers.

In May 2022, the Chief Medical Officer (CMO) in the Department of Health requested that the Model of Care be revised to implement the use of remote consultation as per the findings of the review. A first draft of this revised Model of Care was sent to the CMO in July 2022 for review. It is anticipated that the Model of Care will be finalised in early 2023. In the interim, the temporary model of care, along with the relevant public health advice remains in place.

Department of Health - Review of the Operation of the Health (Regulation of Termination of Pregnancy) Act 2018

As stipulated in Section 7 of the Act, the Minister for Health is required to carry out a review of the operation of the Act, not later than 3 years after its commencement. In December 2021, the Minister announced the commencement of this Review, informed by three key streams of information: 1. Service Users, 2. Service Provision and 3. Public. In January 2022, The Minister appointed Ms Marie O Shea B.L as the independent Chair of the Review.

NWIHP engaged constructively with the independent Chair over the course of the review. Work concluded in late 2022 with the report to be submitted to the Minister in early 2023. NWIHP looks forward to working together with colleagues in the Department of Health, Maternity Networks and key stakeholders to implement recommendations arising from the Review.

HSE Review of Section 11 of the Health (Regulation of Termination of Pregnancy) Act 2018

In May 2022, the HSE's Chief Clinical Officer (CCO), Dr Colm Henry, commissioned a Review of Section 11 of the Health (Regulation of Termination of Pregnancy Act) 2018. Section 11 provides the legislative framework for the provision of termination of pregnancy services where there is present a condition likely to lead to the death of the fetus either before or within 28 days. The HSE CCO appointed Prof. Dame Lesley Regan DBE, FRCOG, Secretary General of the International Federation of Gynecology and Obstetrics (FIGO), as the Independent Chair of the Review Group.

The purpose of undertaking a review of this relatively new and complex service was to identify and evaluate what changes and/or improvements were required to improve the safety and quality of the service as provided under Section 11, from both a service provider and service user perspective. Further to this review and assessment, the Review Group must develop a Report that provides an overview of the current service, identifies and describes any current gaps and/or deficiencies in this service from both a service provider and service user perspective and provides clear recommendations

as appropriate to improve the safety and management of this service. This review is due to be finalised and presented to the CCO in April 2023.

Objectives for 2023

- NWIHP and the Clinical Lead for TOP will continue with the schedule of site visits in 2023, with a view for further rollout of TOP providing services in Ireland.
- Implement the recommendations from the Department of Health's review of the operation of the Health (Regulation of Termination of Pregnancy Act) 2018.
- Finalise and present the report to the CCO from the Section 11 review of the Health (Regulation of Termination of Pregnancy Act) 2018.
- Implement the revised Model of Care once approved by the CMO in the Department of Health.
- Oversee the collection and assimilation of relevant TOP service data.

4.5 Endometriosis

Background

Endometriosis is one of the most common gynaecological conditions requiring treatment in Ireland, approximately 1 in 10 women may have 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 2022

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. Further to a submission from NWIHP, funding was invested by the Women's Health Taskforce in Tallaght University Hospital in 2021 to build capacity for dealing with complex endometrial cases, requiring invasive surgery that requires a multi-disciplinary expertise e.g. gynaecology, colorectal, urology etc

In 2022, NWIHP commenced the development of A National Framework for the Management of Endometriosis in Ireland. This Framework focuses on a multi-disciplinary approach to woman-centred care – from primary care, to secondary care and furthermore, to supra-regional specialist care for those severely affected by endometriosis. It is underpinned by the ethos of right care, right place, right time.

The Framework envisions the development of five endometriosis hub services, supporting two supra-regional complex, specialist services. This Framework will roll-out in a phased basis and will be published in 2023.

The implementation of Phase One of the Endometriosis Framework involves

- Stage Two development of the complex endometriosis service at Tallaght University Hospital.
- Stage One development of specialist complex endometriosis service at Cork University Maternity Hospital (CUMH)
- The commencement of the establishment of the five endometriosis hubs, with phase one investment to include CNS in Chronic Pelvic Pain / Endometriosis, Administrative Support and a Clinical Specialist Physiotherapist in Women's Health.
- The establishment of a NWIHP National Endometriosis Professional Network
- NWIHP under its National Clinical Guideline Programme, will produce a HSE Clinical Guideline in the area of endometriosis, in collaboration with the Institute of Obstetrics and Gynaecology.
- Development of Quick Reference Guide (QRG) by the ICGP to enhance awareness of the appropriate initial management of endometriosis at primary care level.

Objectives for 2023

- Stage Two development of specialist service in CUMH
- Stage Two investment in the five regional endometriosis hubs to include Dieticians and Psychologists resources;
- The development of a suite of Activity Metrics
- Collaboration with the ICGP to promote and aid early recognition of the signs and symptoms of endometriosis, as well as increase understanding of this chronic disease at primary care level.

4.6 Specialist Complex Menopause Clinics

There has been a longstanding requirement for specialist menopause clinics in Ireland. Working with the Women's Health Taskforce and the Department of Health, NWIHP developed and commenced an investment programme in this area of women's health.

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 NWIHP 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 and Dr. Nicola Cochrane, both GP Menopause Specialists and Specialist Nurse Claire McElroy, the first public CNS for Menopause in Ireland.

Five further specialist complex clinics were funded in 2022 – located in Coombe, Rotunda, Nenagh (under the auspices of Limerick Maternity), Galway and Cork.

Each clinic will be led by medical specialists with a formal certified special interest in the area of menopause (consultant and/or general practitioners). Additionally each clinic is being established with a full time clinical nurse specialist in menopause – a new type of post in the Irish healthcare service – who will be positioned to manage women directly and provide specialist nursing follow up to women who have attended the specialist clinics.

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 is uncertainty about the most suitable treatment option for their menopausal symptoms e.g. complex medical history.

	Site	Year Funded	Status as of 2022
	NMH	Funded 2021	Operational
	Limerick	Funded 2022	Operational
	Coombe	Funded 2022	Operational
	Rotunda	Funded 2022	Operational
	Galway	Funded 2022	Operational
	Cork	Funded 2022	Anticipated 2023

Menopause Awareness Week



In 2022, NWIHP took part in the inaugural Menopause Awareness Week, organised by the Department of Health. The week was centred around World Menopause Day on Tuesday, 18 October 2022.

Menopause Awareness Week aimed to inform, educate and ‘lift the taboo’ around menopause. It was supported by a national ad campaign and the launch of gov.ie/menopause, along with updated and expanded menopause information on the HSE website - providing reliable and trusted information around symptoms, treatment and advice on how you can support those in menopause.

On World Menopause Day, Minister for Health, Stephen Donnelly officially opened the Rotunda menopause clinic, dedicated to supporting women experiencing complex symptoms of menopause.



Minister for Health, Stephen Donnelly, with staff from The Rotunda Hospital, opening the Rotunda menopause clinic.

Objectives for 2023

In 2023, one additional menopause clinic will open in Cork, bringing the total number of specialist complex menopause clinics nationally to six.

NWIHP under its National Clinical Guideline Programme, will produce a HSE Clinical Guideline in the area of menopause, in collaboration with the Institute of Obstetrics and Gynaecology. Alongside the ICGP's Menopause Quick Reference Guide launched on 4th October 2022, the HSE Guideline will again further strengthen the capacity and knowledge amongst the medical community regarding the appropriate management of menopause.

4.7 Gynaecologic Physiotherapy

Since its inception, NWIHP working with the Maternity networks has recognised the importance of women's health physiotherapy services both in maternity services and gynaecology services. With this in mind, NWIHP has invested in this area, with a clinical specialist physiotherapist in women's health being identified as a core member of ambulatory gynaecology teams.

To date, NWIHP have invested in 19 clinical specialist Physiotherapists specialising in Women's Health as part of the Ambulatory Gynaecology Model of Care. In addition, NWIHP have also invested in 3.0 WTE physiotherapists specialising in women's health across St Michael's Hospital Dun Laoghaire and Beaumont Hospital, as well as funding 3.0 WTE in the two specialist MESH services located in the National Maternity Hospital and Cork University Maternity Hospital. This correlates to an investment of approximately €1.8 million recurring funding targeted at improving women's access to pelvic floor physiotherapy and conservative management.

In 2022, NWIHP commenced development of a framework for the implementation of physiotherapy-provided gynaecology care pathways, which will outline an alternative triage and referral pathway for suitable gynaecological patients. The Framework is due to be finalised and launched in the first half of 2023, with NWIHP working very closely with an NWIHP established national network of physiotherapist service managers and clinical specialist physiotherapists in this regard.

4.8 Gynaecology eReferral Form

The National Women and Infants Health Programme, recognising a need for a more efficient and effective referral process, developed a specialist gynaecology eReferral form. The contents of this eReferral underwent extensive clinical consultation, with the NWIHP Clinical Advisory Group as well as the Irish College of General Practitioners Quality and Safety in Practice Committee approving the eReferral in its finalised form.

The main objective of the Gynaecology eReferral is to facilitate GPs to provide more targeted information regarding the woman's presenting symptoms, conditions and medical history such that the receiving hospital can triage that referral more efficiently and effectively thereby ensuring that the woman is directed to the most clinical appropriately gynaecological care pathway.

The Gynaecology eReferral is due to launch in Q1 2023.

5 NEONATOLOGY

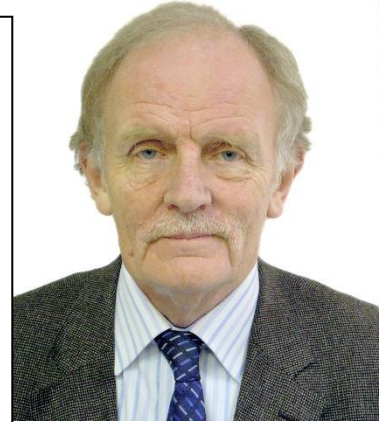
Reflections from the Clinical Lead for Neonatology and Paediatrics, Prof John Murphy.

The Clinical Programme for Neonatology welcomes the partnership which NWIHP provides as we seek to standardise Neonatal care in Ireland.

The planning of neonatal services is important. Unless services are planned, there is no certainty around whether they will improve over time. The model of care in neonatology has provided a template for the design and development of neonatal care over the past 8 years. It is currently being reviewed and all the neonatal sites across the country are being visited.

The scope of Neonatal projects and initiatives delivered in 2022 recognises the pace at which the ever-evolving field of Neonatology moves. This is reflected especially in programmes of work that explore parenteral nutrition, neonatal resuscitation training, Therapeutic Hypothermia, and the commencement of development of National Neonatal Guidelines.

I look forward to working with NWIHP again in 2023 to deliver a service underpinned by the principles of the Neonatal Model of Care.



5.1 Neonatal Resuscitation Programme

In 2022, Neonatal Resuscitation 8th Edition in line with up to date International Liaison Committee on Resuscitation (ILCOR) was rolled out in all 19 maternity services. This involved staff completion of an online examination and followed up by face to face instructor led mentoring and assessment leading to the awarding of an American Academy of Pediatrics (AAP) / American Heart Association (AHA) E-Card.

To date, across the 19 maternity services, **1945** staff have completed online Advanced Provider, of which 1730 have AAP/AHA E-Cards.

163 Instructors have online cognitive learning completed, **125** of whom have AAP/AHA E-Cards issued as accredited NRP Instructors in Ireland i.e. this cohort are now internationally recognised as NRP Instructors in the area of Neonatal Resuscitation Training (NRT) in Ireland.

An in-depth audit of NRT equipment and educational aids across all 19 maternity services was completed in Q3 to ensure that all services have in place and have access to defined standard of equipment for NRT purposes; and funding was provided to the 19 maternity services for this equipment in Q4, 2022.

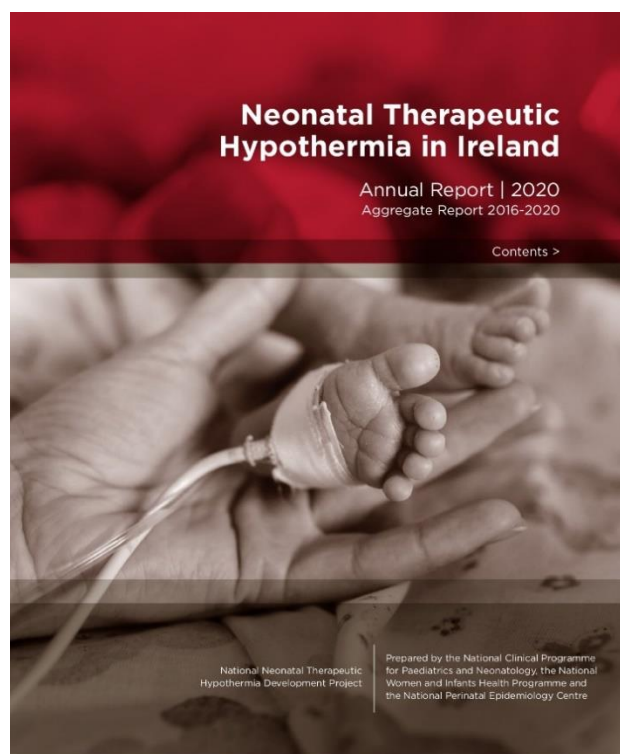
In Q2 2022, a multidisciplinary working group developed a suite of National Neonatal Resuscitation Training Standards. This work is being amalgamated with Fetal Monitoring and Obstetric Emergency Standards. This amalgamation is expected to be completed in 2023.

5.2 Therapeutic Hypothermia Report

The 2020 Therapeutic Hypothermia (TH) report was published in 2022. The Report also provides the aggregate data for all infants with NE requiring TH for the 5 year period 2016-2020. In 2020, **76 infants** had Neonatal Encephalopathy (NE) which required TH. The total number of cases of NE requiring TH for 2016-2020 was 357 infants. The incidence of NE in Ireland is **1.2 per 1000 births**. The year-on-year incidence of NE requiring TH is constant. This suggests that the causation(s) are consistent and repetitive.

A number of key messages have emerged from this large dataset:

- NE is an important cause of death in term infants. There were 12 deaths in 2020. Over the 5 years 2016-2020 there were **51 deaths**.
- First-time mothers are **2.5 times** more likely to have an infant with NE. Recognition of this increased risk should be built in to all labour ward protocols and governance.
- Looking at sentinel events, the aggregated 2016-2020 data yielded that shoulder dystocia was associated with **11.8%** (n=42 of 357) of births whose infants required TH intervention. The figure is overrepresented when compared to 2016-2020 Hospital Inpatient Enquiry (HIPE) data of which 0.8% of 295,743 mothers who delivered with a shoulder dystocia. The background risk factors for this complication are macrosomia, diabetes, BMI and failure to progress in labour.
- Fetal growth restriction (FRG) is a risk factor for NE requiring TH. There were **14 cases** in 2020. Detection of small for date's infants facilitates early risk mitigation in terms of delivery and a standardised approach to the detection of small for dates is advocated.
- It is observed that **59%** (n=53) of births requiring TH occurred on weekends and/or after 8pm and before 8am in 2020. This data is consistent with the years 2018 and



2019 for which 60% of infants requiring TH were born 'out of hours'. The findings underline the need for senior input into antenatal and labour ward management at all times

- The diagnosis of labour remains a challenge. It is important for the commencement of the appropriate level of care and monitoring.
- Most of the infants required extensive resuscitation at birth – **59%** required intubation and **28%** required chest compressions. All labour ward and neonatal staff must have up-to-date skills and training in neonatal resuscitation.
- In 2020, 52 infants with NE were born in a tertiary centre, and 24 infants were transferred from other hospitals. **79%** of the transfers were undertaken by the National Neonatal Transport Programme (NNTP).
- The bayley neurodevelopmental assessment carried out at 2 years of life notes delays in this cohort of infants in terms of gross motor skills, language acquisition and cognitive abilities.

The NWIHP are actively engaged with responding to the recommendations of the TH report and have invested resources into the maternity networks in terms of early intervention services, NRP training, CTG and obstetric emergency training, NNEAG workstreams and the development of the OEST. The NWIHP are committed to continually striving to work with sites to reduce the incidence of avoidable cases of NE.

Objectives for 2023

- TH data from 2021 and 2022 will be collected in tandem in 2023 so as to ensure the report remains current and reflective of clinical practice
- Create publications from the targeted research based on the evolving trends emerging from the data.

5.3 Neonatology Projects

In 2022, NWIHP continued to progress the work of a number of neonatology projects that had been established

1. Neonatal heart valve donation project

The heart valve donation flow chart which was developed for use by clinicians in order to encourage a proactive approach to discussing heart valve donations with parents of eligible infants was circulated to all relevant stakeholders in maternity services in 2022. Additionally, a parental leaflet to aid decision making for parents who are considering donation was circulated. As this is a sensitive, emotive and complex area of care the NWIHP commissioned an accompanying educational video so as to further

expand on the flow chart and give direction and clarification to Clinicians in frontline services.

The video and documents can be found online on the NWIHP website at [https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-](https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/neonatology/)



[infants/neonatology/](https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/neonatology/)

2. Cytomegalovirus pathway

Work continued throughout 2022 in the development of a standard operating procedure and care pathway relating to babies who have a 'no clear response' on the Universal Newborn Hearing Screen (UNHS). The aim of the pathway 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 antiviral treatment. The pathway is to become operational Q3 2023.

3. HIPE

Work in relation to the capture of routine newborn care on postnatal wards through the Hospital in-patient Enquiry (HIPE) is ongoing with the ultimate aim being to accurately reflect the increased workload undertaken by midwives during postnatal care so as to inform national workforce planning.

4. Neonatal Model of Care (MoC) Update

In 2022 the National Clinical Lead for Neonatology visited 15 of the 19 maternity sites in order to facilitate the update of the Model of Care for Neonatology. The remaining sites will be visited in Q1 2023 with an updated MOC published document expected in Q4 2023. The insights and learning gained from site visits is un-paralleled and we are grateful to each of the sites for their time and continued commitment to building quality neonatal services in Ireland.

5. Neonatal Psychology Forum

In 2022 the NWIHP formed a National Neonatal Psychology Forum to support the national roll out of BSD III assessment for infants treated with TH and infants born less than 1500 grams and/or less than 29weeks. The importance of attaining outcome data in this vulnerable cohort of infants is imperative in terms of measuring NICU performances and more importantly supporting infants accordingly with appropriate

referrals. It is hoped that through regular engagement over 2023 appropriate referral pathways will be developed so as to accommodate the BSDIII assessment in the infants catchment area so as to minimise disruption and travel for infants and their families.

6. Neonatal Nurse Education

In 2022 the NWIHP committed to funding regional Neonatal Nurse Tutors in SSWHG, SAOLTA. Furthermore, the NWIHP will support the Coombe CNME with a Nurse tutor for their endeavours to gain QQI level 8 accreditation for Level 8 High Dependency and Special Care of the Newborn neonatal courses. The purpose of this work is to endeavour to support each of the 19 maternity services to have structured access to neonatal nurse education and training programmes to ensure staff are enabled and supported to provide a safe service. In addition, such education and training structures will underpin neonatal nursing career pathways and progression and support the recruitment and retention of neonatal nurses in the 19 maternity services. NWIHP is working closely with Centres of Nursing Midwifery Education (CNME) in order to standardise the curriculum as well as the availability of neonatal nurse education for all Level 2 and Level 1 Neonatal Units.

7. Parenteral Nutrition

There has been considerable engagement in the parenteral nutrition (PN) services for infants.

This has involved the PN advisory group, Procurement (HSE), Baxter, and the clinical lead programme. A new contract is nearing completion. A clinical guideline on PN administration has been completed.

8. Developmental Dysplasia of the Hip (DDH)

This programme entails the provision of a hip ultrasound at 6 weeks of age to infants with risk factors for DDH. The risk factors are breech presentation, or a first degree relative with a history of DDH. Twenty per cent of infants fall into these risk categories.

The provision of a hip ultrasound at 6 weeks is now in place across all maternity hospitals in the country.

The next steps are the development of a universal hip ultrasound screening programme in which all infants will have a hip ultrasound at 6 weeks. A business case has been developed to progress this expansion of the hip ultrasound service.

5.4 National Neonatal Practice Guidelines

National Neonatal Practice Guidelines are being systematically compiled based on a thorough evaluation of the evidence which commenced in 2022. They will promote and

facilitate standardisation and consistency of good clinical practice by providing evidence-based recommendations to neonatal teams in the maternity services for the care of newborn infants.

Neonatal Guideline Development Groups complete draft documents which are critically reviewed by the Neonatal Expert Advisory Group (NEAG). They are then brought to the Neonatal Clinical Advisory Group (NCAG) for approval prior to submission to NWIHP to prepare for final editing.

NWIHP would like to thank all who contribute their time and expertise to this project. To date, there are 12 Guidelines at various stages of development. It is anticipated that these will be launched in 2023.

5.5 Neonatal Investment

NWIHP continue to invest in neonatology with the funding of Health and Social Care Professionals including Consultants, Advanced Nurse Practitioners, Clinical Nurse Specialists, Psychologists, Speech and Language Therapists and Occupational Therapists.

We await the updated *Model of Care for Neonatology* due to be published in 2023 so as to determine our 2024 service plan for neonatology.

Objectives for 2023

- Launch the suite of national NRT Standards;
- Launch 12 National Neonatal Practice Guidelines;
- The National NRT Governance committee will review the future strategy for provision of NRP Instructor and Provider training in Ireland.

6 SEXUAL ASSAULT TREATMENT UNITS

In 2022 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 twice during the year, in March and June of 2022 to support the continued rollout of the areas for action from the Department of Health Policy Review (2019).

The National Management Team (NMT) met with the Chief Nursing Officer in the Department of Health in August 2022 to discuss the progress made to date with regards to the implementation of the areas for action. The NMT conducted a number of site visits in the last half of 2022 to discuss progress made. The policy review implementation plan is near completion and should be fully implemented in 2023.

A review of the SATU Implementation group will be undertaken in 2023 to establish if the needs of its members have been met all the objectives set out in the original Terms or Reference have been achieved.

Ring fence funding secured for 2022

0.25m of funding was secured in 2022 which increased the ring-fenced funding to 0.8m in total, as per the original Implementation plan costing undertaken by the Department of Health. This funding was used to ensure continued progression across key areas, such as:

- Provision of dedicated emotional supports and reflective practice 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;
- Implementation of a SATU National Management Team

This funding also ensured that 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 2021 was published in June 2022. Key findings from this report included:

- **17%** increase in presentations from 2020-2021.
- **758 (88%)** of incidents occurred in the Republic of Ireland.
- The greatest number of these incidents occurring in Dublin (**36%**). An increase of **10%** from the previous year.
- Monday was the busiest day of the week and October was the busiest month.
- **32%** attended at night, this was also up by **6%** on the previous year which again underpins the importance for a round the clock service.
- **92%** were female, with the mean age of those attending **at 26 years**.



<https://www.hse.ie/eng/services/list/5/sexhealth/sexual-assault-treatment-units-resources-for-healthcare-professionals/satu-2021-annual-report.pdf>



Emotional supports for SATU staff

In 2022 the SATU service continued to offer their staff, both medical and administrative, the opportunity to avail of professional reflective practice spaces. These confidential and safe spaces are offered online across all SATU sites. In addition group reflective practice spaces are offered to the current cohort of Nurses in training to become Forensic Examiners. The service is offered by Dr Nicola O’Sullivan who is trained and experienced in providing reflective practice and clinical supervision to staff working in health, forensic and social care settings. These reflective practice spaces are offered in recognition of the complex and emotive work that is being undertaken in SATU.

Throughout 2022, Dr O’Sullivan conducted **199 individual reflective practice spaces** with the SATU staff across the country. Feedback on this new service has been extremely positive, and it is anticipated that in 2023 this service will continue to expand and bed down.

Study Day

Last years (14th annual) interagency study day took place in October 2022. It was a very informative day, with much discussion on a range of pertinent topics. Internationally renowned speaker Prof Patricia Speck, spoke on Examination and Care of Older Survivors of Sexual Violence, with other presentations on training, reproductive coercion, and the impact of the Assisted Decision Making (Capacity) Act on SATU care. Many members of the SATU team remained actively engaged in a range of educational and outreach initiatives in 2022, and we look forward to continual work in that area in 2023.

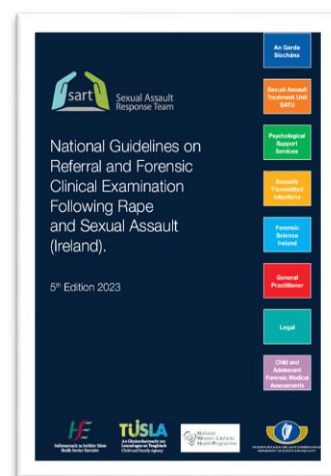
The focus on research also continued in 2022 with many members of the SATU staff presenting at both national and international conferences and events.

Guidelines

In 2022 the Sexual Assault Response Team worked collaboratively to collate the 5th Edition of the 'National Guidelines on Referral and Forensic Clinical Examination Following Rape and Sexual Assault'.

This is designed to cover all aspects of a responsive and coordinated service and outlines comprehensive, best practice care for any survivor of sexual crime, regardless of their age.

The document is currently available online through a number of platforms (link below), but will be available in printed form in 2023.



<https://www.hse.ie/eng/services/publications/healthprotection/sexual-assault->



[response-team-national-guidelines.pdf](https://www.hse.ie/eng/services/publications/healthprotection/sexual-assault-response-team-national-guidelines.pdf)

Barnahaus West - Galway

In January 2022 Galway SATU began operating from The Willow Centre, co-located with the Hazel Clinic (Child and Adolescent Sexual Assault Treatment Service) and Barnahaus West. These new premises mean the physical environment for patient care is greatly improved. Being “under one roof” allows for close collaboration with our multiagency colleagues in Barnahaus West, which will benefit our 14-17 year old patients.

Training

The main educational initiative in 2022 was the commencement of another RCSI based SAFE education programme for nurses and midwives, Level 9 QQI (Masters Level). On completion of this, an additional cohort of clinical nurse specialists (CNS) will join the SATU team, and we look forward to all they will bring.

The provision of the formal programme for forensic medical training recommenced in 2022, having been unable to provide this in the preceding few years due to the Covid 19 pandemic. This programme now takes the form of a suite of online resources, in conjunction with onsite observation in a host SATU combined with a day of simulation based training hosted at The Irish Centre for Applied Patient Safety and Simulation (ICAPSS) at the University of Galway in order to support participants to achieve the relevant competencies.

Objectives for 2023

- Conclude and close out the policy review
- Review the role and remit of the SATU Policy Review Implementation group into the future
- Implement the new SATU National Management Team
- Establish SATU Managed Professional Clinical Networks and Forums
- Continue to expand the reflective practice and emotional support service for the SATU staff.

7 QUALITY AND SAFETY

Reflections from the Clinical Director, Dr Cliona Murphy

I would like to thank the clinical leads Dr Aoife Mullally, Prof Maeve Eogan, Prof Keelin O Donoghue, Prof John Murphy and Dr Peter McKenna for their clinical leadership and efforts in advancing care for women and infants in 2022.

I would like to thank the Clinical Directors and Directors of Midwifery at each of the Maternity Networks for constructive engagement throughout the year. I look forward to new developments in perinatal genetics and fertility and gynaecology care in 2023.

I would also like to thank Dr Peter McKenna, my predecessor in the role of Clinical Director, for originating this role. His knowledge and professionalism ensured that this role is a position of impact, and I hope to continue that proactive ethos.

At the National Women and Infants Health Programme we are committed to enhancing equity of access to safe and evidenced based care across neonatal midwifery obstetric and gynaecology care. In this we partner with the clinical teams working daily toward a shared goal.



7.1 Irish Maternity Indicator System

The Irish Maternity Indicator System (IMIS) data for 2021 were delayed due to the continuing problems associated with COVID19 and also the cyber attack in May 2021. The IMIS National Report 2021 was published in October 2022.

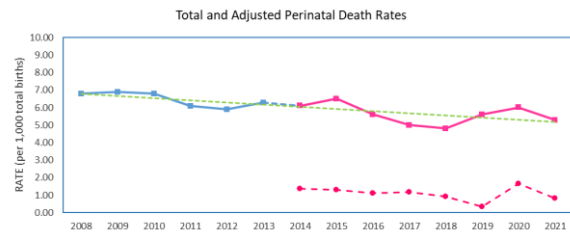
Key Deliverables

The NWIHP prepared the IMIS National Report 2021 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 IMIS is an important quality and safety system for the maternity system. Where a metric is outside of the funnel plots or where a significant change occurred in comparison with the previous year, it is followed up with the relevant maternity network, and assurance is sought regarding the deviation. In the event of learning achieved from the engagement, the information is shared nationally.

2021 Data

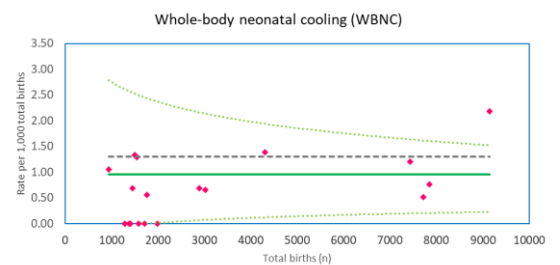
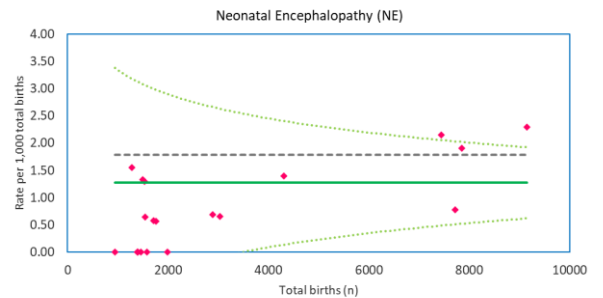
1. Demographics

- The number of births in 2021 was up on the previous year, from 56,835 in 2020 to 60,492 in 2021. While this is a reversal of the general trend over the past decade, it is likely that 2021 was an unusual year due to Covid.
- The downward trend in Total perinatal deaths continued in 2021, with 5.09 per 1,000 total births. The rate of adjusted perinatal death was almost half of the previous year: 1.62 per 1,000 total births in 2020, 0.83 per 1,000 total births in 2021.



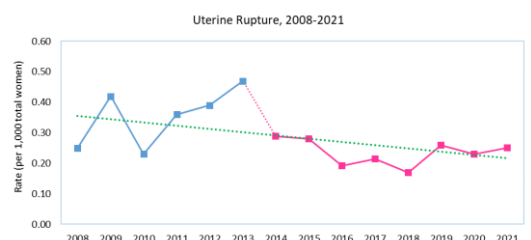
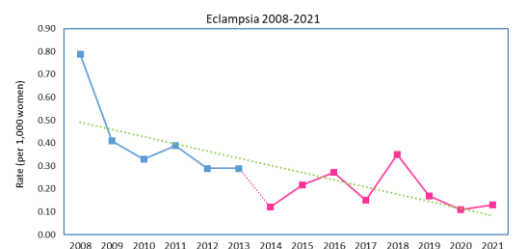
2. Neonatal metrics and Breastfeeding

- The rates of Neonatal encephalopathy (NE) and Whole-body neonatal cooling (WBNC) were less in 2021 than the previous year. The rate of NE fell from 1.79 per 1,000 total births in 2020 to 1.27 in 2021. The rate of WBNC fell from 1.30 in 2020 to 0.96 per 1,000 total births in 2021.
- Where a maternity hospital lay outside the upper 95% Confidence level, the NWIHP followed up with the relevant maternity network to explore the issues around data collection and neonatal activities in the hospitals.

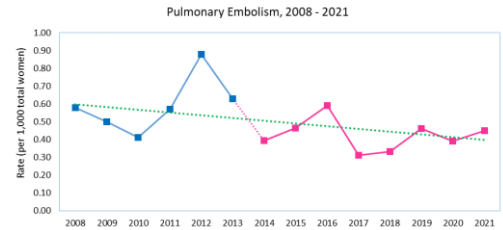


3. Obstetric risks and complications

- ❖ Eclampsia: The national rate of eclampsia rose in 2021, with eight cases (0.13 per 1,000 total women delivered).
- ❖ Uterine rupture: The rate of uterine rupture rose in 2021, with 15 cases (0.25 per 1,000 total women delivered).



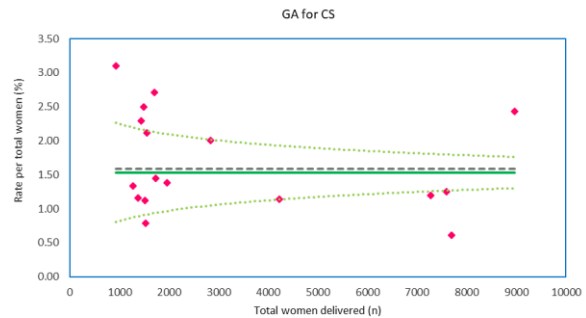
- ❖ Pulmonary embolism: The rate of pulmonary embolism rose in 2021, with 27 cases (0.45 per 1,000 total women delivered).



- ❖ Primary postpartum haemorrhage: Rates of post-partum haemorrhage among women delivering vaginally and by Caesarean section (CS) were higher in 2021 than the previous year. The PPH rate among vaginal deliveries was 4.12 per 1,000 total vaginal deliveries in 2021 (up from 3.68 in 2020) and the PPH rate among CS deliveries was 7.44 per 1,000 total CS in 2021 (up from 7.14 in 2020). These figures are serious and concerning and highlight the need for closer adherence to the recently revised national clinical guideline [National Clinical Practice Guideline – Prevention and Management of Primary Postpartum Haemorrhage \(rcpi.ie\)](#)

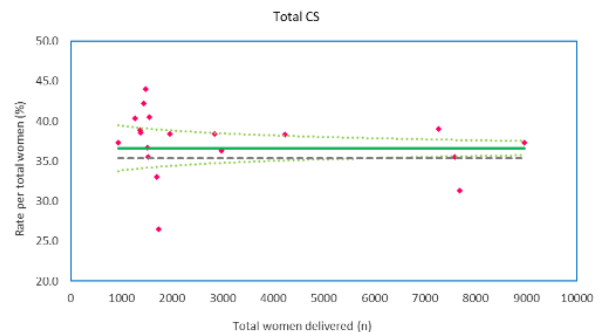
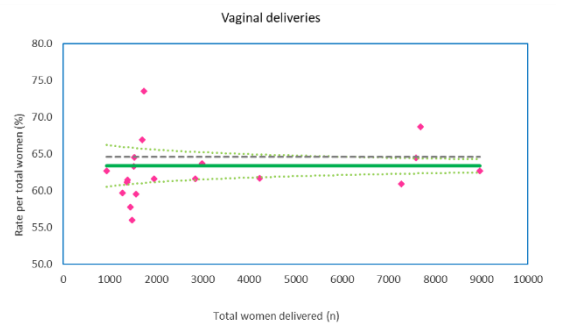
4. Anaesthesia

- ❖ The IMIS data indicate a high level of variation in administration of general anaesthetic for CS, with many of the maternity units lying beyond the 95% confidence interval.



5. Deliveries

- Vaginal deliveries: Almost two-thirds of women (63.4%) delivered vaginally in 2021.
- Caesarean sections: The rates of Caesarean sections continue to climb: 36.6% of all women, 38.3% of nulliparas in 2021. Ireland is not unique in this regard. Recent data from Scotland indicate 37.5% of singleton babies delivered by CS in 2021/22. While CS is more likely among older women, however “there is an increasing tendency for this method of delivery across all age groups” (Public Health Scotland, November 2022).



Objectives for 2023

In 2023, the IMIS will continue to be gathered on a monthly basis at the 19 maternity hospitals/units, and a review will be undertaken of the metrics collected and how this information is presented.

The NWIHP will continue to engage with networks on this important dataset.

7.2 Obstetric Event Support Team (OEST)

The National Maternity Strategy 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 rolled out in Q2 2022, encompassing all six maternity networks. 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 NWHP staff members and its work forms part of NWIHPs quality and safety framework and priorities. The OEST focuses on the learning from reviews and the sharing of this learning across the system means units can learn from an event without having to endure the adverse event itself.

The OEST reports on a weekly basis to the Director of NWIHP and on a monthly basis to the CCO. There is an OEST Oversight Group in place which is Chaired by the CCO. Engagement with OEST is a fixed agenda item on the NWIHP and Maternity Network meetings.

Objectives for 2023:

In 2023 the OEST is hopeful that it will achieve universal engagement across all 19 maternity units and hospitals. The OEST would additionally like to further develop its processes for the extraction and dissemination of learning. In this regard, NWIHP continues to review practices in other jurisdictions to see how the OEST may evolve.

7.3 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 in our 19 maternity units/hospitals.

The work of the NNEAG began in August 2019 with huge engagement across the stakeholder groups. This engagement continued into 2022. 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 2022 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 maternity reviews where appropriate.*
 - This group continued its work and a pilot is currently running in a maternity unit in conjunction with the OEST.
- *Work Stream 3: Mandatory Training – fetal monitoring and obstetric emergencies.* A multidisciplinary working group was convened to develop a suite of national training standards from obstetric emergencies and fetal monitoring. It is envisaged that this work will be completed by Q2 2023. As part of this work programme, NWIHP funded standardised training equipment for obstetric emergencies in all 19 maternity units.
- *Work Stream 5: 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 2023

The work of NNEAG will continue in 2023, and will remain closely aligned with OEST. The objective remains to reduce the avoidable causes of harm in our maternity units and make them safer places for both our service users and staff.

7.4 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. There are good practices being followed in our 19 maternity hospitals/units however, standardising these practices and learning from one another will provide an opportunity for all clinical staff and inform training requirements.

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. The steering group met monthly throughout 2022.

Key Achievements in 2022

The guideline National Clinical Practice Guideline Prevention and Management of Primary Postpartum Haemorrhage has been updated and launched. The guideline includes recommendations, algorithm, and checklist that can be used by all staff. We are now rolling out the national guideline with a national Quality Improvement project at the same time.

All 19 maternity services participate in this national project aimed at standardising the management of PPH and MOH. Local champions met several times throughout 2022 with input from international collaborators.

Data from each unit was collected via the PPH database for a period of two months to highlight the management stages of PPH. A data workshop was held with local champions to allow for data to be discussed and reviewed.

This year allowed us to consolidate several elements of the project. This ensures that as we move to 2023, we are ready to begin the implementation phase. This next phase is a crucial stage and will take cooperation across all units.

Objectives for 2023

- Continue to build the PPHQII network
- Have a PPH awareness social media day
- Further Patient engagement
- Continue international links.
- Homebirth procedures
- Unit led projects
- Training events for the toolkits developed

Unit led projects will be developed by units and each unit will assist a toolkit that will be available for all to use. The unit led projects include: multidisciplinary meetings, real time drills, communication for drills/organising drills, patient debrief, staff debrief and risk factors

7.5 Learning Events

The NWIHP Q&S Framework emphasises the role of risk management and learning. The approach to our quality and safety within our maternity services is linear, collaborative and respectful.

With this in mind NWIHP hosted its first Quality & Patient Safety Conference in October 2022 in The Gibson Hotel. The theme of the conference was “Collaboration across the Continuum of Care” and the conference culture was openness and respect.



The conference was opened by our service user representatives Willie and Kay Dunne followed by Prof Deirdre Madden. Speakers were drawn from across our maternity services and demonstrated the quality improvement initiatives and learning events our front facing colleagues are implementing. Speakers are encouraged to outline their initiatives and results and give attendees the knowledge and tools to be able to replicate these initiatives back at their own sites.

Objectives for 2023:

NWIHP's focus on learning will continue into 2023. NWIHP hope to sponsor a number of learning events across our maternity networks. By hosting learning events locally the possibility of our front line staff being able to attend is more likely. NWIHP in October 2023 will host its 2nd annual Quality and Patient Safety Conference with a focus on maternal morbidities. This again will be an opportunity to show case quality and safety initiatives and learning events at local level on a national platform.

7.6 National Maternity and Gynaecology Guideline Programme

Guideline Programme Team (GPT)

The GPT is chaired by Professor Keelin O'Donoghue and supported by 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.

Expert Advisory Group (EAG)

The purpose of the EAG 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 Institute of Obstetricians and Gynaecologists (IOG) of the Royal College of Physicians Ireland (RCPI).

Three EAG review meetings took place in 2022.

Details of the EAG meeting dates and the Guidelines reviewed and approved are outlined below.

13/05/22 the EAG reviewed:

Assessment and Management of Postmenopausal Bleeding
Diagnosis and Management of Placenta Accreta Spectrum
Assessment and Management of Stress Urinary Incontinence in Women
Diagnosis and Management of Mesh Complications

23/09/2022 the EAG reviewed:

Prevention and Management of Primary Postpartum Haemorrhage
Diagnosis and Management of Pelvic Organ Prolapse
Recurrent Miscarriage
Investigation and Management of Complications of Early Termination of Pregnancy

11/11/2022 the EAG reviewed:

Stillbirth: Prevention, Investigation, Management and Care
The Fetal Anatomy Ultrasound
Vaginal Birth After Caesarean Section
Prevention of Early Onset Group B Streptococcal Disease in Term Infants

Key Achievements in 2022

The following documents were updated, reviewed and approved by the National Women and Infants Health Programme (NWIHP) team and the Institute of Obstetricians and Gynaecologists Chair and can be accessed on the [NWIHP](#) and [RCPI](#) websites.

- Template for a National Clinical Guideline;
- Conflict of /Disclosure of Interests Form.

A template for a Quick Summary Document (QSD) was drafted to accompany all guidelines. This aims to facilitate the implementation of the Guideline. The QSD contains the essential take home messages from with the Guideline, key recommendations, algorithm, auditable standards and recommended reading.

A template for a Plain Language Summary (PLS) was also drafted to accompany the published guidelines. The aim of this document is to provide a simple explanation of the condition that the Guideline addresses and may be of use to any interested party.

The guideline writing development groups are multidisciplinary in 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 2022, the following Guidelines were commissioned by the GPT

1. Fetal Growth Restriction
2. Diagnosis and Management of Ectopic Pregnancy
3. Management of Monochorionic Twin Pregnancy
4. Rheumatic/Rheumatological Disease in Pregnancy
5. Hypertension in Pregnancy
6. Preterm Labour
7. Management of Domestic Violence and Abuse in Pregnancy
8. Assessment and Management of Endometriosis
9. Diagnosis and Management of Menopause in Secondary Care/Menopause Speciality Services
10. Prevention and Management of Venous Thromboembolism in Pregnancy
11. Varicella in Pregnancy
12. Investigations and Management of Infertility
13. Amniocentesis and Chorionic Villus Sampling

The NWIHP Clinical Guidelines webpage has been updated to display previous and current ongoing work within the National Clinical Guideline Programme for Maternity and Gynaecology.



A full list of Guideline information can be viewed on the National Women and Infants Health Programme webpage

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/> and

Royal College of Physicians of Ireland (RCPI)

website <https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-Guidelines-in-obstetrics-and-gynaecology/>



Meetings & Training

In keeping with the process set out by the GPT, the programme manager hosted an introductory meeting with each GDG for all guidelines commissioned in 2022, and facilitated any follow up meetings that were necessary with those GDG that were underway from 2021. The number of meetings required with each GDG and/or their wider stakeholder groups varied depending on the individual requirements.

- The GPT met with the NWIHP senior management team to provide updates on the Guideline programme on 10th March and 22nd November 2022;
- The GPT held meetings with Medical E-Guides (MEG) to share Guideline information for use within a mobile device application. Allowing free access to view Guidelines and relevant documents. Making access to key information possible quickly and without an internet connection;
- Discussions with National Clinical Effectiveness Committee (NCEC), National Cancer Control Programme (NCCP), Irish College of General Practitioners (ICGP), Sexually Assault Treatment Units (SATU) National Midwifery Guideline Programme and National Neonatology Guideline Programme Guideline Developer Groups to encourage open communication going forward;
- Meetings with Clevercat Design to create a template for published Guidelines, Quick Summary Documents and Plain Language Summary;
- Ms Nicolai Murphy attended the NWIHP National Advanced Midwife Practitioner Conference on the 16th September 2022;
- Prof O'Donoghue and Ms Murphy attended the NWIHP Quality and Safety Conference on the 21st of October 2022

Objectives for 2023

- Launch Guidelines completed 2022 and support the dissemination and implementation process of the new Guidelines;
- Launch the mobile app site for national guidelines and maintain mobile application with the most up to date information
- Continue to update RCPI and NWIHP Guideline webpages
- Commission a further 12 Guidelines
- Evaluate the work of the EAG and seek feedback from members by the end of 2023
- Continue to hold EAG meetings; scheduled for February, May, September and December 2023

8 OTHER AREAS OF WORK

8.1 Women's Health Taskforce and Women's Health Action Plan

In 2022, the National Women and Infants Health Programme continued to work closely with the Women's Health Taskforce to further improve women's health outcomes and experiences of healthcare in Ireland.

On International Women's Day and as part of Women's Health Week 2022, the Minister for Health, Stephen Donnelly TD, launched the Women's Health Action Plan 2022-2023, the first Women's Health Action Plan published in Ireland.

The Action Plan was developed by the Department of Health in partnership with the HSE, the National Women and Infants Health Programme, the European Institute for Women's Health, the Irish College of General Practitioners, and the National Women's Council of Ireland through the work of the Women's Health Taskforce.

The Action Plan endeavours to; put listening to women at the heart of policymaking; invest in women's priorities for women's health; and take action to improve the health services and supports available to women and girls across the country in the near term.

Among the priorities in the Action Plan were;

- Additional funding for continued implementation of the National Maternity Strategy
- Access to contraception for women aged 17-25.
- Growing access to "see and treat" gynaecology clinics; specialist menopause clinics; and specialist endometriosis services.
- A new partnership approach with Local Authorities to tackle period poverty
- A strong commitment to improve women's experiences when they access services through changes to training and better information
- The first Maternity Bereavement Survey to understand the experiences of these families and how we can support them
- Legislation to strengthen the regulation of Assisted Human Reproduction
- Additional breastfeeding supports
- Expanded eating disorder services

Working with the Women's Health Taskforce in the above areas, NWIHP succeeded in securing investment in a range of work programmes including

- The continued expansion of specialist complex menopause clinics (**€331k**), thus ensuring that each of the six maternity networks has been supported and funded to develop one such clinic;



- The Model of Care for Endometriosis in Ireland by means of securing the initial tranche of investment required to commence development of the five regional endometriosis hubs being secured (**€653k**);
- The development of the initial suite of postnatal hubs with the Taskforce funding two such hubs in 2022 (**€935k**) – Kilkenny and Kerry;
- A strengthening of medical social work services available to vulnerable women attending maternity services within the maternity networks (**€483k**); and
- Integrated model of care for maternity and epilepsy care with initial investment being secured regarding the advanced nursing practitioner resources (**€276k**).

8.2 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.

The National Women and Infants Health Programme (NWIHP) working with the maternity networks has readily recognised that the provision of a perinatal genomic service forms an essential part of a prenatal diagnostic service. It facilitates earlier diagnosis of fetal conditions and therefore, improves both pregnancy and neonatal outcomes.

A complete perinatal genomic service includes not only in-pregnancy testing but also incorporates the provision of pre- and post-test counselling, and the investigation and evaluation of possible genetic causes for recurrent miscarriage. A quality perinatal genomic service will also hold robust links with perinatal pathology, providing a retrospective diagnostic service that can offer answers to parents while also informing the appropriate clinical care of women in any potential future pregnancies. In addition, parents may undergo testing pre-conception if they are known to be at a higher risk of a particular genetic condition based on a previous pregnancy/birth or familial link. With this in mind, NWIHP secured funding in 2022 for the initial development of a National perinatal genetics programme.

A draft framework has been developed for the establishment of a National Perinatal Genomics Service which focuses on the evaluation, diagnosis, management and treatment of anomalies before birth

The proposed National Perinatal Genomics Service, its structures and processes must work with and complement existing public maternity services and the current organisation and range of services. This includes the provision of scanning services, the organisation of fetal medicine services, established referral pathways both within

and between the six maternity networks, and the advanced diagnostic capacity available by means of the National Fetal MRI service etc.

The continuum of care for women, their babies and their families is of paramount importance. In designing the National Framework, NWIHP is targeting that women can avail of the necessary genetic services, where possible, within the existing organisation of maternity services, accessing the national specialist service only when clinically indicated.

The proposed operational model for the establishment of a National Perinatal Genomic Service in Ireland describes one national cohesive service delivered across three Dublin maternity sites, with specialist genetic referrals filtering via the established six fetal medicine services in each of the six maternity networks located across the country. This model is underpinned by the development of a national team comprising of two consultant clinical geneticists, supported by a team of genetic counsellors, with all team members having a structured and protected commitment to Children's Health Ireland. This professional linkage will ensure that there is the necessary cohesion and continuity of care for neonates and their families.

The roll out of this national service is of significant clinical importance and NWIHP are committed to working with colleagues across the maternity networks and CHI in order to progress this service as a matter of priority. The National Perinatal Genetics Service will form part of the HSE's overall National Genetics and Genomic Strategy, which will be launched in early 2023.

8.3 Perinatal Pathology

Background

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

Perinatal pathology involves the study of disorders of the placenta, problems affecting unborn babies' development, and causes of miscarriage, stillbirth and neonatal death. The work of Perinatal Pathologists can have a significant effect on families, whereby vital information may be provided during difficult periods of their lives, such as the loss of a baby. The ultimate goal of a Pathologist is to establish the specific cause of death or complication, and risk of recurrence in subsequent pregnancies. The value of the contribution of perinatal pathology cannot be underestimated given the advances in obstetric care in Ireland in terms of improved antenatal care through the national standards, the publication of the updated bereavement standards 2021, the reduction in fetal viability to 23 weeks in 2021, the introduction of termination of pregnancy in 2019 and the incoming perinatal genetics services.

Presently in Ireland specialist perinatal services are based in and provide services from Cork University Maternity Hospital (CUMH), Coombe Women and Infants University Hospital (CWIUH), University Hospital Galway, the National Maternity Hospital (NMH) and the Rotunda. A perinatal network is being developed across the SAOLTA, UL Hospital Group, and South South-West Hospital Group in order to provide cross cover and timely access.

In 2022 the NWIHP visited each of the maternity networks and met with the Perinatal Pathology teams. It was encouraging to meet the teams on site and witness the incredible work underway at local, regional and national level.

Summary

The primary challenge with perinatal pathology is the recruitment of Consultant Perinatal Pathologists as there is a very competitive market for newly qualified candidates. In response, sites are proactively recruiting proleptically in order to attract and retain Perinatal Pathologists. Furthermore, expanding the scope of practice of Specialist Medical Scientists has been adopted within some networks, further review of this is required to determine if this initiative may be rolled out nationally in order to support this vital service.

8.4 Women's Aid Training

In 2022, The National Women and Infants Health Programme (NWIHP) in collaboration with Women's Aid, commenced offering access for staff across the 19 maternity services to a structured half day training programme that would support staff to manage and deliver support in the area of Domestic Violence.

The online training programme is framed around the **3 Rs** – Recognise, Respond, and Refer, and is tailored specifically for maternity care staff who in their professional capacity interact with victims/survivors of domestic abuse.

Women's Aid link in to each hospital site to determine the pathways in place for staff when domestic abuse is suspected. Therefore site specific information on the referral pathways in place is given to participants on the training course. Women's Aid also engage with the local domestic violence services, as greater awareness can lead to greater referrals to their services.



NWIHP has allocated funding of €100,000 to this project. Phase One commenced in October 2022, which saw training rolled out to 3 Hospital Groups between October and December – Saolta, Dublin Midlands Hospital Group, and UL Hospital Group. 9 sessions were delivered to 189 participants in this period.

Objectives for 2023

Phase One will be rolled out to the RCSI Hospital Group, Ireland East Hospital Group, and South South-West Hospital Group throughout Q1 2023.

Phase Two will involve one more round of training sessions being delivered to the six hospital groups and is due to commence in Q2 and Q3 2023.

Following the completion of Phase Two with maternity staff, NWIHP plans to target gynaecology staff across the maternity sites with tailored training, which aims to also include a focus on presentations of patients with regards to historical abuse.

9 SUMMARY

Over the course of the last four years, NWIHP have secured new investment for maternity and gynaecology services. In 2023, we will continue to engage nationally with professionals involved in the delivery of these services to drive forward related work programmes.

Maternity & Neonatology

- Continue to drive the implementation of the National Maternity Strategy and associated actions including:
- Preparation of a roadmap and associated costing / capital investment requirements to address infrastructural deficits
- Preparation of a maternity workforce roadmap and associated costings to ensure that all maternity services are appropriately staffed to meet current and future demand for services
- Review of the Maternity and Infant Care Scheme
- Drive the next phases of the HSE's quality improvement programme in breastfeeding, with the roll out of The Baby Friendly Initiative, and continued implementation of National Standards for Infant Feeding in Maternity Services;
- Continue to implement the National Standards for Antenatal Education 2020;
- Develop minimum standards for Early Pregnancy Assessment Units
- Strengthen perinatal pathology services in line with the HSE's National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death, 2016
- Implement Phase 1 of the National Framework for Perinatal Genetics focusing on evaluation, diagnosis, management and treatment of anomalies before birth, therefore improving both pregnancy and neonatal outcomes
- Continue the roll-out of the Maternal and Newborn Clinical Management System (MN-CMS);
- Continue to engage with service users and advocacy groups to inform Women's Health related programmes of work.
- Launch suite of Clinical Practice Guidelines in Obstetrics and Gynaecology;
- Launch new National Neonatal Practice Guidelines

Quality & Safety

- Collaborate with HSE Quality and Patient Safety Intelligence on the development of a Quality and Safety Signals system to improve access to and interrogation of data and information on quality and safety of services
- Continue the work of NWIHP's Obstetric Emergency Support Team, focusing on identification and mitigation of clinical risk and the provision of rational and practical support to hospitals when an adverse incident occurs.
- Implement our Quality and Patient Safety Framework, and Learning Framework

Gynaecology

- Expand ambulatory gynaecology services as set out in the Ambulatory Model of Care roll-out plan and continue to develop service evaluation mechanisms and associated KPIs, focusing on improved access times.
- Continue to implement the framework for endometriosis care, representing a change in the management of endometriosis, recognising and highlighting endometriosis as a priority area for service improvement
- Continue to roll out and expand dedicated Women's Health Hubs in the community, facilitating access to high quality, timely care, in an appropriate environment, provided by the appropriate person(s), as a key component of *Sláintecare*
- Develop a multi-annual strategy for gynaecology services outlining the strategic vision to sustainably improve access to gynaecology services for women across Ireland

Sexual and Reproductive Health

- Take forward Phase 2 of the roll-out of the Model of Care for Fertility with the development and introduction of publicly funded, publicly provided Advanced Human Reproductive services, incorporating In Vitro Fertilization (IVF)
- Collaborate with relevant stakeholders to advance recommendations arising from the:
 - (i) Review of Termination of Pregnancy Services, as provided under Section 11 of the Health (Regulation of Termination of Pregnancy) Act 2018; and
 - (ii) (ii) The Independent Review of the Operation of the Health (Regulation of Termination of Pregnancy) Act 2018.
- Expand termination of pregnancy services across the maternity networks, providing safe, high quality termination of pregnancy care.