



National Women and Infants Health Programme

Annual Report 2024



Copyright © National Women and Infants Health Programme, 2024

Contact |

National Women and Infants Health Programme

2nd Floor

The Brunel Building

Heuston South Quarter

Dublin

D08 X01F

Phone | 01 795 9983

Email | Nwihp.corporate@hse.ie

Visit | www.hse.ie

TABLE OF CONTENTS

MESSAGE FROM THE DIRECTOR	4
BACKGROUND	8
1.1 Birth figures	8
1.2 The Team	9
GOVERNANCE AND ACCOUNTABILITY	11
2.1 Maternity Safety Statements	11
2.2 Maternity Network Meetings and Site Visits.	11
2.3 Parliamentary Affairs	11
2.4 Funding	12
2.5 HIQA Recommendations	13
2.6 Department of Health	14
MATERNITY SERVICES	15
3.1 National Maternity Strategy 2016-2026 – Implementation Progress	16
3.2 International Day of the Midwife Conference 2024	22
3.3 National Midwifery Taskforce	23
3.6 National Training Standards for Obstetric Emergencies, Fetal Monitoring and Neonatal Resuscitation	23
3.7 Infant Feeding Standards Implementation	24
3.8 Antenatal Education Standards Implementation	26
3.9 Waterbirths	26
3.10 Perinatal Bereavement Care Programme	29
3.11 Specialist Perinatal Mental Health Service (SPMHS)	33
3.12 National Fetal MRI Service	34
3.13 Postnatal Hubs	35
3.14 Maternal and Newborn Clinical Management System (MN-CMS)	36
3.15 IMEWS	36
3.17 Safe Skin to Skin with Your Baby After Birth Video	37
GYNAECOLOGY SERVICES	38
4.1 Ambulatory Gynaecology Model of Care	39
4.2 Endometriosis	41
4.3 Specialist Complex Menopause Clinics	43
4.4 Women’s Health Physiotherapy	43

SEXUAL AND REPRODUCTIVE HEALTH	45
5.1 Fertility Services	45
5.2 Sexual Assault Treatment Units	48
5.3 Termination of Pregnancy (ToP)	52
NEONATOLOGY	54
6.1 The National Clinical Programme for Paediatrics and Neonatology Model of Care (MOC) for Neonatal Services in Ireland 2nd Edition, 2025	55
6.2 The 3rd Edition, 2025, Consensus Statement/Framework for Practice on the Perinatal Management of Extreme Preterm Birth at the Threshold of Viability from 22+0 Weeks to 23+6 Weeks: A Framework for Practise	56
6.4 Neonatal Clinical Psychologists	56
6.5 Standard Operating Procedure (SOP) for Active Cooling of Infants with Neonatal Encephalopathy	57
6.6 National Neonatal Transport Programme (NNTP) and Bidirectional Flow Service	57
6.7 Neonatal Resuscitation Training Programme	57
6.8 Neonatal Nurse Tutors	58
6.9 National Neonatal Practice Clinical Guidelines Algorithms, SOPs	59
6.10 CMV testing for CMV in infants following hearing concern on universal newborn screening	59
6.11 Developmental Dysplasia of the Hip (DDH) Ultrasound Screening	59
6.12 ROP (Retinopathy of Prematurity) screening	60
QUALITY AND SAFETY	61
7.1 Irish Maternity Indicator System	62
7.2 National Maternity and Gynaecology Guideline Programme	71
7.3 The National Neonatal Encephalopathy Action Group	73
7.4 Major Obstetric Haemorrhaging (MOH)	74
7.5 Learning Events	75
7.6 Obstetric Event Support Team (OEST)	76
SUMMARY	79
Appendix	80
Appendix 1: National Service Plan and Maternity Safety Statement	80
Appendix 2: Termination of Pregnancy	81
Appendix 3: Access Criteria for Fertility Services	82
Appendix 4: National Clinical Practice Guidelines	84

MESSAGE FROM THE DIRECTOR

I am pleased to present the National Women and Infants Health Programme Annual Report for 2024.

2024 saw the next phase of Slaintecare implementation with the establishment of the Regional Health Areas, and the appointment of the Regional Executive Officers. These are very significant changes in the governance of our health services, and NWIHP continue to work with the CCO and the REOs to ensure maternity networks are supported within the health regions.

The national birth rate continued to decline in 2024. Despite the declining birth rate we continue to see an increase in caesarean sections and inductions. This reflects the complexity of the pregnant population and increases the demands on the 19 maternity services around the country.

2024 marked the ninth year since the launch of the National Maternity Strategy. While the vast majority of actions have been delivered, there are a small number of actions outstanding such as the review of the Maternity and Infant Scheme, the development of the perineal clinics and review of maternity infrastructure. Our aim is to complete these remaining actions in 2025, ensuring full implementation of the Strategy.

We were delighted to receive funding for the second phase of the successful Postnatal Hubs. Phase 2 involves the three Dublin maternity hospitals (Rotunda, National Maternity Hospital and The Coombe Hospital) and Our Lady of Lourdes in Drogheda. The three Dublin maternity hospitals are working together to design a model that will allow a woman to access a postnatal hub closest to their home, regardless of where they gave birth. The development of Phase 2 of the Postnatal Hub is supported by the HSE's Spark Innovation Programme, to ensure a women centred design across all four hospitals.

Quality and safety, a key pillar of the National Maternity Strategy, remained a focus during 2025. Our Obstetric Event Support Team continued to visit hospitals following adverse events, following up on 59 reported cases and completing 21 number of site visits in 2024.

Dr Carmen Regan joined as the clinical lead for OEST in April 2024, and is a very welcome addition to the team. At the same time our good friend and colleague Dr Peter Mc Kenna has retired. Peter spent the final seven years of his career with NWIHP, firstly as Clinical Director and then as OEST lead. We are very grateful to him for his professionalism, expertise and support over those years, and we wish him all the best in the future.



Kilian McGrane,
Director, NWIHP

2024 was the 10th year of the publication of Irish Maternity Indicator System (IMIS) report. The report includes some key measures over the 10 year period dealing with declining birth rate, increase in the rate of first time mothers, decline in perinatal deaths over the period, and an improvement in a number of other important safety metrics.

In addition to our ongoing focus on maternity services, we also continued to progress all of our other programmes. Our Assisted Human Reproduction service has now been running for over 15 months, and over 1,500 couples have been referred to a private provider for advanced treatment. During 2024 we also had the first babies born to couples who availed of the service.

In 2024, the Minister provided NWIHP with €20 million in funding to support the expansion of publicly funded Assisted Human Reproduction (AHR) services, including In Vitro Fertilisation (IVF). A further €855,000 was allocated to support the ongoing rollout of the Free Contraception Scheme. In August 2024, and as part of the Women's Health Action Plan, the Department of Health sanctioned the allocation of an additional €1.5 million for service developments in maternity, gynaecology and sexual and reproductive health.

We continued to progress our ambitious agenda in gynaecology aimed at improving access for women, and ensuring women see the right specialist. Our ambulatory gynaecology continued to provide enhanced access, with over 20,000 appointments in 2024.

Specific **maternity developments** in 2024 include:

- Phase 2 of the Postnatal Hubs commenced, with funding for **four new hospitals**.
- 10-year review of IMIS data showed important data over the period, such as:
 - » **19% reduction** in births
 - » **3% increase** in first time mothers
 - » Reduction in the rate of perinatal deaths from **6.05/1,000 live births to 4.25/1,000 live births**
 - » **Reducing rates** of eclampsia, uterine rupture, pulmonary embolism and perineal tears.
 - » There have also been trends moving in the **opposite direction**:
 - **7% increase** in induction of labour.
 - Just under **10% increase** in caesarean section rates.
- Maternity Strategy implementation is over **95% complete**, and the aim is to complete the remaining actions in 2025.
- **4 new clinical** guidelines in Obstetrics and Gynaecology were launched in 2024, covering the topics of Domestic Violence in Pregnancy, Reduced Fetal Movements, Ectopic Pregnancy, and Antenatal Corticosteroids. This brings the number of Clinical Guidelines developed since the commencement of the Programme to 20.
- **3 Midwifery Guidelines** commenced development relating to Midwifery care in the antenatal, intrapartum and postnatal period.

- The national programmes for **Antenatal Education** and Educators were launched in 2024 and are being embedded by the maternity services. Since 2023, as measured by the Self-Assessment Tool, there has been a significant positive shift in maternity services meeting the National Standards for Antenatal Education.
- The **3rd Annual Midwifery Conference** was held on the 2nd of May 2024, celebrating International Day of the Midwife, exploring the theme '*From Policy to Frontline: Midwives Making Progress*'
- Continuation of the work of the **National Midwifery Taskforce** which has thoroughly evaluated the gaps in the midwifery workforce and prioritised specific strategies to enhance the midwifery workforce and improve service delivery in maternity hospitals and units across Ireland.
- OEST continued its work, and is fully engaged with all 19 maternity services around the country. In 2024, OEST conducted **21** site visits, and followed up on 59 clinical cases that have been notified.
- NWIHP re-established our **Public Patient Partnership model** in 2024, based on HSE guidance. The first meeting took place in early 2025.
- In 2024 **NWIHP supported learning events** in HSE South West, HSE Dublin North East, HSE Dublin and Midlands, and HSE Dublin and South East, covering topics like Neonatal Encephalopathy, Intrauterine Growth Restriction, Sepsis, and Addressing Challenges in Maternity Services.
- The 3rd Annual NWIHP Quality and Safety in Maternity Services Conference took place on 16th October 2024, on the theme of **Using technology to enhance Quality & Safety in Maternity Services.**
- The launch of the National Training Standards for **Fetal Monitoring, Obstetric Emergencies and Neonatal Resuscitation**, along with development of Self-Assessment tools to enable maternity services to benchmark their programmes against the Standards.
- 2024 saw an increase in the use of **birthing pools** for labour/birth both in hospital and the home birth setting, further supporting choice for pregnant women. **12** units have pools and of them, **7** provide water birth service. The remaining **5** offer water immersion for labour. Over **50** midwives attended water-birth training in 2024.

Aside from the important progress across our maternity services, there have been other improvements in some of the remaining programmes of work.

- The provision of **Fertility Care to 500 couples per month** through HSE Regional Fertility Hubs, with **1,500 couples** referred for IVF/ICSI, and welcoming the first babies born in Ireland through publicly funded Assisted Human Reproductive Care.
- This progress is further reflected in the 2024 European Atlas of Fertility Treatment, which now **ranks Ireland 12th out of 43 countries**, a significant improvement from its position of **39th in 2021**.
- **20,200 Ambulatory Gynaecology appointments** provided by 16 operational 'see and treat' AG Clinics in 2024.
- **The National Framework for the Implementation of Physiotherapy-led Gynaecology Care Pathways** was finalised. It sets out a model of care whereby women presenting with specific gynaecological symptoms may be triaged and managed initially by Clinical Specialist Physiotherapists in Women's Health.
- During 2024, care was provided to over **1,750 new patients** in the **six specialist menopause centres** in Limerick, Cork, Galway, Rotunda, Coombe and the National Maternity Hospital.
- Approximately **1,150 new patients** seen and assessed across the established **Endometriosis** specialist services during the course of 2024. The National Framework for the Management of Endometriosis will be launched in 2025 further embedding care pathways.
- A total of **22,444 infants were immunised** against RSV infection under the RSV Immunisation Pathway Finder Programme which commenced in September 2024 and continued to February 2025, an uptake rate of **82%**.

NWIHP continued to work in collaboration with our colleagues in the 19 maternity services, and throughout the HSE. 2024 has seen the end of the hospital groups and community healthcare organisations, but the maternity networks remain strong and well placed to continue their important role. As ever we worked closely with colleagues in the Department of Health, particularly the maternity and gynaecology policy unit and the bioethics unit. Our sincere thanks to all those who worked with us in 2024 for the support and professionalism.

BACKGROUND

1.1 Birth figures

In 2024, the national birth rate fell to 53,054 births, continuing the decline since 2009. Although the annual birth rate is an important measure and contributes to the strategic planning and allocation of resources, it is necessary to consider the level of complexity within the birthing population.

Rising levels of caesarean section, induction and other interventions, as well as advancing maternal age and associated co-morbidities, present additional challenges for the maternity service beyond the birth rate.

Annual Birth Rate by Hospital and Hospital Group	2024	2023	Diff(N)	Diff(0%)
Dublin Midlands Hospital Group	7,877	8376	-499	-5.95%
Coombe Women and Infants University Hospital	6,506	6974	-468	-6.71%
MRH Portlaoise	1,371	1402	-31	-2.21%
Ireland East Hospital Group	11,117	11576	-459	-3.97%
MRH Mullingar	1,693	1804	-111	-6.15%
National Maternity Hospital	6,591	6865	-274	-3.99%
St. Luke's General Hospital Kilkenny	1,341	1340	1	0.00%
Wexford General Hospital	1,492	1567	-75	-4.70%
RCSI Hospitals Group	12,326	12475	-149	-1.19%
Cavan General Hospital	1,205	1263	-58	-4.59%
Our Lady of Lourdes Hospital	2,665	2770	-105	-3.79%
Rotunda Hospital	8,456	8442	14	0.17%
Saolta University Health Care Group	8,035	8146	-111	-1.36%
Galway University Hospital	2,631	2605	26	1.00%
Letterkenny University Hospital	1,475	1577	-102	-6.46%
Mayo University Hospital	1,389	1369	20	1.46%
Portiuncula University Hospital	1,311	1384	-73	-5.27%
Sligo University Hospital	1,229	1211	18	0.66%
South/South West Hospital Group	9,799	9982	-183	-1.83%
Cork University Maternity Hospital	6,594	6464	130	2.01%
Tipperary University Hospital	675	727	-52	-7.15%
UH Kerry	989	1137	-148	-13.01%
UH Waterford	1,541	1654	-113	-6.83%
UL Hospitals Group	3,900	3938	-38	-0.96%
UMH Limerick	3,900	3938	-38	-0.96%
Total	53,054	54,493	-1439	-2.64%

Figure 1. Birth Rate - Source: BIU

1.2 The Team

The multidisciplinary nature of the NWIHP team continued to function efficiently, drawing on the expertise of our colleagues in midwifery and nursing; medical obstetrics and gynaecology; neonatology; fertility and senior management expertise, supported by quality and risk, project management, data management, communications and administrative personnel.

In 2024, we welcomed Ms Nora Vallejo as Supported Care Pathway Co-Ordinator, and Dr Carmen Regan as the new Clinical Lead for the Obstetric Events Support Team. In 2024, Susan Harrington, Assistant Staff Officer and Prof Mary Wingfield, Clinical Lead for Fertility departed the team. We also bid farewell to Dr Peter McKenna, former Clinical Director and Clinical Lead for OEST. We wish him a very well-deserved retirement.

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
- Susan Harrington, Assistant Staff Officer*
- Tracy McAuley, Staff Officer
- Niamh Meleady, Assistant Staff Officer

Medical Team

- Dr Cliona Murphy, Clinical Director
- Dr John Murphy, Clinical Lead, National Clinical Programme for Paediatrics and Neonatology
- Dr Peter McKenna, Clinical Lead, Obstetric Events Support Team*
- 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 Ciara McCarthy, NWIHP / ICGP Lead for Women's Health
- Prof Mary Wingfield, Clinical Lead, Fertility*
- Dr Venita Broderick, Clinical Lead, Gynaecology
- Dr Carmen Regan, Clinical Lead, Obstetrics Events Support Team

Midwifery & Nursing Team

- Angela Dunne, National Lead Midwife
- Mary Rowland, Fetal Monitoring and Obstetric Emergency Coordinator
- Clare Kennedy, Infant Feeding Coordinator
- Ríona Cotter, Public and Patient Engagement, Bereavement Standards
- Paula Barry, Project Co-Ordinator for the Implementation of Water Births / Water Immersion
- Nora Vallejo, Supported Care Pathway Co-Ordinator

Neonatal Team

- Margo Dunworth, National Neonatal Resuscitation Programme Coordinator

Quality & Patient Safety Team

- Aideen Quigley, Quality and Safety Manager
- Gary Shaw, Quality & Safety Officer
- 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

Susan Harrington, Dr Peter McKenna, and Prof Mary Wingfield departed NWIHP in 2024.

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 safety 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. The relevant links are in Appendix 1.

2.2 Maternity Network Meetings and Site Visits.

NWIHP continued with structured twice-yearly meetings with maternity networks in 2024.

In addition to the formal meetings, team members visited all the hospitals in the maternity networks as part of a review of the ambulatory gynaecology programme, and the midwifery team also did site visits to all 19 services.



2.3 Parliamentary Affairs

During 2024, 75 Parliamentary Questions, 18 Representative Questions, 16 Freedom of Information Requests, and over 50 Your Service Your Say comments and complaints were responded to.

The questions asked involved a wide range of topics, including: HSE's AHR service; Termination of Pregnancy; Hyperemesis; Water Births; Menopause, Endometriosis; Fertility; and Breastfeeding.

2.4 Funding

While 2024 brought changing financial landscapes across the HSE, including the introduction of spend limits and the Pay and Numbers Strategy, NWIHP continued to make significant progress in key areas of women's health through strategic investments and targeted funding. In Budget 2024, NWIHP secured funding to drive a range of services including:

Sexual and Reproductive Health

Assisted Human Reproduction: In 2024, an additional **€20 million** in funding was provided to support the expansion of publicly funded Assisted Human Reproduction (AHR) services, including In Vitro Fertilisation (IVF). This marked a crucial step toward improving access to fertility care and reducing the financial burden on individuals and families seeking reproductive support and bringing the total recurring budget to €30m per annum.

Contraception: To address the contraceptive needs of specific vulnerable cohorts of women attending maternity and gynaecology services, targeted funding of **€855,000** was provided.

Sexual Assault Treatment: In 2024, funding was secured for 2 Whole-Time Equivalent (WTE) Medical Social Work (MSW) positions to enhance support services within Sexual Assault Treatment Units (SATUs). This investment reflects our ongoing commitment to ensuring trauma-informed, holistic care for survivors of sexual violence and expanding access to critical psychosocial supports across the SATU network.

In August 2024, and as part of the Women's Health Action Plan, the Department of Health sanctioned the allocation of an additional **1.5 million** for service developments including:

Gynaecology

- Endometriosis Services
- Menopause Services
- Ambulatory Gynaecology Services

Maternity

- Postnatal Hub Services:

Sexual and Reproductive Health

- Termination of Pregnancy Services

In addition to the new service development funding and despite broader budgetary constraints, NWIHP was able to reinvest approximately €2 million in time-related savings throughout 2024. These funds were directed toward once-off projects that aimed to improve and enhance existing maternity, gynaecology, and sexual and reproductive health services and establish new services across maternity and gynaecology services nationally.

A sample overview of these investments, and the key areas it was targeted at, is provided below.

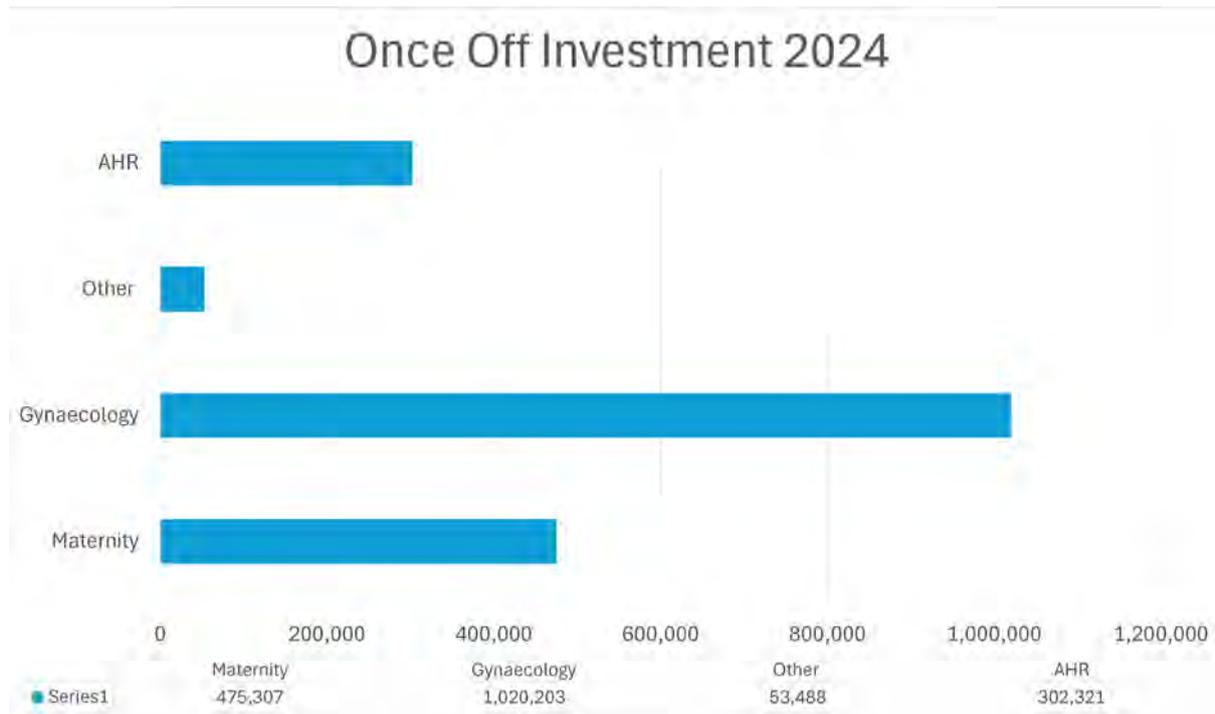


Figure 2. Once off investment 2024

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.

Work continued in 2024 to progress outstanding recommendations. A summary is provided below:

Completed	Recommendations 1, 3, 4, 6, 7 & 8
In Progress	Recommendations 2 & 5

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

2.6 Department of Health

In 2024, we 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, Quarterly Updates are provided to the Department in order to keep the Minister, and relevant unit with the Department, up-to-date on service developments and initiatives.

MATERNITY SERVICES

Message from the Clinical Director, Dr Cliona Murphy

2024 was another busy year in our 19 maternity services and with the team here in NWIHP. Although the birth rate continues to steadily decline, we are continuing to see increasing levels of complexity right around the country. In line with the National Maternity Strategy recommendations, every woman should be able to expect the same quality of care, regardless of location. Ensuring this consistency of care was a particular focus in 2024 and will be again in 2025.

We were delighted to welcome Dr Carmen Regan to the team this year. Dr Regan is Clinical Lead for OEST and Obstetrics and has extensive experience in obstetrics and maternal medicine.

Under Dr Regan's leadership we have embarked on a review of pathways relating to maternal medicine across the country. This will involve site visits and feedback from clinicians.

I wish to thank the Guideline development team Prof Keelin. O Donoghue and Nicolai Murphy who continue to ensure production of high quality and relevant guidelines. 2024 saw new national guidelines on Reduced Fetal Movements, Antenatal Steroids, Ectopic Pregnancy and Domestic Violence. These were formally launched in May 2024.

Dr Venita Broderick completed a review on ambulatory gynaecology, and this will be published in 2025.

The Clinical Advisory Group met regularly, and I wish to thank all members for their engagement and contributions.

The National Medication Advisory Group met 4 times in 2024 and has made a recommendation on a standardised dose of oxytocin. I wish to thank all members and the support of the Irish Medicines in Pregnancy Service.

NWIHP is committed to initiatives that improve quality and safety in maternity services. IMIS is a helpful suite of indicators that are useful for all to review outcomes. While not designed to make direct comparisons between units it is instructive to look at temporal trends. NWIHP also works closely with NPEC who publish important clinical audits in Maternal morbidity and perinatal mortality and therapeutic hypothermia. The NPEC Perinatal Mortality Audit for 2023 showed a reduction in perinatal mortality in comparison to previous years. We hope that this reduction will be sustained and reflects the emphasis on reducing causal factors.



Dr Cliona Murphy
Clinical Director, NWIHP

3.1 National Maternity Strategy 2016- 2026 – Implementation Progress

The vision for maternity services, articulated in the National Maternity Strategy (NMS), is an Ireland where: Women and babies have access to safe, high-quality care in a setting that is most appropriate to their needs; women and families are placed at the centre of all services, and are treated with dignity, respect and compassion; parents are supported before, during and after pregnancy to allow them give their child the best possible start in life.

To realise this vision, four strategic priorities were identified:

Priority 1:

“A health and wellbeing approach is adopted to ensure that babies get the best start in life. Mothers and families are supported and empowered to improve their own health and wellbeing.”

Priority 2:

“Women have access to safe, high quality, nationally consistent, woman-centred care”.

Priority 3:

“Pregnancy and birth is recognised as a normal physiological process, and insofar as it is safe to do so, a woman’s choice is facilitated”.

Priority 4:

“Maternity services are appropriately resourced, underpinned by strong and effective leadership, management and governance arrangements, and delivered by a skilled and competent workforce, in partnership with women”.

These priorities form the four pillars of the Implementation Plan, across which the 77 recommendations and 236 actions are divided.

- Health and Wellbeing – 25 recommendations, 88 actions.
- Safety and Quality – 7 recommendations, 33 actions.
- Model of Care – 34 recommendations, 87 actions
- Governance and Workforce – 11 recommendations, 28 actions

Since 2016, more than **€80 Million** has been invested in new development funding across Gynaecology and Maternity Services including **€28M** directly through the National Maternity Strategy since its inception.

Provided below is a sample of spotlighted initiatives that represent significant Strategy-related enhancements:

Spotlight: Model of Care

A cornerstone of the Strategy is the introduction of three nationally endorsed care pathways, designed to ensure women receive care appropriate to their clinical risk and personal preferences:

Supported Care Pathway: Midwifery-led care for women with normal-risk pregnancies. Most antenatal and postnatal care is delivered in the community, with options for homebirth or birth centres. A named midwife coordinates care, and women can transfer between pathways if needed.

Assisted Care Pathway: For women at medium risk or those who choose obstetric-led care. Care is shared by obstetricians and midwives across hospital and community settings, with births in hospital-based birth centres.

Specialised Care Pathway: Led by obstetricians for high-risk pregnancies, this pathway involves a multidisciplinary team and may include hospital-based antenatal care, but aims to provide as much care as possible in the community.

These pathways represent a shift from a one-size-fits-all model to a more personalised, integrated and holistic approach which in turn, enhances antenatal care, supports informed choices, and helps improve outcomes and experiences for mothers and babies.

NMS Recommendations requiring continued progression:

To continue the ongoing implementation of recommendations and actions in the Model of Care pillar of the National Maternity Strategy, NWIHP is initiating number of workstreams, including:

- A review of the Maternity and Infant Care Scheme, which offers a shared programme of care between GPs and maternity units/hospitals;
- A review of the infrastructure of the maternity estate;
- Further scoping work relating to the development of a specialised perineal clinic in each maternity network.

Spotlight: Quality and Safety

Strategic Priority 2 of the National Maternity Strategy commits to ensuring that women have access to safe, high-quality, nationally consistent, and woman-centred maternity care. Significant progress has been made toward achieving this vision, with a number of key developments implemented nationally:

Establishment of a National Clinical Guideline Programme in Obstetrics and Gynaecology:

To support consistency and evidence-based care, a suite of National Clinical Practice Guidelines has been developed. By the end of 2024, 20 new guidelines had been published, covering key aspects of obstetric and gynaecological care, including clinical management, early identification of risk, and appropriate referral pathways.

Rollout of Standardised Ultrasound Services: Standardised access to ultrasound is a critical component of high-quality antenatal care. Under the National Maternity Strategy, services have been introduced to accurately date the pregnancy and to assess for ultrasound-detectable fetal anomalies as part of a planned Prenatal Fetal Diagnostic Service.

Provision of Standardised Information for Women: Ensuring women are informed and empowered is central to woman-centred care. The introduction of the My Pregnancy and My Child books has standardised the information made available to women nationally. These resources present essential health information in a clear, accessible format, enabling women to make informed decisions about their pregnancy, birth, and early parenting journey. care.

NMS Recommendations requiring continued progression:

To continue the ongoing implementation of recommendations and actions in the Quality and Safety pillar of the National Maternity Strategy, NWIHP is continuing a significant programme of work relating to research, audit and clinical guidelines. In 2025, this work will involve further supporting the work of the National Perinatal Epidemiological Centre (NPEC) to ensure a robust and comprehensive series of rolling national clinical audits.

Spotlight: Health and Wellbeing

Bereavement Care: Sadly, not all pregnancies result in the birth of a healthy baby. For some families, pregnancy ends in loss—a heartbreaking experience that leaves emotional and psychological scars. In these moments, health and wellbeing must extend beyond physical care to encompass emotional and mental support. Compassionate, responsive, and person-centred care is essential for families navigating pregnancy loss, stillbirth, or neonatal death.

The National Maternity Strategy was informed by extensive public consultation. One of the key findings of the public consultation was the perception of “unsatisfactory care following loss or bereavement”. In response, there has been a sustained national effort to enhance bereavement care. This includes the development and implementation of the *Standards for Bereavement Care following Pregnancy Loss and Perinatal Death*, as well as the recruitment of dedicated bereavement resources in each maternity unit/hospital.

The HSE recognises that the loss of a baby is a deeply traumatic and life-altering experience for parents and families. We have a duty to ensure that our care does not add to that grief. The introduction of national standards and dedicated bereavement resources marks a significant step forward in supporting families through loss. While this progress is encouraging, we recognise that continued commitment is needed to further improve and sustain high-quality, compassionate bereavement care into the future.

NMS Recommendations requiring continued progression:

To continue the ongoing implementation of recommendations and actions in the Health and Wellbeing pillar of the National Maternity Strategy, NWIHP is initiating number of workstreams, including:

- Identifying opportunities for further expansion of medical social work services in the maternity system;
- Further development of clinical guidelines across a range of areas, including management of alcohol intake during pregnancy.

Spotlight on Governance and Workforce

Following the launch of the National Maternity Strategy in 2016, maternity care in Ireland is now delivered through a tiered model, designed to reflect both clinical need and woman's choice. Women are supported along one of three nationally consistent care pathways: the Supported Care Pathway, the Assisted Care Pathway, and the Specialist Care Pathway

To ensure that women receive the right level of care in the right setting, maternity services have been configured into regional maternity networks. These networks link smaller regional units with one of six tertiary-level maternity hospitals:

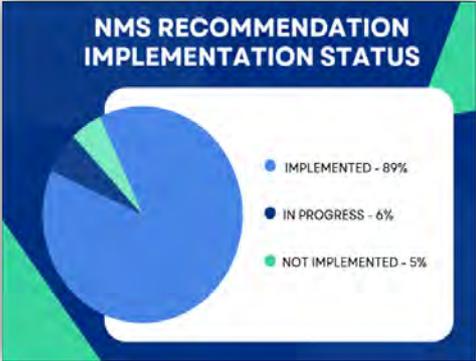
- The Rotunda Hospital
- The National Maternity Hospital
- The Coombe Women Hospital
- Cork University Maternity Hospital
- University Maternity Hospital Limerick
- Galway University Hospital

The regional maternity network model is central to ensuring that women who are identified as having a high-risk or complex pregnancy, can be transferred—safely and with their consent—to a tertiary hospital equipped with the necessary specialist expertise and facilities.

NMS Recommendations requiring continued progression:

To continue the ongoing implementation of recommendations and actions in the Governance and Workforce pillar of the National Maternity Strategy, NWIHP is initiating number of workstreams, including a review of workforce planning methodologies in relation to staffing levels.

2026 represents the final full year of the strategy. In preparation, NWIHP, working with key stakeholders, will undertake a comprehensive evaluation of the Strategy’s implementation. This process will not only assess progress to date but will also help shape the foundation for a successor Strategy that continues to build on the achievements and lesson of the past decade.



As of the end of 2024, 95% of the actions in the Strategy are Implemented or in Progress.

Message 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. A sample of some of the maternity work-programmes which we have worked on with these key programme collaborators over the course of 2024 are summarised below:



Ms Angela Dunne
Lead Midwife, NWIHP

HSE Postnatal Community Hubs

In response to the findings of the National Maternity Experience Survey and research highlighting the limitations and barriers to accessing postnatal healthcare services, NWIHP launched an initiative to develop Postnatal Community Hubs. The postnatal hub model evolved from exploratory discussions with service users and service providers, analysis of international models and consultations with other relevant national stakeholders.

The goal to provide community-based, woman-centred, multidisciplinary healthcare resources during the postnatal period, ensuring that women have access to robust, accessible, and responsive care.

Currently, there are five operational hubs located in Cork, Kerry, Kilkenny, Portlincula and Sligo. The hubs operate between 2-5 community based clinics and offer a range of services including breastfeeding supports, birth reflections/debriefing clinics, postnatal physiotherapy, wound care etc.

*To date, in excess of **5,000 women and families** have availed of services in the hubs. The initial feedback from both service users and healthcare providers has been overwhelmingly positive. With the ongoing commitment and support from the Minister for Health, this model will continue to expand further. Funding has been allocated by the DOH and Women Health Taskforce (WHTF) to establish an additional 8 hubs, bringing the total to 13 by late 2025 into 2026.*

HSE Respiratory Syncytial Virus (RSV) Programme

The RSV Immunisation Pathfinder Programme was launched in Ireland to address the significant burden of Respiratory Syncytial Virus (RSV) infections among infants. Running from

1st September 2024 to 28th February 2025, the programme aimed to protect infants during the critical early months of life when they are most vulnerable to severe RSV-related illness. The initiative followed advice from the National Immunisation Advisory Committee (NIAC) and aimed to prevent primary care and emergency department (ED) presentations, hospitalisations, and intensive care unit (ICU) admissions among infants during the peak RSV season.

*In this initial rollout of the programme, a total of 22,444 infants were immunised with Nirsevimab by maternity hospitals, Children's Health Ireland (CHI), and TCP Homecare. The overall cumulative uptake for the period was **82.6%**. Uptake among maternity hospitals was **81.8%**, **95.7% in CHI** and **99%** among those offered the immunisation by TCP Homecare.*

The programme's success in achieving high uptake across all maternity hospitals, CHI and TCP Homecare is a testament to the collaborative efforts and strategic planning involved and we want to acknowledge the leadership of our Directors of Midwifery in delivering this programme. The impact of the programme cannot be overstated. It significantly reduced RSV-related ED presentations, hospitalisations and ICU admissions among infants. In the 2024/2025 RSV season, ED presentations dropped by 60%, hospitalisations by 78%, and ICU admissions by 71% compared to the previous season.

3.2 International Day of the Midwife Conference 2024

The third Annual Midwifery Conference was held on the 2nd 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. The theme of International Day of the Midwife in 2024 was 'From Policy to Frontline: Midwives Making Progress'

Professor Jane Sandall from Kings College, London, was the keynote speaker, exploring the topic of continuity of midwifery care. She was joined throughout the day by speakers from all over the island of Ireland – speaking on topics like the sustainability of the health service, postnatal hubs, trauma informed care, and research into perceptions of empowerment among midwives.



Bernard Gloster, HSE CEO, meeting mothers and babies at the National Midwifery Conference 2024 in Portlaoise.

3.3 National Midwifery Taskforce

Building on from the foundations set in 2023 for the National Midwifery Taskforce work continued in 2024.

Two examples of recently completed initiatives from the Taskforce are the HSE Career Hub Spotlight on Midwifery (<https://careerhub.hse.ie/midwifery/>) and the identification of good practices in recruitment from the 19 Maternity Hospitals and Units. The HSE Career Hub Spotlight on Midwifery, launched in May 2024, enhances candidate engagement for job opportunities. It enables prospective Midwifery candidates to create profiles and set alerts for job preferences. This system automates weekly email notifications, providing details on relevant Midwifery job openings—such as titles, closing dates, and application links—ensuring that midwives remain informed about suitable positions within the HSE.

In February 2024, a 28-question survey was distributed to 19 maternity hospitals and services to gather insights on recruitment practices and innovations. The results were analysed and presented to key stakeholders to identify effective practices that can be disseminated across other maternity services.

In conclusion, the Health Service Executive's (HSE) National Midwifery Taskforce has thoroughly evaluated the gaps in the midwifery workforce. It has prioritised specific strategies to enhance the midwifery workforce and improve service delivery in maternity hospitals and units across Ireland. This initiative is expected to continue through 2025.

3.6 National Training Standards for Obstetric Emergencies, Fetal Monitoring and Neonatal Resuscitation

A key priority is to ensure a nationally consistent approach to obstetric emergencies, fetal monitoring and neonatal resuscitation training for all relevant staff working in maternity services, as outlined in the Maternity Strategy 2016 – 2026. The National Training Standards for Fetal Monitoring, Obstetric Emergencies and Neonatal Resuscitation was launched at the NWIHP/ONMSD Midwifery Conference in May 2024. It is envisaged that the Standards will enable maternity services to monitor their training compliance to the training requirements of the three programmes.

To further support maternity services with the implementation of the National Training Standards, a self-assessment tool is in development so that individual maternity services can standardise and benchmark their training programmes against the National Training Standards for Obstetric Emergencies, Fetal Monitoring and Neonatal Resuscitation.

The national clinical practice guideline on fetal heart rate monitoring has been developed and is under stakeholder review. This guideline will include both antenatal and intrapartum fetal heart rate monitoring and will inform the national multidisciplinary team training programme for fetal heart rate monitoring.

3.7 Infant Feeding Standards Implementation

The National Maternity Strategy – Creating a Better Future Together (2016–2026) – emphasises the need for improved breastfeeding support in maternity hospitals and units nationwide. This area was identified as a priority during the consultation process for developing the strategy, during which service users expressed the importance of having enhanced breastfeeding support within maternity services.

The National Standards for Infant Feeding in Maternity Services which outline the priority areas to be addressed within maternity hospitals/units to enhance support for breastfeeding mothers and babies, were launched in 2022.

To facilitate the implementation of the National Standards for Infant Feeding a self-assessment tool was designed with the core purpose of enabling each Maternity Hospital/Unit to:

1. Appraise its practices against the requirements of the National Standards for Infant Feeding in Maternity Services (2022).
2. Review its systems and procedures to support breastfeeding and other infant feeding methods.
3. Benchmark its progress to monitor future developments.

This self-assessment cycle required the following elements:

- Service-user interviews
- Health care professionals' interviews
- Health care providers' self-assessment against the standards under the eight HIQA themes.

In 2024, all 19 Maternity Hospital/Units completed the second year of the self-assessment process nationally in Ireland. Completing the 2024 self-assessment produced significant outcomes across all 19 maternity hospitals and units. This evaluation included interviews with 243 service users and 253 healthcare professionals. Overall, Maternity Hospital/Units reported compliance with several standards, particularly in the following themes:

- Theme 1: Person-Centred Care and Support
- Theme 4: Better Health and Wellbeing
- Theme 6: Workforce
- Theme 7: Use of Resources

However, challenges were identified in the following themes:

- Theme 2: Effective Care and Support.
- Theme 3: Safe Care and Support.
- Theme 5: Leadership, Governance and Management.
- Theme 8: Use of Information.

To address these challenges, maternity hospitals and units have developed 72 action plans to guide their efforts over the next eighteen months to meet established standards. We have also collaborated with various groups, including the National Baby Friendly Initiative Oversight Group and the Infant Feeding Specialist Support Forum, to create 19 National Actionable Initiatives. These initiatives will further assist maternity units in achieving and implementing their action plans and the National Standards for Infant Feeding in Maternity Services.

The National Baby Friendly Initiative Oversight Group comprises twenty-three professionals and service users who bring valuable expertise in infant feeding, pregnancy, maternal health and neonatal well-being. This diverse group meets regularly to provide guidance and oversight on initiatives to implement the National Standards for Infant Feeding.

Meanwhile, the Infant Feeding Specialist Support Forum, established in October 2022, includes twenty-one Infant Feeding specialists, one representative from each of the 19 Maternity Hospitals/Units. NWIHP oversees this forum, ensuring effective resource allocation and continuous evaluation to help integrate these standards successfully.

The findings of the 2024 self-assessment demonstrate a concerted effort among all stakeholders to implement the National Standards for Infant Feeding in Maternity Services. The collaborative nature of the self-assessment process and the development of the 19 actionable initiatives will significantly contribute to improving outcomes for mothers and infants nationwide.

The self-assessment process will run again in Quarter 1 of 2025.



Infant Feeding Specialists Collaborative Workshop 2024 held in SLGH Kilkenny. (L-R, Meena Purushothaman (NHCP), Angela Dunne (NWIHP), Laura McHugh (NHCP) and Clare Kennedy (NWIHP))

3.8 Antenatal Education Standards Implementation

The national programmes for Antenatal Education and Educators were launched in 2024 and are being embedded by the maternity services.

A self-assessment tool was developed so that maternity services can appraise their antenatal education programme against the requirements of the Standards. This is year two of the three-year self-assessment process. The objectives of the self-assessment process are to support the maternity services to:

- Appraise their antenatal education programme against the requirements of the National Standards
- Identify opportunities for improvement
- Benchmark their progress to monitor future progress

The nineteen maternity services completed the healthcare providers' questionnaire and interviewed 274 service users. Since 2023, there has been a significant increase in 'Green' judgement descriptors from 63 to 93 in 2024 respectively, indicating a positive shift in meeting the Standards.

3.9 Waterbirths

2024 saw an increase in the use of birthing pools for labour/birth both in hospital and the home birth setting, further supporting choice for pregnant women. 12 units have pools and of them, 7 provide water birth service. The remaining 5 offer water immersion for labour.

The development of a National Guideline on Care of Women Choosing to use a Birthing Pool for Labour and/or Birth continued throughout 2024. This guideline will support midwives working in hospitals/units and the home birth setting to provide evidence-based, high-quality care to women seeking this care option. To support implementation of the national guideline, development of an E Learning programme on water immersion for labour/birth commenced in late 2024.

Hospitals/units continued to receive support in relation to educational programmes on how to care for women using water immersion for labour/birth with programmes being facilitated in Waterford, Cork and Kerry. Meetings also took place in several hospitals in relation to the possibility of introducing birthing pool services in the near future. Over 50 midwives attended waterbirth training in 2024.

Ireland was represented at 'SPLASH' water birth research conference in Oxford in June 2024 where an overview of water birth in Ireland was presented. This also allowed for interaction with water birth experts internationally, further supporting Irish guideline development and providing the opportunity for research collaboration on water birth for women.



Midwives in Cork University Maternity Hospital training on using a pool for labouring women.



“

‘Liked how to estimate blood loss in water and how to deal with a PPH’

“

‘The practical skills and drills were excellent - safe exit of collapsed women from pool - to actually do it was good learning’





“

‘Dealing with Shoulder Dystocia - I enjoyed this and learnt a lot so I am happier now to use the pool’



“

‘Made me think about normality/ physiological birth and what it means to be a midwife’



“

‘Good discussion as a group about the care and management of women using water for labour/birth’

“

‘Back to basics - to normal midwifery skills!’



3.10 Perinatal Bereavement Care Programme

National Bereavement Standards Advisory Group

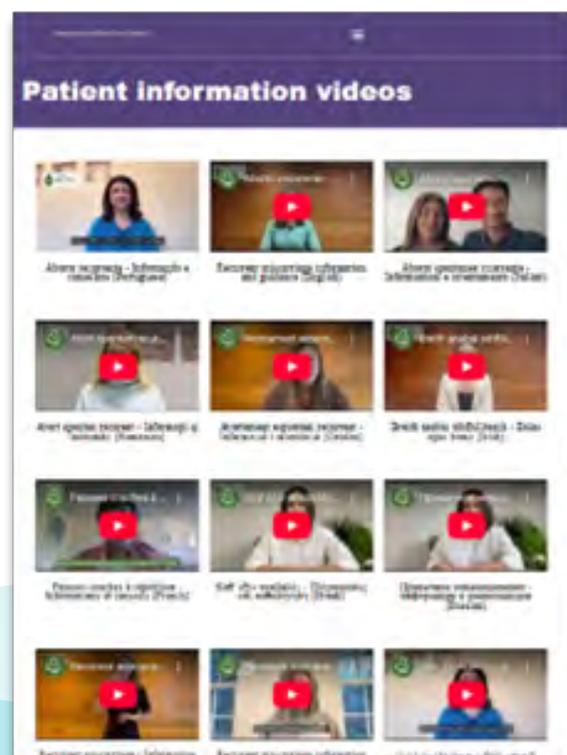
Following a review of the operation of the Oversight Group for National Standards in Bereavement Care, the Oversight Group was reconstituted as an Advisory Group in May 2023. This meant transitioning from overseeing the development of the Standards, to advising on issues relating to improving bereavement care and pregnancy loss supports, including – but not limited to – the continued implementation and development of the Standards in the 19 maternity units/hospitals in the Republic of Ireland. Membership of the Group was expanded to ensure broader representation.

The Advisory Group met once in 2024 but regular meetings are scheduled to take place in 2025.

Ríona Cotter was appointed as an Assistant Director of Midwifery in July 2024 and in addition to other roles, is the lead in the midwifery team for perinatal bereavement care. Professor Keelin O'Donoghue continued in her role as clinical lead for the bereavement care programme of work.

Information Resources

In addition to the publication of the Recurrent Miscarriage Clinical Guideline (2023), a suite of resources for staff to enhance the use of the clinical guideline when caring for women experiencing recurrent miscarriage. <https://pregnancyandinfantloss.ie/guidelines/>.



A patient information video on recurrent miscarriage has been developed and is currently being recorded in multiple languages. These videos will be published on the Pregnancy and Infant Loss website in spring 2025. <https://pregnancyandinfantloss.ie/patient-information-videos/>

Patient information booklets on first trimester miscarriage, recurrent miscarriage, ectopic pregnancy are in the final stages of development.

They will be distributed to all 19 maternity units and made available on the Pregnancy and Infant Loss website in Spring 2025. <https://pregnancyandinfantloss.ie/patient-docs/>

Work has commenced on writing an explainer for the Health (Regulation of Termination of Pregnancy) Act, 2018. It is planned to publish this document in late 2025.



Staff education, training and support

TEARDROP workshop

TEARDROP (Teaching, Excellent, pArent, peRinatal, Deaths-related, inteRactions, tO, Professionals) is a half-day workshop designed to address the educational needs of health professionals involved in maternity and newborn care in managing perinatal death and pregnancy loss. Based on the National Bereavement Standards for Pregnancy Loss and Perinatal Death, it was developed by members of the PLRG in 2019, piloted at CUMH and delivered to staff across the South-South-West Hospital Group from 2020-2022. In 2023 it was rolled out across the Saolta Hospital Group in collaboration with members of the Pregnancy Loss Research Group, UCC. In 2024 the programme was reviewed and updated. It is planned to run the updated programme in the SSWHG and the SAOLTA hospital group in Spring 2025.

HSELand Perinatal Bereavement Education Programme

Following the review of the integration of pregnancy loss/perinatal bereavement education in medicine and midwifery within higher education institutions in Ireland, which was completed in 2023 the review of the NMBI Standards, in addition to a review of online information / books of modules for the various programmes a report was prepared detailing the full methodology, results and recommendations. Following on from this report, the recommendation to develop

an E-learning programme on perinatal care was made. Funding for the development of an e-learning programme was approved in December 2024. A programme development working group was established, and work to develop this programme will commence in 2025.

Bereavement Clinical Midwife/Nurse Specialists Network

The Bereavement CMS/CNS Network met in November 2024, with the support of Ríona Cotter, midwifery lead for Bereavement. It was agreed that this group will meet every 2 months, with two meetings each year to be held in person. Updates were provided to the group on discussions and work projects within the National Advisory Group. Each CMS/CNS provided an overview of their work and the challenges within their unit of providing care for bereaved parents, training for the multidisciplinary teams and allied healthcare professionals. The group was asked to nominate a member from the group to co-chair the network.

Pregnancy and Infant Loss Website

The content of the website is updated biannually to reflect changes in clinical practice and to include relevant research in the area of pregnancy loss and perinatal death.

A review of the website was undertaken in Spring and Autumn 2024. Details of support organisations and useful links were updated, and new information leaflets, research papers, and clinical guidelines were added.

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

Post-doctoral researcher

In October 2024, Dr Oana Marian was appointed to the position of Postdoctoral Researcher - Knowledge Broker to support knowledge translation for academic research projects and community-based activities across women's health services in Ireland, under the aegis of NWIHP.

Oana commenced working on a number of projects, prioritising the development and publication of tailored information booklets and related resources, evidence briefs, and infographics, and the writing of a progress report on the Bereavement Standards implementation and development work across all 19 maternity units in Ireland.

Bereavement alert symbols

A survey was conducted to assess the types of alert symbols in use across the 19 units nationwide in 2023. This information helped inform the writing of a pathway for the use of alert symbols. It was recommended that each hospital use a symbol that was agreed upon locally. The pathway has been developed and was published in November 2024, to guide staff in the appropriate use of Bereavement Symbol(s) in maternity units/hospitals

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

Civil Registration Act 2024

Following the commencement of this Act on September 16th, 2024, members of the NWIHP met with the General Registrar's office. The NWIHP produced guidance for all maternity units on the operationalisation of the updated Act.

This guidance was approved for use, published and disseminated to all 19 Maternity units in November 2024.

<https://pregnancyandinfantloss.ie/>

IHF Hospice Friendly Hospitals (HFH) Maternity and Perinatal Loss Network meeting

The IHF HFH Maternity and Perinatal Loss Network meeting was held in Dublin on 6th of November 2024, attended by NWIHP, Bereavement CMS and members of the Advisory Group.

Several members of the Advisory Group presented on the day.

- Marita Hennessey, a postdoctoral researcher with the Pregnancy Loss Research Group at UCC, presented her work on mapping education and Training Initiatives for Maternity Staff in the Republic of Ireland.
- Dr Fiona McElligott, Consultant in Paediatric Palliative Care Medicine, Children's Health Ireland, gave updates on National Palliative Care.
- Dr Amanda Roberts, Bereavement Development Officer with the Irish Hospice Foundation, spoke about the development of online training for level 2 service providers.
- Kathryn Woods, Bereavement Clinical Midwife Specialist in the Midlands Regional Hospital in Mullingar, presented on the design and delivery of a dedicated inpatient bereavement room.

3.11 Specialist Perinatal Mental Health Service (SPMHS)

2024 was a very busy year for the SPMHS. A business case to refresh the Model of Care was accepted and a steering group was constituted. Meetings began in June 2024 and are expected to be completed at end of Q2 2025. There is uniformity of view that the provision of directly provided specialist perinatal mental health services to the spoke sites is a priority. A new data base for the SPMHS has been developed by SPMHS in collaboration with NPEC (National Perinatal Epidemiology Centre). It is based on Redcap, and was piloted in 5 sites including hub and spoke sites and was very well received. It will be introduced in January 2025. This replaces the previous data base which was developed on a Microsoft Excel platform.

SPMHS successfully applied for funding to the Women's Fund for a number of projects including the development of Trauma Informed Care at the Rotunda Hospital, the use of VIG (Video Interactive Guidance) at the National Maternity Hospital to promote and enhance mother/infant bonding and a number of projects promoting the use of the Creative Art Therapies at both the Coombe and Limerick Maternity Units. All of these projects are scheduled to commence in 2025.

Recruitment challenges persist with a number of posts vacant and not filled including a full time perinatal mental health senior worker at Cork Maternity unit and 0.4 WTE Senior Occupational Therapist at the Rotunda. Applications will be made to reinstate these core MDT posts. Dr Anthony McCarthy, the first full time consultant perinatal psychiatrist in Ireland, who was based at the National Maternity Hospital retired in September 2024. He made a huge contribution to the specialty and will be greatly missed by his patients and colleagues.

There have been some improvements in SPMHS team accommodation at the Coombe Hospital (team has moved to new on-site building with more space), the Rotunda (where space has been provided at the newly refurbished site at Clery's Quarter) and extra space has been developed off site for the Limerick Specialist Perinatal Mental Health Team. However, accommodation for the Galway SPMHS team is wholly inadequate and efforts to resolve this issue has been unsuccessful to date. Negotiations are ongoing.

One of the key issues under review by the Refresh MOC steering group is the development of a dedicated national Education, Training and Research Centre. A round table discussion was held at the Trinity School of Nursing and Midwifery and was very well attended by the SPMHS including the Specialist Perinatal Mental Health Midwives. There was uniform agreement that such a centre promoting education and training for all staff (including maternity care and community care) providing care for women in the Perinatal period would be highly desirable. In addition, the need for a national programme of research to help inform service provision and guide best practice clinical care was noted. A document outlining the result of these deliberations has been jointly developed between HSE SPMHS and TCD School of Nursing and Midwifery.

A survey of the Perinatal Mental Health midwives at the end of Q4 2024 provided valuable insights into the need for service developments to support the midwives in their role including the need for additional administrative support, the need for more external supervision and endorsed the need for directly provided specialist perinatal mental health in the spoke sites which would integrate the specialist Perinatal Mental Health Midwives into the SPMHS MDTs. The findings of this survey will be incorporated into the refresh of the Model of Care to reflect these findings.

A feasibility study to examine the option of extending the psychiatric unit at St Vincent's University Hospital (Elm Mount Unit) to incorporate a Mother and Baby Unit (MBU) was due to be completed in Q4 2024, but is not complete yet. Its findings will inform future high-level discussions about plans to locate the MBU at SVUH as recommended in the 2017 Model of Care. The overall provision of mother and baby units nationally will be included in the MOC refresh.

The first all-Ireland Specialist Conference on Perinatal Mental Health is due to take place in Belfast 2025 and reflects increasing collaboration between the Republic of Ireland (ROI) and Northern Ireland services. Additionally, Dr Cooney has set up an ROI and UK network meetings between the National Clinical Leads for Ireland, Northern Ireland, Scotland, Wales and England. This forum provides an opportunity to promote networks, learn from mutual experiences and benefit from service development initiatives.

3.12 National Fetal MRI Service

The National Fetal MRI service is now in its 5th year. Prior to 2020, access to fetal MRI services was inconsistent and variable across the country, with most of the 19 maternity services not having ready access to this subspecialty service. The introduction of the National Fetal MRI service provides uniform access to all pregnant women, irrespective of their location in the country to what is internationally recognised as the standard of care for complex fetal anomalies. Access to this national fetal MRI service is available to all units via the maternal fetal medicine (MFM) specialist teams in the 6 hub sites of the Rotunda, Coombe, NMH, Galway, Limerick and Cork.

MRI National Fetal Scheme					
Number of Scans	2020	2021	2022	2023	2024
MRI FETAL ABDOMEN	26	40	46	86	64
MRI FETAL BRAIN	66	98	113	151	147
MRI Fetal Placental Invasion	10	20	7	10	14
MRI FETAL SPINE	14	22	38	37	40
MRI FETAL THORAX	22	34	51	66	66
MRI Fetal Whole Body			5	5	6
MRI FETAL NECK			9	9	20
MRI FETAL EXTREMITY					1
Total	138	214	269	364	358

Figure 3. National MRI data

The Service Level Agreement with Northern Ireland continues and accounts for 20% of all referrals.

3.13 Postnatal Hubs

Building on the success of the first five Postnatal Hubs in Kerry, Carlow/Kilkenny, Cork, Portlincula, and Sligo, funding was secured in 2024 for Phase 2 of the postnatal hub's initiative. This phase will see the development of four additional hubs, with a target launch date of mid-2025. An expression of interest was issued to all remaining units not currently operating a hub. The enthusiastic response from across the country demonstrated both a strong demand for the service and a high level of engagement and commitment from healthcare staff. Following a series of meetings with interested units, four new sites were selected in November 2024:

- Our Lady of Lourdes Hospital, Drogheda
- The Coombe Women & Infants University Hospital
- The Rotunda Hospital
- The National Maternity Hospital, Holles Street

These additions mark a significant step forward in ensuring more equitable access to high-quality postnatal care across Ireland.

The Spark Innovation Programme, in collaboration with NCAD Design Labs, played a pivotal role in the design and rollout of the Carlow/Kilkenny Postnatal Hub. Their human-centred design approach was widely praised and has now been adopted for broader use. Spark has entered into an agreement to support both the remaining four operational hubs and the four upcoming hubs with design and branding. This collaboration aims to streamline services and promote consistency and equity of care across all hubs.

Looking ahead, the Department of Health has made a commitment for Phase 3, which will see the creation of an additional four hubs. The Expression of Interest for Phase 3 is expected to open in Q2 2025, continuing the momentum toward nationwide coverage and enhanced community-based postnatal care.

To date, more than **5,000 women and families** have accessed the hubs.

3.14 Maternal and Newborn Clinical Management System (MN-CMS)

The Maternal & Newborn Clinical Management System (MN-CMS) is Ireland's national Electronic Health Record (EHR) for maternity, gynaecology, and newborn services. It has been a cornerstone of the HSE's maternity services digital transformation and plays a critical role in improving safety, efficiency, and continuity of care across hospital and community settings. MN-CMS supports real-time, accurate information sharing between maternity units, GPs, and community-based clinicians, which is particularly important during transitions of care.



The system ensures women receive consistent, informed, and woman-centred care throughout pregnancy, birth, and the postnatal period. It also standardises clinical documentation in line with national guidelines, facilitating safer decision-making, more efficient care planning, and improved medication safety. By supporting shared access to patient records, MN-CMS reduces duplication and enhances communication between GPs, hospitals, and community midwives. Integration with laboratory and diagnostic systems, and a secure, remote-hosted infrastructure, ensures data is accessible, protected, and scalable for national use.

The phased rollout began with Cork University Maternity Hospital, University Hospital Kerry, the Rotunda, and the National Maternity Hospital, with gynaecology services added in 2019. Phase 2, to be completed by Q3 2025, will extend MN-CMS to additional units, ensuring more than 63% of births in Ireland are captured digitally.

As the foundation of a digitally connected, woman-centred maternity service, MN-CMS is helping deliver safer, smarter, and more consistent care—where information follows the patient, empowering clinicians and improving outcomes for women, newborns, and families.

3.15 IMEWS

The steering group that was established in 2023 continued its work in 2024, supporting the maternity services to monitor and audit training compliance.

3.17 Safe Skin to Skin with Your Baby After Birth Video

In 2024 a video and poster campaign was launched highlighting the benefits and features of safe skin to skin contact for newborns with their mothers or caregivers.

In the video, Marina Cullen, Specialist Midwife in Lactation in the Rotunda Hospital, explains why skin to skin contact with your baby is so important in the days, weeks and months after a baby is born. With the help of Chiara and baby Emilia, she demonstrates the Safe Skin to Skin Checklist, which will help new parents perform Skin to Skin safely and comfortably both in the hospital and at home, helping build that loving, close relationship with your baby.

The accompanying poster features the Safe Skin to Skin Checklist and QR code to the full video and was distributed and displayed in all 19 maternity units around the country.



Safe Skin to Skin with your Baby after Birth
 HSE Ireland 37.1K subscribers
 Like Share ...



The video and poster came about from one of the action plans progressed by the Infant Feeding Specialist Forum, made up of representative Infant Feeding Specialists from all the maternity units across the country.

View the video at the QR Code or link below.

<https://www.youtube.com/watch?v=7AiF7ld3yAQ&feature=youtu.be>



GYNAECOLOGY SERVICES

Message from the Clinical Lead for Gynaecology, Dr Venita Broderick

I was delighted to take up the position of Clinical Lead for Gynaecology in October 2023.

We have seen considerable progress in Gynaecological care in 2024 in areas such as Ambulatory Gynaecology (AG), complex menopause and endometriosis.

The NWIHP team and I had the pleasure of undertaking site visits to all 16 operational ambulatory gynaecology services.

It was a fantastic opportunity to meet the teams on the ground. We were delighted to see the results of investment in staff, equipment and infrastructure which has led to the success of the AG Model of Care. We have seen an 89% decrease in women waiting more than 12 months for an appointment since the introduction of AG clinics. Four additional AG services are in development stages and we anticipate that two of these will be up and running in 2025.

Following these site visits, our 'Review of Ambulatory Gynaecology Report' will be published in Q1 2025. The report will focus on five areas- Referral pathways, Infrastructure + Staffing, Investigations + Treatment, Outcome and discharge and Clinical governance. We continue to monitor data from all AG clinics.

The Complex Menopause service saw over 1,750 new patients in 2024. We held regular meetings with the complex menopause clinical leads and produced a comprehensive pre clinic questionnaire for women attending that service. Investment in the development of Specialist Endometriosis services continued in 2024. We engaged with clinical leads and key stakeholders regarding the National Framework for the Management of Endometriosis. We hope to undertake visits to both Complex Menopause and Endometriosis services in 2025. Work is continuing on a number of projects including the development of an animated video patient information resource for Ambulatory Gynaecology as well as a National patient satisfaction questionnaire. We contributed to the development of national guidelines and were involved in fact-checking the HSE website pertaining to gynaecology.

We are planning a National Gynaecology meeting for consultants in 2025 which will provide key updates on a range of developments across the specialty.



Dr Venita Broderick,
Clinical Lead for Gynaecology,
NWIHP

Overview

In 2024 further progress was made in advancing a comprehensive, multi-faceted approach to gynaecological care. This strategic approach aims to increase service capacity and improve accessibility via reshaping how gynaecology services are structured and delivered across Ireland. This involves the establishment of dedicated, well-resourced services to assess and manage specific gynaecological conditions. Year-on-year, the demand for gynaecology services continues to rise, with an increase of 10% being experienced between 2023 and 2024. Various societal and cultural factors have likely contributed to this increase, including greater awareness, public discourse, and education around women's health, which has likely led to a shift in health-seeking behaviours across the country.

4.1 Ambulatory Gynaecology Model of Care

The Ambulatory Gynaecology Model of Care was developed in 2020. This model recommended the establishment of 20 ambulatory gynaecology clinics nationwide. The initial phase of Ambulatory Gynaecology Services launched in 2020 with significant progress being achieved in the intervening years. By the end of 2024, 16 services were operational located at University Hospital Galway (UHG), Cork University Maternity Hospital (CUMH), Rotunda Hospital, Nenagh (under the auspices of University Maternity Hospital Limerick), the Coombe Hospital, National Maternity Hospital, Letterkenny University Hospital (LUH) Mayo University Hospital (MUH), Sligo University Hospital (SUH), University Hospital Waterford (UHW), Wexford General Hospital (WGH), Our Lady Of Lourdes Drogheda, St Lukes General Hospital Kilkenny (SLGH) Cavan General Hospital, Midlands Regional Hospital Portlaoise (MRHP), and Midlands Regional Hospital Mullingar (MRHM).

Service Trends and Data:

Ambulatory gynaecology services have created significantly expanded capacity within gynaecology services around the country, with approximately **10,000 new appointments delivered** in 2022, which grew to **16,000 in 2023**.

In 2024, over 20k new patient appointments were provided via the ambulatory gynaecology clinics – representing a **16.6% increase** on the annual target of 18k (See Figure 5).

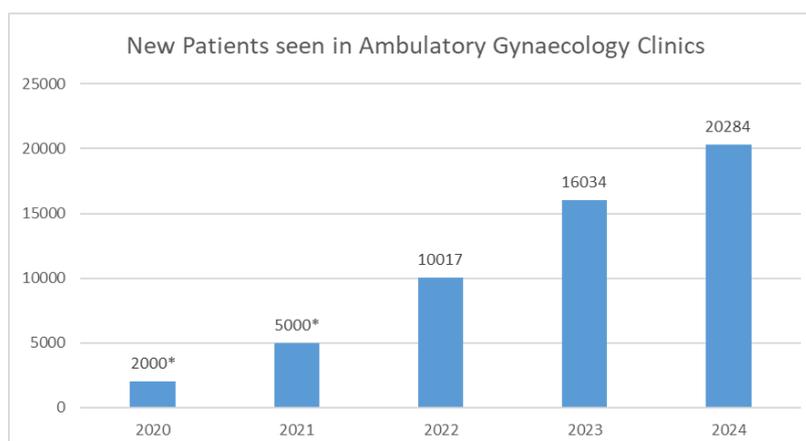


Figure 5: AG Activity 2020 – 2024

*Estimated Figure

Despite increasing demand the national waiting list for gynaecology services has remained stable.

In terms of waiting times, significant progress has been made: from 2023 to 2024, there was a **20% reduction** in women waiting longer than six months, and a **47% decrease** in those waiting for over 12 months.

Since the introduction of ambulatory gynaecology in 2020, the number of women waiting **over six months has decreased by 65%**, and those waiting **over 12 months has dropped by 89%**.

As of December 2024, **82% of women were waiting less than 6 months** for outpatient gynaecological care, compared to **53% at the end of 2020**.

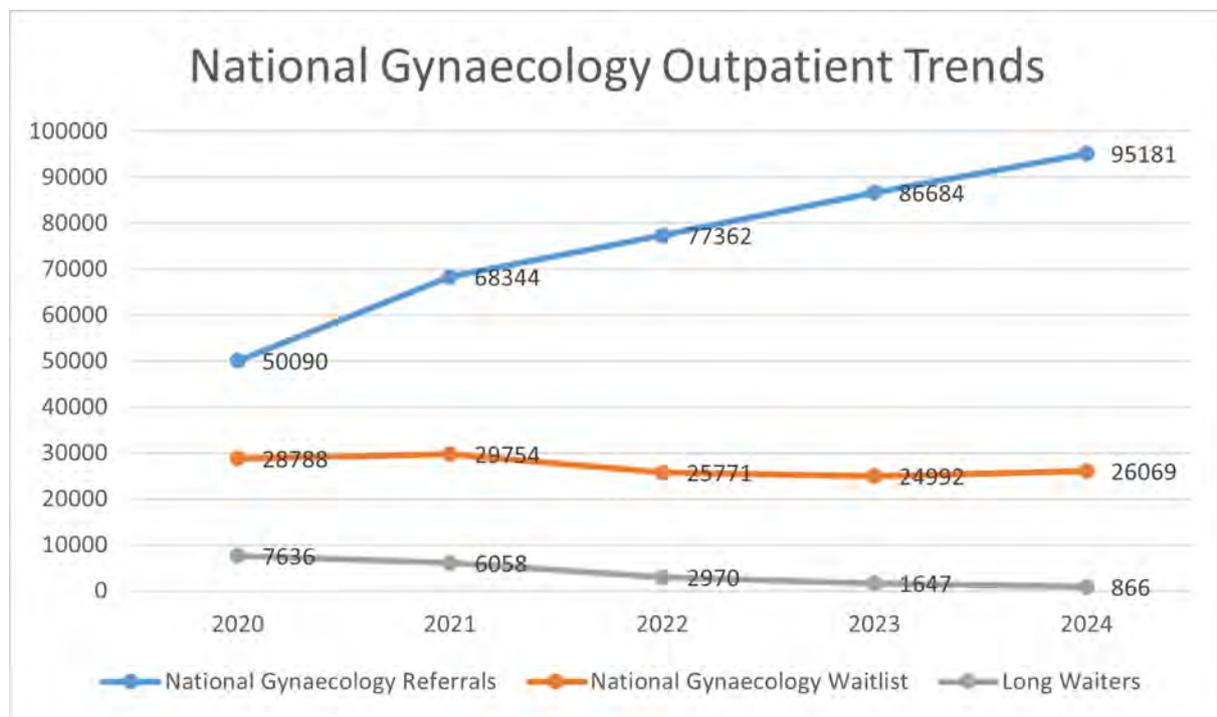


Figure 6: National Gynaecology Trends

Long waiters are defined as women waiting 12 months or more for access to gynaecology services

*Note: For the purposes of ensuring consistent and comprehensive data reporting, data for NMH is not included in the above in relation to any reported parameter. GUH referral data unavailable for the period of Jan 2018 – Sept 2020. GUH referral data included in above graph for period of Oct 2020 to Dec 2023 data

Key Achievements 2024:

- A series of site visits to all 16 operational services with a view to compiling recommendations of best practice and promote information sharing across services. This report was finalised in Q4 2024.
- Secured additional funding via the WHTF to enable the development of a 20th ambulatory gynaecology clinic in Connolly Hospital in response to a recognised and significant growing need in the North Dublin area.

Key Objectives for 2025

- Publish and disseminate the Ambulatory Gynaecology Good Practice Report in Q1 2025.
- Develop and produce an animated patient information video to prepare and inform patients ahead of their ambulatory gynaecology visit. This video will be shared across services.
- Undertake a five-year review of the roll-out of the Ambulatory Gynaecology Model of Care, reviewing the impact of these services in terms of delivering additional capacity and improving access to care.
- As the Ambulatory Gynaecology Model of Care embeds and mainstreams, it is essential that the voice and experience of the patient is heard. A patient satisfaction/experience survey will be developed to collate this invaluable information nationally, ensuring that patient's feedback continues to inform care in this area.

4.2 Endometriosis

Background

Endometriosis is among the most prevalent gynaecological conditions in Ireland, affecting up to 1 in 7 women. The condition presents with a broad spectrum of symptoms, resulting in a variable burden of disease that differs significantly between individuals.

A *National Framework for the Management of Endometriosis in Ireland* has been developed and will be published in 2025. The Framework sets out a structured approach to the development of dedicated, multidisciplinary endometriosis services across the country for those women who require further invention and escalation from their treating GPs and/or local gynaecology services.

Guided by the core principle of delivering *the right care, in the right place, at the right time*, the Framework outlines the establishment of two supra-regional centres for the management of severe and complex cases, along with five regional hub services to support the care of moderate endometriosis (see Figure 7). All services are envisaged to provide a holistic, whole-person approach to care of this chronic condition.



Figure 7: Endometriosis Hubs

With the support of the Women's Health Taskforce in the DoH, targeted investment in endometriosis-specific services began in 2021 and has continued into 2024.

Key Achievements 2024:

- The National Framework for the Management of Endometriosis in Ireland was developed in collaboration with medical experts in this area of care. The Endometriosis Association of Ireland were consulted closely during the development of this Framework.
- Further investment was targeted at CUMH, with the two designated supra-regional services operational and further growth and capacity anticipated in 2025 and onward.
- Phase Two funding was provided to the regional endometriosis hubs, to include Dietetic and Psychology support. Hubs in the Rotunda, the Coombe and Limerick are now operational. NMH and UHG continue to accept referrals and see women with endometriosis, while work continues to establish dedicated regional clinics.
- During 2024 two learning events were organised, bringing consultants across the country together to share information regarding the diagnosis and management, both medical and surgical, of endometriosis.
- A suite of activity metrics was established, with data collection commencing in August 2024. This data assists in monitoring the demand and capacity of these specialist services.

Approximately 1,150 new patients seen and assessed across the established specialist services during the course of 2024.

Objectives 2025:

- Continue to work with colleagues in primary care to finalise the national Framework with a view to publishing and disseminating this document.
- Finalise a national patient information resource, working closely with key stakeholders.
- Work with experts in the area of endometriosis management to standardise surgical documentation and reporting nationally.
- Commence standardised data collection across the two supra-regional services in keeping with international standards and data sets.
- Host a national gynaecology learning event in Q4 2025 that will provide focused updates to consultant gynaecologists regarding emerging evidence and best care and management in this area.

4.3 Specialist Complex Menopause Clinics

The establishment of specialist menopause services was a significant advancement in women's healthcare in Ireland addressing a longstanding gap in the management of complex menopausal symptoms.

In 2024 these clinics continued to provide a much-needed service, providing care to over **1,750 new patients**.

Beyond direct clinical care, the clinical leads offer consultative support to GPs managing complex menopause cases that do not fully meet the specialist referral criteria.

Monitoring demand of these services, in 2024 additional resources were sought and secured to enable further development of four of these services. This additional recurring funding will enable the relevant services to almost double their clinical activity.

4.4 Women's Health Physiotherapy

In collaboration with the maternity networks, the integral role of physiotherapy in advancing women's health outcomes, both within maternity and gynaecology services has been clearly recognised. In line with this recognition, significant and targeted investments has been undertaken to expand access to specialist women's health physiotherapy across the healthcare system.

To date, under various gynaecology specific work programme a total of **25 Clinical Specialist Physiotherapists** in Women's Health have been funded.

More recently, under the development of Postnatal Hubs and with further investment secured in 2024, a further **5.0 WTE Clinical Specialist Physiotherapists** have been funded. These roles are intended to enhance access for women to specialist physiotherapy during the first 12 months following birth. This early intervention approach aims to assess and manage pelvic health issues at an earlier stage, thereby reducing or eliminating the need for future gynaecological interventions.

In total, this represents a recurring investment of almost **€2.5 million**, directed at improving access to pelvic floor physiotherapy and promoting conservative, non-surgical management options for women across the life course.

Informed by a national learning event and workshop held in January 2024, the **National Framework for the Implementation of Physiotherapy-led Gynaecology Care Pathways** was finalised. Developed through a collaborative process, this Framework sets out a model of care whereby women presenting with specific gynaecological symptoms may be triaged and managed initially by Clinical Specialist Physiotherapists in Women's Health. For many women, this pathway offers effective standalone treatment, while others may benefit from a multidisciplinary approach involving both physiotherapy and medical teams.

This work aligns with broader reform initiatives across the health service. In June 2024, the Health and Social Care Professions (HSCP) Programme launched the **HSCP Advanced Practice Framework**, endorsed by the HSE Chief Clinical Officer. This Framework supports improved access to advanced clinical decision-making and timely care by empowering HSCPs professionals to operate to the full extent of their scope of practice.

The physiotherapy-led gynaecology model supports the principles of **Sláintecare**, enhancing community-based care, reducing reliance on hospital services, and delivering care at the lowest level of clinical intervention.

During 2024, **787 patients** were triaged directly and appropriately to physiotherapy for management in the first instance. Of this cohort, **82%** were managed primarily by the physiotherapist until time of discharge from the service.

Key Objectives for 2025:

- Continue to monitor and evaluate pathway activity with a focus on accessibility, time to treatment, and clinical effectiveness.
- Host a national learning event and workshop in Q1 2025 to highlight the work and outcomes of physiotherapy-led gynaecology care being delivered nationwide as well as the emerging role of these healthcare professionals in looking after a wide range of women's health conditions, including endometriosis.
- In collaboration with the HSE's HSCP Office, establish a working group for women's health physiotherapists to assess educational and professional development needs in this area and progress actions to meet needs in this area.

SEXUAL AND REPRODUCTIVE HEALTH

5.1 Fertility Services

In 2024, the publicly funded privately provided Assisted Human Reproduction (AHR) care pathway in Ireland continued to evolve, with significant strides made in embedding the service within the six regional fertility hubs across the country. All six hubs have effectively implemented robust patient pathways, ensuring a consistent, national approach to fertility care delivery. Each hub is led by consultants with expertise in reproductive medicine, supported by multidisciplinary teams, including specialist fertility nurses.

At secondary care level, the regional fertility hubs continued to provide comprehensive fertility assessments and treatment for both female and male patients.

Throughout 2024, the number of referrals across the six regional fertility hubs stabilised at approximately 500 per month. It is important to note that each referral is counted based on the female patient as the primary referral, although in reality, each referral represents a couple experiencing fertility challenges. Thus, the 500 referrals correspond to approximately 1,000 individuals being referred monthly to the hubs.

For patients who attended one of the six hubs and for whom it was identified that a) AHR treatment was clinically required and b) they met the DoH's national access criteria for publicly funded AHR care, a referral may be made to an HSE-authorised private fertility provider. In 2024, just under 1,500 eligible couples were referred for advanced treatment, with the first birth following a public AHR referral occurring in July 2024.

During 2024, there was continued focus at national level on building strong relationships with both the six regional fertility hubs and the eight HSE-authorised private providers. This process revealed the necessity of establishing dedicated patient pathways for male factor infertility and genetics. Work commenced with the national programmes for Genetics and Urology to advance and develop specific pathways and services in this regard, and these work programmes will continue into 2025.

In 2024, the phased development of public AHR services progressed with the initial focus being on the introduction of public intrauterine insemination (IUI) services in selected regional fertility hubs. It is anticipated that, by 2025, three regional fertility hubs—Rotunda, Nenagh, and Cork—will begin offering IUI services. Work also continued on the design and development of the first public AHR Centre to be located in the Lee Road Clinic under the clinical governance and management of Cork University Maternity Hospital.

The Minister for Health, in the Budget 2025 announcement, revealed plans to extend the AHR access criteria to include couples experiencing secondary infertility and those requiring donor gametes. The HSE looks forward to collaborating with the Department of Health on this expansion and is committed to applying the lessons learned from operating the AHR care pathway over the past year.

Overall, the development and progress of fertility services service in Ireland has been encouraging, with clinical pregnancies reported at both secondary and tertiary care levels. This progress is further reflected in the 2024 European Atlas of Fertility Treatment, which now ranks Ireland 12th out of 43 countries, a significant improvement from its position of 39th in 2021.

In early 2025 the HSE produced a report on the first year of the Assisted Human Reproduction service (<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/national-fertility-services/fertility-services-report-2023-2024.pdf>). The report highlighted that **2,997 couples** were seen in the regional fertility hubs during the period September 2023 to August 2024. Of those couples, **1,068** were referred to the private provider of their choice for AHR treatment, including IVF.

A number of couples are successfully treated and managed at regional fertility hub in relation to their fertility challenges. In the same period, five of the six hubs reported a total of **262 clinical pregnancies** comprised of self-reported pregnancies by couples further to their discharge, and pregnancies diagnosed directly by the relevant regional fertility hub. It is reasonable to assume that this is an under representation of the number of couples achieving pregnancy further to their attendance and care at one of the six regional fertility hubs.

Message from Prof Maeve Eogan, Clinical Lead for SATU

In 2024, 1,021 people across Ireland attended one of the six Sexual Assault Treatment Units (SATUs). The SATUs, based in Dublin, Cork, Waterford, Mullingar, Galway and Letterkenny, provide expert care to people in the aftermath of sexual violence.

This year, SATUs continued to offer vital, timely support — with 95% of people seen within three hours of a request for acute care. We also saw key developments: Waterford SATU began a major infrastructure upgrade, Ireland's first SATU medical social worker joined the team, and new staff training and research projects gained momentum. Outreach and education expanded too, helping raise awareness and improve access across communities.

The voices of survivors continue to shape everything we do. Their courage reminds us why these services matter — and why we must keep building them. We're deeply grateful to all service users, staff, and partners who support SATUs every day.



Prof Maeve Eogan
Clinical Lead for SATU

5.2 Sexual Assault Treatment Units

In 2024, Ireland's six SATUs—located in Dublin, Cork, Waterford, Mullingar, Galway, and Letterkenny—provided care to 1,021 people following sexual violence. While overall attendance showed a slight decline, four units experienced increased demand compared to the previous year.

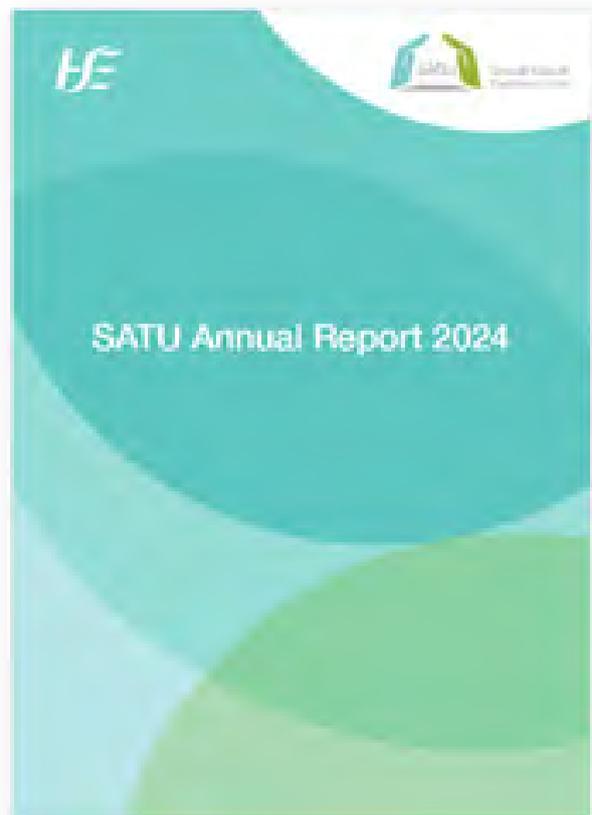
Interagency Collaboration

A key focus of the National SATU Management Team in 2024 was to establish appropriate mechanisms, opportunities and structures for inter-agency, multi-stakeholder collaboration. The first meeting of the Bi-Annual SATU Interagency Meeting was held on the 28th of May 2024 and the membership includes amongst others, The Department of Health, Department of Justice, Department of Children, The Barnahus Steering Group, CUAN and the Rape Crisis Centre and Rape Crisis Network Ireland.

Annual Report

The Annual report for 2024 was published in June 2024. Key findings from this report included:

- **4%** (n41) decrease in presentations from 2023-2024.
- **52%** (529) chose option 1: Garda Forensic Exam Kit.
- **56%** of attendees had the opportunity to meet with a Psychological Support worker at their first SATU.
- The majority of incidents **82%** (n833) occurred between 8pm and 8am.
- May and August were the busiest months of the year for SATU presentations at **11%** in each month.
- **91%** of people who attended the SATU were female.
- In contrast to previous years, attendees **under 25 years** of age accounted for **49%** (n499) of cases, representing just under half of all attendees. However, the **18-25** age range remained the highest at 32% (n330).



<https://www.hse.ie/eng/services/list/5/sexhealth/sexual-assault-treatment-units-resources-for-healthcare-professionals/national-sexual-assault-treatment-unit-annual-report-2024.pdf>

Staff Wellbeing and Reflective Practice

SATUs continue to support staff through reflective practice programmes, with 268 sessions accessed in 2024. These combine individual therapeutic sessions and group workshops, fostering wellbeing, professional growth, and staff retention.

SATU Administration Network

The National SATU Administrative Network was established in March 2023 and has continued to grow and strengthen since its inception. The network's primary aim is to connect all six SATU units, providing national-level organisational leadership and support. The first annual Learning Day took place in Mullingar in February 2024, and the event will rotate annually.

Study Day

Hosted by the Department of Justice on 4 October 2024, the SATU Study Day featured speakers from CUAN, Dublin RCC, CSO, and others. Topics included forensic photo documentation, national and EU care standards, and new initiatives in sexual violence research.

Training

Recruitment began in 2024 for the February 2025 Royal College of Surgeons in Ireland (RCSI) based Sexual Assault Forensic Examination (SAFE) education programme for Nurses and Midwives, Level 9 QQI (Masters Level). Five of the units are recruiting a candidate for the training – Cork, Donegal, Dublin, Galway and Mullingar.

SATU Medical Social Work

In September 2024, the Medical Social Work (MSW) service was formally introduced in Dublin SATU. This development has significantly enhanced the multidisciplinary team at the Rotunda SATU and marks a significant step in expanding psycho-social support for patients that attend the clinic.

The MSW service offers specialised psycho-social, emotional, and practical support to all patients attending the Dublin SATU. The service ensures that patients have access to crisis intervention, risk-assessment, safety-planning, advocacy, referrals to relevant agencies, including domestic violence and mental health services, and additional community supports. The MSW also plays a key role in liaising with external agencies, facilitating ongoing care beyond the initial forensic examination.

Infrastructure

The final months of 2024 delivered capital development for the Waterford SATU. Development of a fit for purpose facility will enhance the care options and support, and ultimately the patient experience, for all those who use Waterford SATU.

Photo documentation

In 2024 the Rotunda SATU commenced a pilot of onsite photo documentation, in certain forensic cases where photography of injuries was relevant. This was only possible due to the support of the HSE Spark programme, particularly Catherine Marsh, in collaboration with Deirdra Richardson, Christine Pucillo, Nicola Maher and Oonagh Farrell. The project was rewarded with a prize at the Irish Healthcare Awards in December 2024 and we look forward to furthering this initiative in 2025.

National Objectives for 2025

In 2025 the SATU service will focus on some key objectives in order to continually improve the care of the people who need to use their service.

- Advance infrastructure improvements in key sites
- Strengthen recruitment and training for clinical staff
- Sustain audit, research, and flexible modular forensic training
- Deliver SATU awareness training to broader HSE staff
- Continue collaborative work with CUAN, Barnahus, and the Department of Health
- Maintain focus on staff wellbeing with therapeutic supports
- Support service integration between adult and child services
- Host bi-annual SATU Professional Clinical Network meetings

Message from Dr Aoife Mulally, Clinical Lead for Termination of Pregnancy

2024 saw a significant amount of work take place in the Termination of Pregnancy service. In particular, the continuing work on implementing ToP across all maternity units means that all 19 units will be in a position to provide ToP across all sections of the Health Act by early 2025.

The Service Improvement Group continued its work in implementing the recommendations of the service reviews and meaningful progress has been achieved in many of the work-streams.

The most notable achievement this year has been the launch of the national data collection system in collaboration with colleagues in NPEC. This will enable us to continuously monitor the service and ensure its safety and quality.

Monthly peer-to-peer meetings were held throughout 2024. These have been an extremely valuable forum for providers to meet, share experiences and discuss clinical challenges.

I look forward to continuing to lead the service in 2025 and to continuing improvements in the service that we provide to women who attend.



Dr Aoife Mulally
Clinical Lead for
Termination of Pregnancy

5.3 Termination of Pregnancy (ToP)

In 2024, seventeen of the nineteen maternity hospitals/units continued providing early pregnancy TOP. While overall participation remained unchanged, significant progress was made by Cavan General Hospital and South Tipperary University Hospital with both on track to begin services early in early 2025. This marks a significant step toward full national coverage and improved access.

Following the two 2023 Reviews of TOP services (the Marie O'Shea review and the Regan Review), a National Termination of Pregnancy Service Improvement Group (SIG) was established. This multidisciplinary group, which includes clinicians, allied health professionals, service users, and advocacy groups, was created to oversee the implementation of review recommendations. Ten national workstreams emerged from these efforts.

Seven of the ten workstreams progressed in 2024, demonstrating strong momentum. The remaining three, focused on Section 9 pathways, HSE workplace policies on conscientious objection/provision, and MDT leadership models, will commence in early 2025.

Key SIG work stream developments in 2024:

Early Pregnancy:

A national audit identified some inconsistencies in scan reporting across EPAUs and private providers. In response, a standardised scan report template was introduced, now part of the National Clinical Guideline on First Trimester Miscarriage. A broader survey assessed resource levels across units, highlighting the need for national minimum standards to ensure consistent, equitable care. These standards are currently under review.

Audit and Data Collection:

Efforts to standardise data collection across all TOP service sites continued through the implementation of the REDCap electronic data collection system and a new TOP Proforma. Several units began data entry, with full national rollout expected in 2025. A dedicated Data Governance Group will oversee data quality and use, with its first meeting in to take place in January 2025.

Section 12 of the Health (Regulation of Termination of Pregnancy) Act 2018 (Terminations of pregnancy up to 12 weeks of gestation):

Work began on updating the National Clinical Guideline for Early Pregnancy Termination. A writing group, led by the National Clinical Lead, is targeting completion by late 2025.

Surgical TOP and MVA:

The HSE continued to expand surgical options with 7 of the 19 units now providing surgical termination of pregnancy. Preparation is underway for the roll-out of national training for Manual Vacuum Aspiration (MVA) and Dilation and Evacuation (D&E). The training will take place in 2025, led by Dr Aoife Mullally the National Clinical Lead for Termination of Pregnancy.

Fetal Medicine:

A study day and specialist information session were held in September and October 2024. Progress includes drafting minimal standards for fetal medicine centres and work toward a national perinatal genetics service. Formal dissemination of standards is expected in early 2025.

Prenatal Screening:

An options appraisal for a national non-invasive prenatal screening programme is in development. In collaboration with HSE Communications, market research was commissioned to assess public understanding and expectations. A survey is planned for early-to-mid 2025.

Education and Training:

Multiple educational events were held, including a Fetal Medicine Study Day, peer-to-peer meetings, and TOP training for multidisciplinary teams. Additional events are scheduled in 2025, including MVA training, EMA workshops, and a dedicated session at the ICGP National Trainers Conference. A review of the TOP HSEland training programme is also underway. Development of information booklets and patient-facing resources continued, with materials on miscarriage, recurrent miscarriage, and TOP for fetal anomalies under development and set for release in 2025.

Annual TOP Notifications Report

The sixth annual report on TOP services in Ireland was published on the 28th of June 2024 by the Department of Health.

As outlined in the report, a total of 10,033 terminations were carried out under the legislation in 2021. Of these, 21 were notified under section 9; 7 under section 10; 129 under section 11; and 9,876 under section 12. By county, out of the 10,033 terminations notified 36.3% were from Dublin; 8.7% in Cork; 4.4% in Galway; 4.2% in both Kildare and Limerick and 5.3% of those notified did not disclose a location. See link to annual report in Appendix 2.

**Objectives for 2025**

- Commence the delivery of full TOP services in the remaining two maternity hospitals/units—Cavan and Tipperary—to achieve nationwide coverage across all 19 maternity sites.
- Continue the national roll-out of TOP service data collection via the REDCap system, with an initial focus on secondary care providers, followed by phased integration of community-based TOP contract holders.
- Plan and host a National TOP Provider Conference, facilitating collaboration, training, service development, and the sharing of best practices across all providers.

NEONATOLOGY

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

The year 2024 was a busy one for the neonatal clinical programme. At its core the clinical programme is concerned with the design and implementation of neonatal services. It involves the full spectrum of care provided for all newborn infants and includes critical care, neonatal transport, screening, nutrition, and immunisation.

The second edition of the model of care for neonatal services is now at an advanced stage. The key issues for neonatal services are volume, acuity, transport, and skill mix across the spectrum medical, nursing, and HSCP care. It is expected that the document will be published in the second half of 2025.

A review of the perinatal management of extreme preterm birth at the threshold of viability 22+0 to 23+6 weeks by an advisory committee commenced in June '24. The current consensus statement 2020 set the threshold at 23 weeks gestation. The latest review is considering whether the threshold should be further lowered to 22 weeks gestation. The final report and recommendations will be completed in 2025.

A major body of work was the introduction and implementation of the Respiratory Syncytial Virus (RSV) immunisation (Nirsevimab) Pathfinder Programme. Nirsevimab is a monoclonal antibody which is highly effective in the prevention of RSV bronchiolitis in young infants. It is long acting and one dose protects the infant throughout the winter months. In order to achieve maximum benefit from Nirsevimab it needs to be given shortly after birth when infants are most vulnerable. The decision was made to administer Nirsevimab to all newborn infants born between September 1, 2024 and February 28, 2025, before they are discharged from the maternity hospital. The immunisation was administered by the midwives. The uptake has been high at 83%. The results of the programme look very promising in terms of reduction of hospitalisations, ED attendances, ICU admissions, and reduction in transport retrievals. The role undertaken by Angela Dunne and her colleague DOMs across all 19 maternity hospital was outstanding and fundamental to the success of the project.

I am very appreciative of all the support and engagement of the NWIHP staff throughout the year on the range of work of the Neonatal Clinical Programme, which is detailed more in the body of the report below.



Prof John Murphy
Clinical Lead for Neonatology
and Paediatrics

6.1 The National Clinical Programme for Paediatrics and Neonatology Model of Care (MOC) for Neonatal Services in Ireland 2nd Edition, 2025

The first edition of the Neonatal MoC was published in November 2015. Since then, Neonatology has continued to rapidly evolve as a specialty. There have been many changes in neonatal practice since then.

The National Clinical Lead for Neonatology completed site visits to all 19 maternity services throughout the course of 2023 and 2024 in order to facilitate an update to the Model of Care for Neonatology. At each maternity site visit, medical, nursing, AHSCP and administration representatives were met. Each hospital made a presentation outlining the neonatal unit's activities, staffing, infrastructure, current concerns, and future plans. This was followed by in-depth discussion with the participation of staff. The discussion was followed by a guided tour of the neonatal unit to view the facilities and meet with the staff on duty. Subsequently a written report of the visit was drafted and shared with the hospital.

The insights and learning gained from site visits is un-paralleled and we are grateful to each of the maternity sites for their time and continued commitment to building quality neonatal services in Ireland.

The final Model of care document will provide a perspective on how the new developments in neonatal care have altered newborn care and the ways in which it is now being delivered. It demonstrates that there is a well-integrated neonatal service in place across Ireland.

It is based on wide-ranging discussions with all stakeholders, describes where neonatal care is at present and where it should be in the future. It provides an understanding of what is working well and where improvements are needed. It summarises the current status of neonatology in Ireland and plots its future direction.

An update to the 2015 MOC document is expected to be published in 2025. This second edition of the MOC is for the doctors, nurses, health and social care professionals (HSCPs) and pharmacists who provide clinical care to newborn infants. It is for the managers, administrators who plan and fund neonatal services. Above all, it is for newborn infants, their parents and extended families who are the recipients of neonatal care. The final draft is being prepared for circulation to all maternity services for review.

The MOC will be approved by: The National Clinical Programmes for Paediatrics and Neonatology, The Health Service Executive (HSE) Health Regions, The Neonatal Clinical Advisory Group, The Faculty of Paediatrics and NWIHP.

6.2 The 3rd Edition, 2025, Consensus Statement/Framework for Practice on the Perinatal Management of Extreme Preterm Birth at the Threshold of Viability from 22+0 Weeks to 23+6 Weeks: A Framework for Practise:

The advances in neonatal care resulting in better outcomes are steadily lowering the threshold for survival.

In Ireland a consensus document published by the Faculty of Paediatrics and the Institute of Obstetrics and Gynaecology in 2020 recommended a change in the threshold of fetal viability from 24 weeks to 23 weeks gestation. An advisory group is currently considering the management of infants 22+0 – 22+6 and will publish its recommendations in 2025.

The Advisory Committee (consisting of neonatologists, general paediatricians, obstetricians, neonatal nurses, paediatric nurses, midwives, perinatal epidemiologists) reconvened in 2024 and into 2025 to review this document and to make appropriate changes, where necessary, based on a) the background of national and international data and b) the consensus of the advisory committee.

6.4 Neonatal Clinical Psychologists

Long term follow-up with a formal Bayley's neurodevelopmental assessment at two years of life is important in the continuing evaluation of the efficacy of Therapeutic Hypothermia in the treatment of Neonatal Encephalopathy. It notes delays in this cohort of infants in terms of gross motor skills, language acquisition and cognitive abilities. Neonatal clinical psychologists have been appointed to undertake the follow-up Bayley's Assessments.

Neonatal Clinical Psychology (CP) Forum meetings occurred quarterly in 2024. Discussions included requesting that findings of the Bayley Scales neuro assessments of Infant and Toddler Development (BSDIII and BDSIV) conducted locally by the CPs are uploaded to the NPEC REDCap database for the 2023 cohort of infants so as to facilitate ongoing national data collection on the outcomes of these cohorts of infants. The REDCap Platform, where all data uploaded is anonymous, is aligned with the patient history from the VLBW and TH datasets. Training will be provided to Neonatal CPs in 2025.

6.5 Standard Operating Procedure (SOP) for Active Cooling of Infants with Neonatal Encephalopathy

Following a recommendation from the 2020 Therapeutic Hypothermia (TH) Report, in 2023, funding was provided to support Level 2 Neonatal Units (with 24-hour Consultant Neonatology cover) to purchase cooling blankets so that active TH can commence prior to transport to the Level 3 NICU's. This will accelerate the attainment of the required body temperature for TH. The funding provision accommodated the purchase of servo controlled equipment for TH in two additional regional neonatal units in 2024.

This was in tandem with the development of a SOP:

Active Cooling of Infants with Neonatal Encephalopathy in Regional Neonatal Intensive Care Units prior to transfer to Tertiary Level 3, Neonatal Intensive Care Units.

Work completed during 2024

Draft Standard Operating Procedure (SOP) drafted by UHG was sent to UHW, OLOL and UMHL for additional review. Edits received and document amended accordingly.

Key upcoming milestone:

Collate SOP comments and disseminate in 2025.

6.6 National Neonatal Transport Programme (NNTP) and Bidirectional Flow Service

The National Neonatal Transport Programme (NNTP) undertook **545 acute retrievals** in 2024. It has now been in existence for 23 years. The NNTP team is mobilised within 40 mins and the average time taken to complete a transport is 5 hours 19 mins. Sixty per cent of transports are by day and 40% by night.

In addition, a new repatriation service for the transport of infants from the tertiary centres back to their local hospitals is in the latter phase of development and will be operational in 2025. It will be a 5-day service, Monday to Friday 9am – 5pm. It is estimated that will provide at least **300 retro-transfers annually**. The other major future issue is to increase the availability of air transports for time critical transports. Currently only 2% of transports are by air.

6.7 Neonatal Resuscitation Training Programme

A national register of neonatal resuscitation training was established in 2022.

In the two-year timeframe up to 31.12.2024, the number of staff who completed the American Academy of Paediatrics (AAP) / American Heart Association (AHA) 8th Edition Advanced Provider Neonatal Resuscitation Programme (NRP) was: **3577** Advanced Providers and **161** Instructor course completion (including new and renewals) by staff respectively as per AAP/ AHA training cascade.

All newly appointed neonatal nurses, midwives and neonatal/paediatric doctors undertake NRP training and certification. As a mandatory requirement all existing staff and instructors undertake the NRP course and re-certification once every 2 years.

The *National Training Standards on Fetal Monitoring, Obstetric Emergencies and Neonatal Resuscitation* were disseminated to the maternity services in May, 2024.

The purpose of these National Training Standards was to enhance training across all the maternity services in the Republic of Ireland by ensuring a consistent evidence-based approach to training.

Simulation training is in place on all maternity sites as per National Training Standards.

Objectives for 2025

- Standardised acute airway management to be adopted and practiced by all neonatal units.
- Ongoing neonatal resuscitation training and stabilisation including simulation training.

6.8 Neonatal Nurse Tutors

Funding was approved for Neonatal Tutors (2 WTE): one to support the Dublin neonatal tutor and one to support the training needs of the level 1 Neonatal unit nurses in Kerry University Hospital, Waterford University Hospital and Tipperary University Hospital.

A Neonatal Specialist Coordinator commenced in the Centre of Midwifery Education, Cork University Hospital in October, 2024.

A Neonatal Tutor was appointed in the Coombe Hospital, Dublin to work alongside the Neonatal Specialist Coordinators in CWIUH and support the neonatal nurse training needs in the three tertiary neonatal units in Dublin, and level 1 and 2 neonatal nurses affiliated with them. In addition, continued support for neonatal nurse training needs will continue for the Level 2 regional neonatal unit in the University Maternity Hospital, Limerick.

The neonatal tutor posts in Dublin and Cork will provide better access to postgraduate education particularly for the Level 1 and 2 neonatal units. Neonatal Specialist Coordinators/ Neonatal Nurse Tutors collaborate, coordinate, network, identify gaps and opportunities for shared learning and training programmes.

Key upcoming milestones:

- **March to June:** "Introduction to SCBU" will be condensed to an on-line workshop by two half days TBA in June, to be offered to other sites & follow up with in-person site visits
- **April:** A ventilation (in person) day is arranged with invites sent to WUH, KUH & TUH.
- **September:** CUMH will arrange a neonatal course when the QQI validation is received in September, 2025.

6.9 National Neonatal Practice Clinical Guidelines Algorithms, SOPs

Neonatal Clinical Practice Guidelines (CPGs) are systematically developed statements to assist health providers in the delivery of neonatal care to infants. The national clinical guideline template was utilised by the writing groups.

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.

Neonatal Clinical Guidelines under development:

- National Clinical Guideline Neonatal Seizures in Infants up to 28 days Corrected Gestational Age. This will be signed off in 2025 after review by the Neonatal Clinical Advisory Group (NCAG) group.
- National Neonatal Practice Guideline Neonatal Pulse Oximetry Screening for Congenital Heart Disease in Asymptomatic Infants in Postnatal Maternity Care. This national guideline will be launched in 2025.

6.10 CMV testing for CMV in infants following hearing concern on universal newborn screening

Based on international data, up to 25% of confirmed Permanent Childhood Hearing Loss (PCHL) is caused by congenital Cytomegalovirus (cCMV) infection. The number of symptomatic cCMV positive infants is relatively small, estimated at approximately 20 per year. The cochlear damage due to cCMV that begins in utero continues after the infant's birth. Initiation of treatment for symptomatic cCMV is time critical for long term benefit. Treatment should commence as soon as possible (preferably in the first 4 weeks after birth).

This programme is now live in all 19 maternity hospitals. Any infant with a suspected hearing loss on the universal new-born hearing test has a urine sent for CMV testing. If the infant is CMV positive they are referred to ID for anti-viral therapy consideration.

6.11 Developmental Dysplasia of the Hip (DDH) Ultrasound Screening

The provision of national targeted and selective hip ultrasound screening programme at six weeks of age is now in place across all 19 maternity hospitals in Ireland. Infants at an increased risk of developmental dysplasia of the hip (DDH), due to breech presentation or family history,

have a hip ultrasound performed at 6 weeks old. In 2022, a total of 20,000 infants had a hip ultrasound. The clinical examination and the targeted hip ultrasound identifies 50% of DDH. In order to get complete capture, universal screening is required. A proposal for universal hip ultrasound screening for DDH was submitted to NSAC for consideration.

On May 10, 2024, HIQA published its health service technology report on 'Evidence review of universal ultrasound screening for developmental dysplasia of the hip (DDH) in infants in Ireland. It did not recommend the introduction of universal ultrasound screening. Its reasons included a) the high rate of spontaneous resolution of hip instability, b) over-diagnosis leading to the potential complications of unnecessary treatment, and c) the absence of representative data of outcomes of the current selective screening programme.

The next steps will include putting a structured governance framework around the DDH - Targeted Hip Ultrasound: Infants who are born following a breech presentation and those with a first degree relative (parent or sibling) with hip dysplasia are deemed to be at increased risk of DDH. National and international data indicate that 20% of infants fall into this at-risk category. The programme entails the provision of a hip ultrasound at six 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.

6.12 ROP (Retinopathy of Prematurity) screening:

In 2023, 1230 infants were screened for ROP. Each infant will have an average of 3.5 screens during the screening process (more if ROP is detected).

There are 21 centres who screen for the ROP (19 maternity hospitals, CHI Temple Street & Crumlin).

A standard pathway for ROP screening and treatment indications are being developed: National ROP screening criteria have been adapted from the UK 2022 guidelines. The ROP steering group propose that all babies below 31 + 6 weeks meet the criteria for ROP screening. The Group will continue to monitor and review to assess the difference in the number of babies that develop ROP in that gap between 30 and 31 +6 weeks.

The potential role of remote Ret-Cam screening and central analysis is being explored for peripheral centres. The system is being employed successfully in Northern Ireland.

A National ROP Coordinator commenced in February 2024.

A National ROP Steering Group Committee formed in March 2024.

Key upcoming milestone:

National ROP Screening Criteria Guidelines to be launched in 2025.

QUALITY AND SAFETY

Message from the Clinical Lead for Obstetrics and OEST, Prof Carmen Regan

I am pleased to have commenced as the National Clinical Lead for Obstetrics in Ireland in April 2024. This new role presents a unique opportunity to contribute to significant advancements in healthcare, drawing upon extensive expertise and training in the field. My responsibilities encompass leading the National Obstetric Emergency Support Team and providing national guidance on both obstetric and fetal medicine. A key aspect of this remit involves advising on national guidelines and models of care, alongside critically reviewing the evidence base to inform strategies for improving maternal outcomes.



Prof Carmen Regan
Clinical Lead for
Obstetrics and OEST,

This foundational work directly leads to the essential development and optimisation of Ireland's maternal medicine networks. In line with MBRRACE recommendations, a review of Ireland's maternal medicine networks is essential. This is driven by the increasing complexity of pregnancies, rising maternal age, assisted reproduction, and increasing rates of obesity and gestational diabetes. More women with chronic conditions, including those surviving childhood illnesses or who have undergone organ transplants, are now becoming pregnant, underscoring the need for expert, multidisciplinary care. Our diverse population also presents specific challenges, such as the increasing prevalence of sickle cell disease and health issues common among migrant women. Unforeseen events, like the COVID-19 pandemic, further highlight the need for robust systems.

To effectively develop and optimise Ireland's maternal medicine centres and networks, we must assess current resources and tailor services to meet evolving patient needs and utilise existing opportunities. To that end, we have commenced a review of capacity in each unit, focusing on resource and staffing implications, particularly for complex case referrals and multidisciplinary input. Streamlining care and ensuring access to expertise are key to this undertaking.

7.1 Irish Maternity Indicator System

October 2024 saw the publication of the Irish Maternity Indicator System (IMIS) National Report 2023.

Key Deliverables

The 2023 National Report marks 10 years of the IMIS in operation across all 19 maternity hospitals/ units.

The IMIS is an important quality and safety system for the maternity system. Where a maternity hospital/unit lies outside the funnel plots (i.e., above or below the 95% confidence interval) or where a significant change occurred in comparison with the previous year(s), the NWHIP reviews the data with the relevant maternity network. In the event of learning achieved from the engagement, the information is shared nationally.

In January 2024, following a full review of the IMIS, several changes were introduced on the IMIS. The updated IMIS saw several metrics removed, several new metrics added, amendments to several existing metrics, and modification to the wording of definitions where necessary. The revised IMIS still contains 40 metrics and continues to be gathered on a monthly basis at the 19 maternity hospitals/units. It was circulated to the 19 maternity hospitals/units for data collection from January 2024. NWHIP continues to work closely with the IMIS teams to improve the data quality and timing of data returns.

There were two IMIS Workshops hosted in April and November 2024. These workshops were well attended by data collection teams at the 19 maternity hospitals/units. The workshops provided an overview of data for 2023 and issues arising in 2024, particularly around new metrics and modified definitions.

The IMIS teams continue to work with our colleagues at the National Perinatal Epidemiology Centre (NPEC) on the roll-out of the RealTime system on the REDCap. This is an important initiative, which aims to introduce a data collection tool for maternity services in order to improve data quality, reduce duplication, increase efficiency and accuracy, and enhance data security.

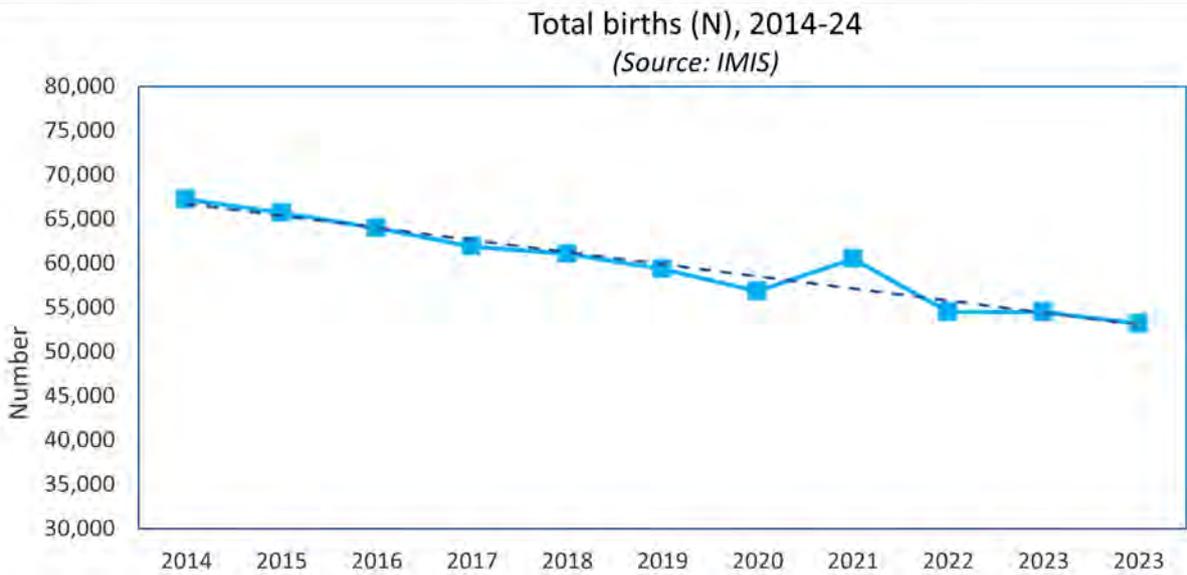
Below is a summary of selected IMIS metrics for 2023.

IMIS 2023

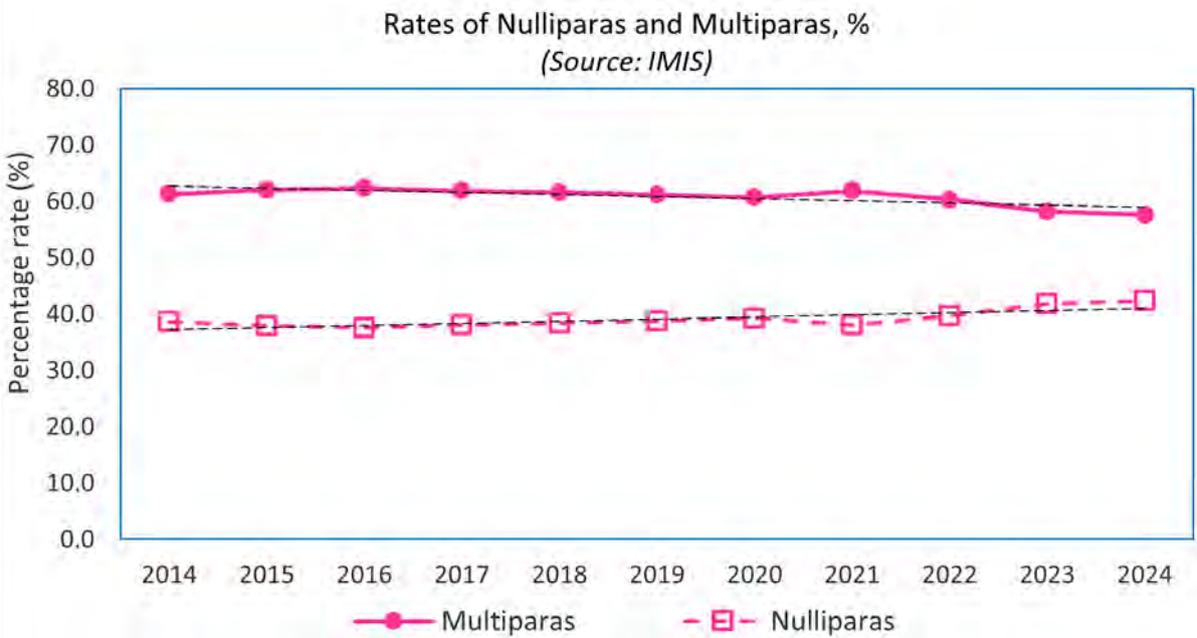
The IMIS National Report 2023 is divided into two sections:

1. Longitudinal trends over the past decade since its inception in 2014, and
2. Tables, funnel plots, and narrative of individual metrics showing all maternity hospitals/ units on a national basis in 2023.

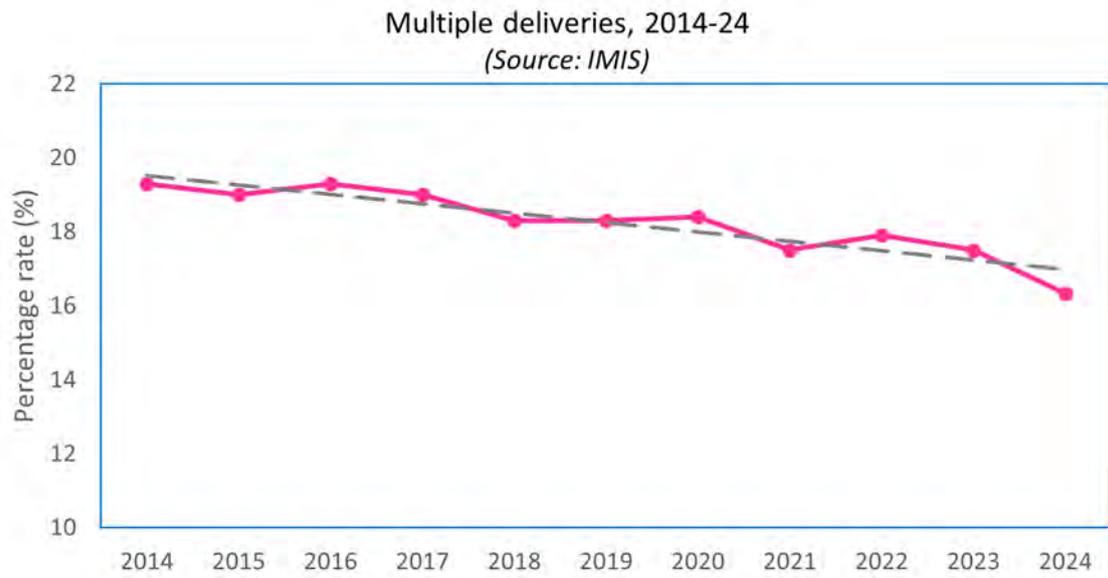
Highlights



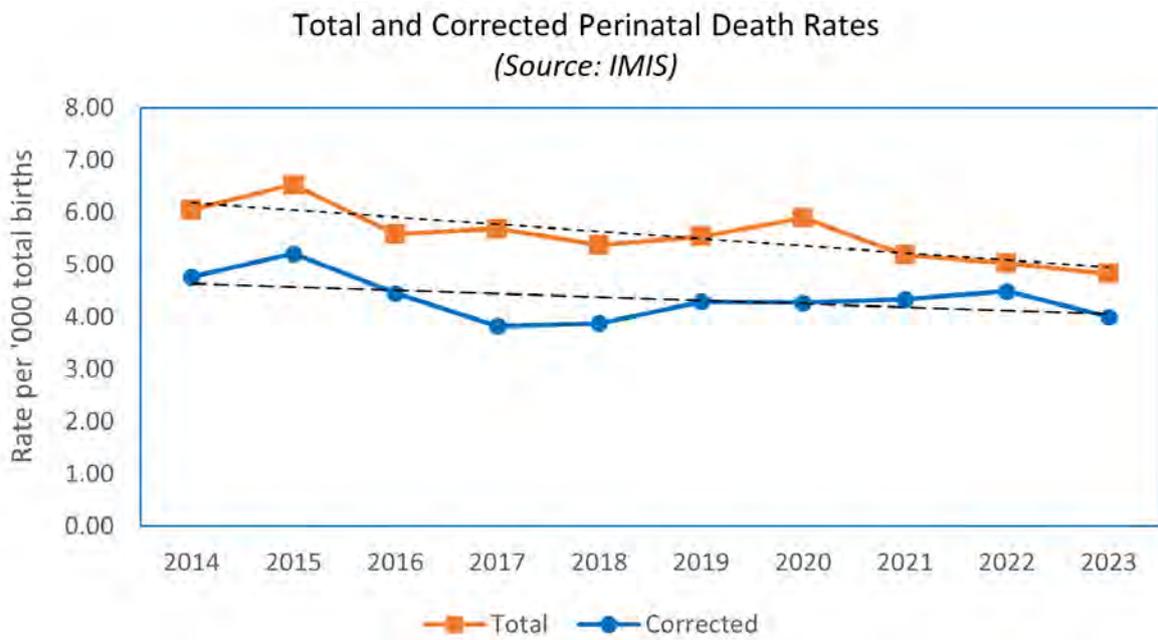
1. Declining numbers of births over the past decade: there was 19% fewer births in 2023 compared to 2014.



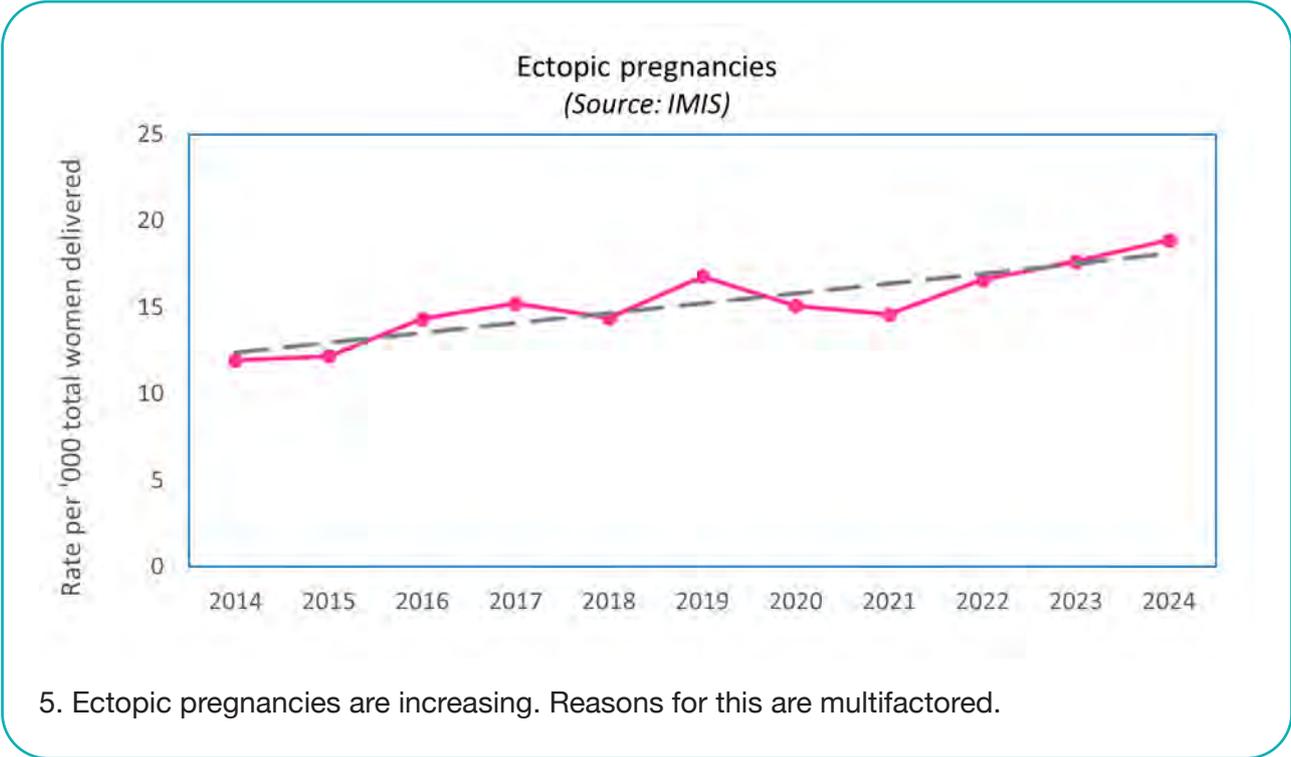
2. Increasing rate of nulliparas and declining rate of multiparas shows more women having babies and smaller family sizes overall.

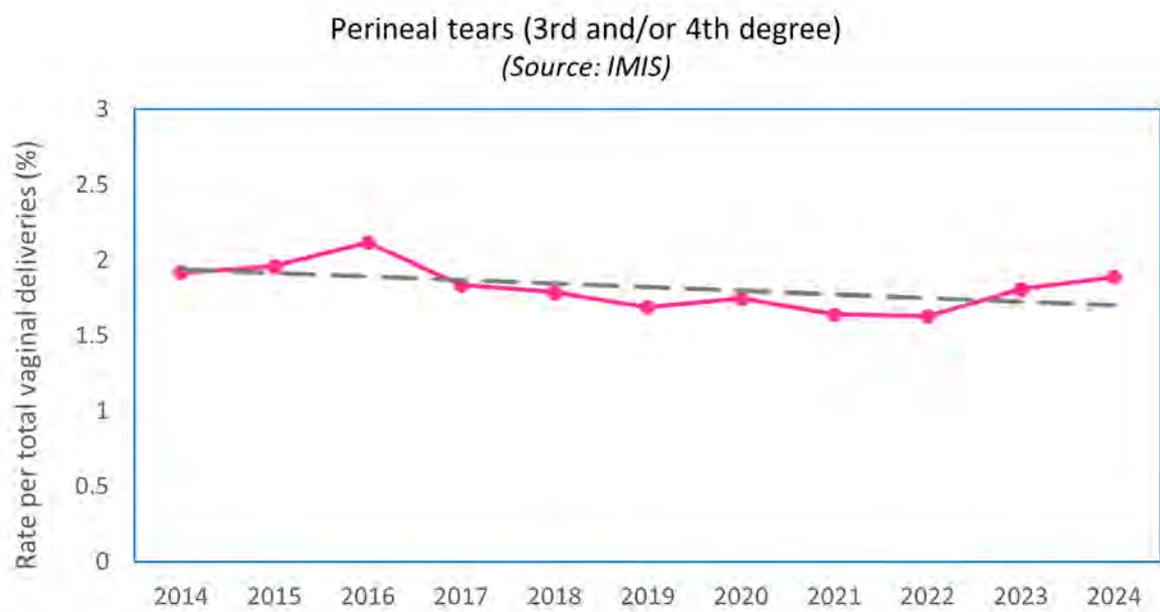
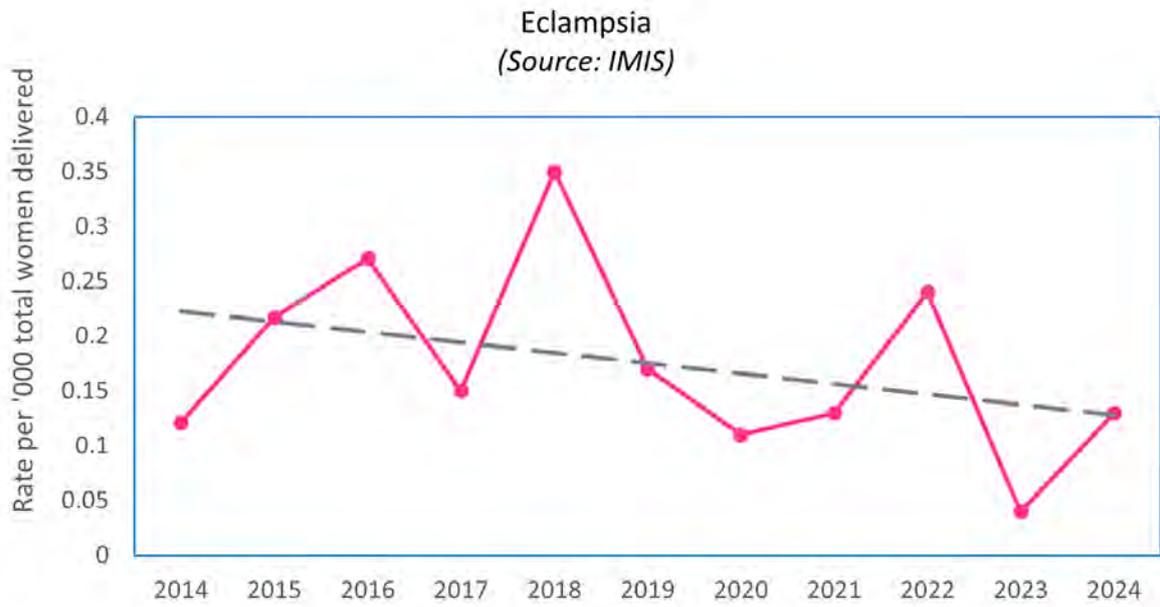


3. Declining multiple birth rate may relate to policies of single-embryo transfer and improvements in IVF techniques.

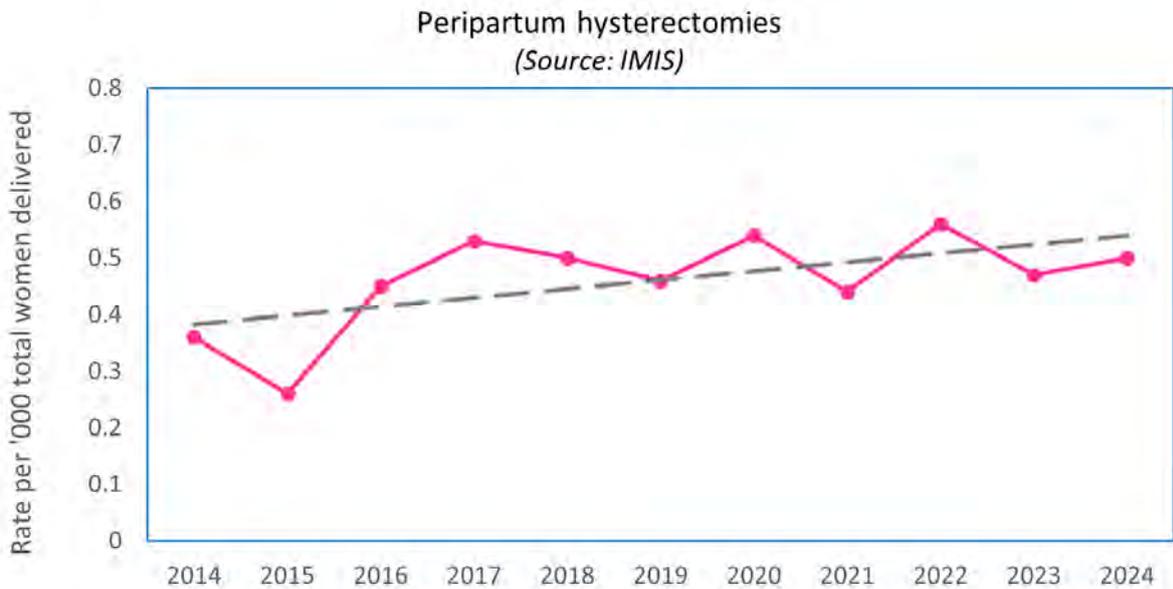


4. Declining rate of perinatal deaths, including adjusted perinatal deaths.

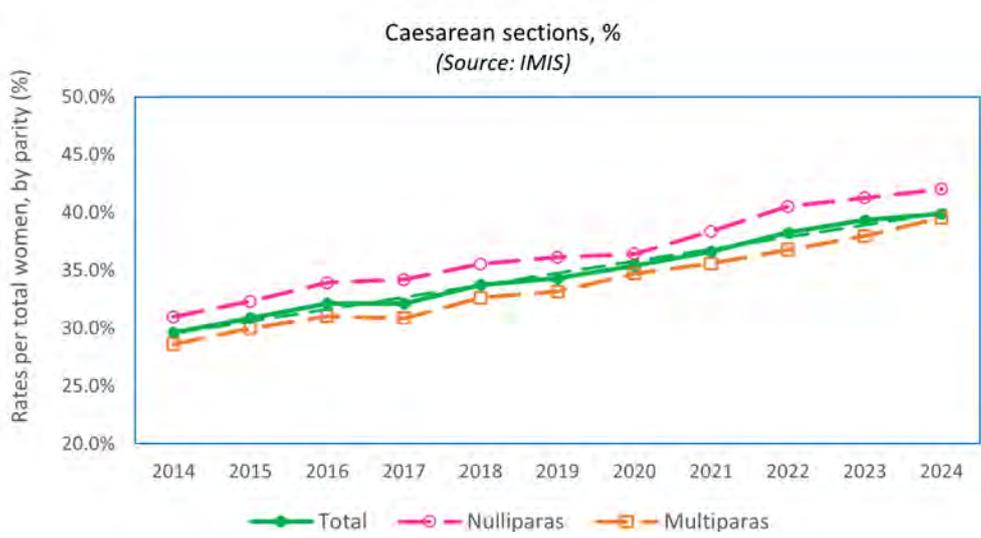
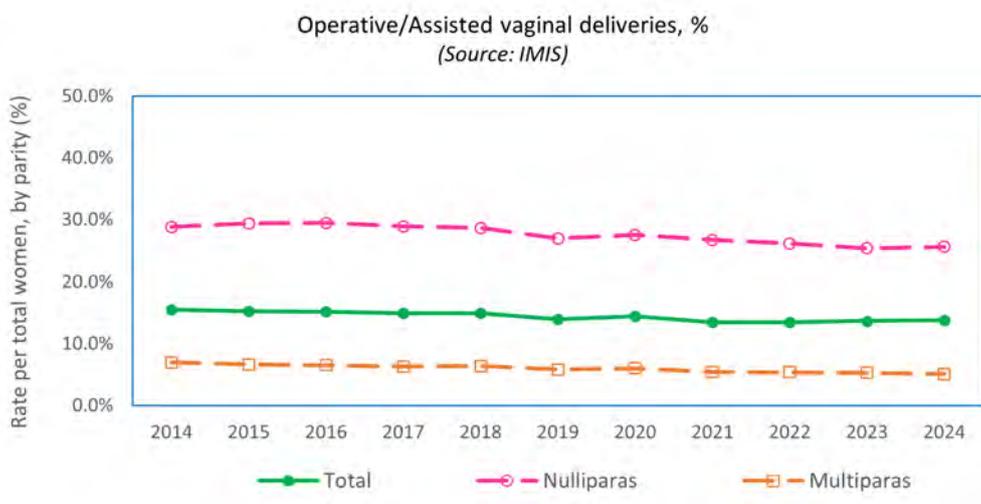
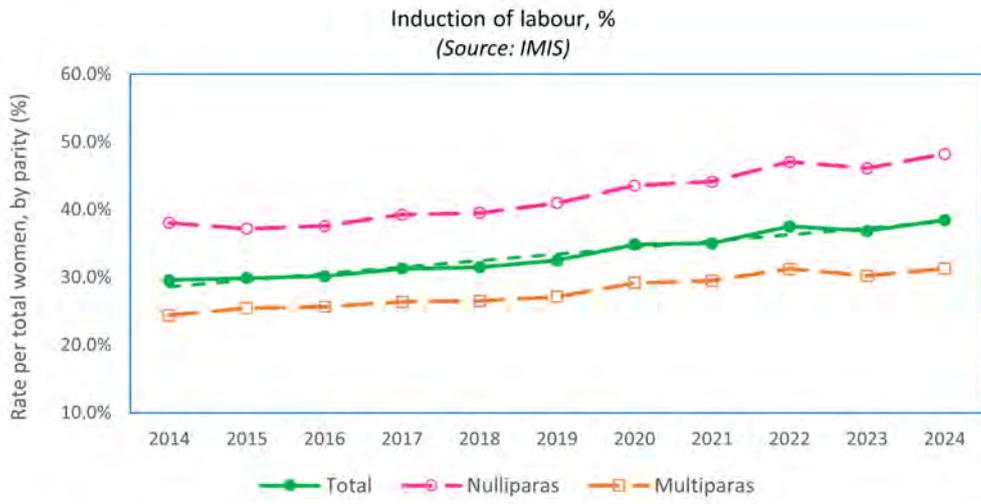




6. Declining rates of Eclampsia over 10 years. The rate of Perineal Tears shows a slight decreasing trend.



7. Rising rate of Peripartum hysterectomies. The increasing Caesarean Section rate is linked to the rise of Peripartum hysterectomies.



8. Rates of operative/assisted vaginal deliveries are falling slightly, while induction of labour and Caesarean section rates are rising year on year.

Objectives for 2025

- We will continue to work with the NPEC in the development and testing of the forthcoming REDCap system.
- The NWIHP will continue to engage with the networks and individual maternity hospitals/units on the IMIS.

Message from Prof Keelin O'Donoghue, Clinical Lead for Clinical Guidelines & Bereavement Standards

In 2024, our clinical guideline programme of work continued to advance the development and dissemination of evidence-based clinical guidelines throughout Ireland's maternity and gynaecology services.

We published 4 clinical guidelines in 2024 to add to the 16 already produced. All guidelines are accompanied by a summary document to support healthcare professionals with quick-reference guidance, as well as a plain language summary. These guidelines offer up-to-date, evidence-based, clinical recommendations for care of women in maternity and gynaecology services, and promote a standardised approach to care across the country.

Nicolai and I are grateful to our multidisciplinary National Expert Advisory Group, who ensure a rigorous, transparent, and consultative development process for every guideline published, for their work throughout 2024. We are also keen to acknowledge our many colleagues across the health services who contribute their time and energy to developing clinical guidelines.



Prof Keelin O'Donoghue
Clinical Lead for Clinical Guidelines
& Bereavement Standards

7.2 National Maternity and Gynaecology Guideline Programme

The National Clinical Practice Guidelines are a programme of work agreed between NWHIP and the Institute of Obstetricians and Gynaecologists of the Royal College of Physicians of Ireland.

These guidelines offer up-to-date, evidence-based, clinical recommendations for care of women in maternity and gynaecology services and promote a standardised approach to care across the country.

A Quick Summary Document (QSD) accompanies all guidelines. The QSD contains the essential take-home messages from with the Guideline, including key recommendations, auditable standards and recommended reading. A Plain Language Summary (PLS) is also published alongside each Guideline.

Guidelines launched in 2024

2nd May 2024

- Screening and Management of Domestic Violence in Pregnancy and the Early Postnatal Period
- Antenatal Corticosteroids to Reduce Neonatal Morbidity and Mortality
- Reduced Fetal Movements
- The Diagnosis and Management of Ectopic Pregnancy

Clinical Updates published in 2024

- Parvovirus-B19 in Pregnancy
- Monkeypox virus or Mpox (MPXV) in Pregnancy – Guidance for Maternity Services



Guideline Programme Team (GPT)

The GPT is chaired by Professor Keelin O'Donoghue (Clinical Lead) and Ms Nicolai Murphy (Programme Manager). 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).

The GPT are grateful to the members of the EAG for their time and commitment in the Guideline review process.

Expert Advisory Group review meetings

Five EAG review meetings took place in 2024. Details of the EAG meeting dates and the Guidelines reviewed and approved are outlined in Appendix 4.

Key Achievements in 2024

In 2024, the following Guidelines were commissioned by the GPT:

- Prevention of Spontaneous Preterm Birth and Mid-trimester Loss
- Postnatal contraception
- Early Termination of Pregnancy
- Preterm Pre-Labour Rupture of membranes
- Diabetes in Pregnancy
- Out-patient Hysteroscopy
- Termination of Pregnancy for Fetal Anomaly

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 NIWHP webpage and the RCPI Website, as well as on the MEG e-guides app, and the Eolas Medical App.

Links to these pages can be found in Appendix 4.

Meetings & Training

In keeping with the process set out by the GPT, the programme manager hosted an introductory meeting with each Guideline Develop Group (GDG) for all guidelines commissioned in 2024 and facilitated any follow up meetings that were necessary with those GDG that were underway from 22/23. The number of meetings required with each GDG and/or their wider stakeholder groups varied depending on the individual requirements.

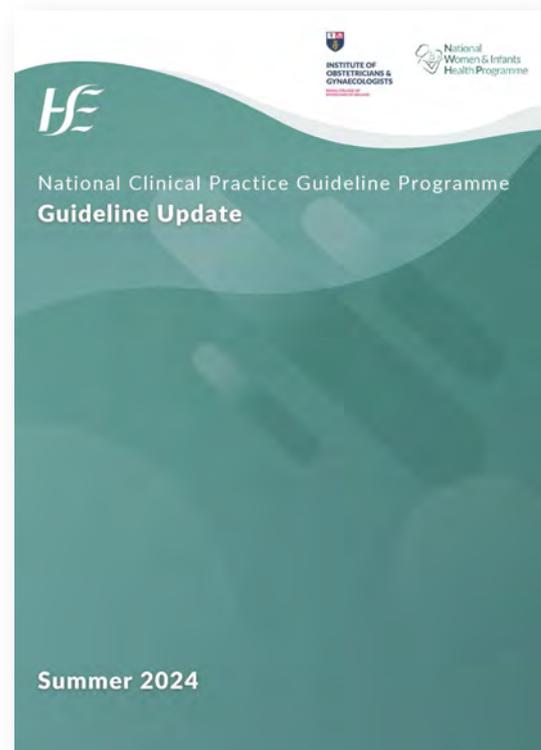
Other work undertaken

A Guideline memo was published in August 2024, this provided an overview of the Guideline Programme, an update of the work completed so far and objectives for the future.

Engagements with/consultations with Irish College of General Practitioners (ICGP), Sexually Assault Treatment Units (SATU), National Midwifery Guideline Programme and National Neonatology Guideline Programme, National Bereavement Advisory Group, National Maternity Medication Safety Group and the Antimicrobial Resistance and Infection Control Group.

Objectives for 2025

- Launch Guidelines completed in 2024/25
- Support dissemination and implementation process of the new Guidelines
- Maintain mobile application with the most up to date information
- Update RCPI and NWIHP Guideline webpages
- Continue new Guideline commissioning process
- EAG meetings; scheduled for June, September and December 2025



7.3 The National Neonatal Encephalopathy Action Group

The National Neonatal Encephalopathy Action Group (NNEAG) is a formal partnership arrangement between key stakeholders (HSE, 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 NNEAG work programme concluded in 2023, and no further programme of work was agreed until the “Report of the Interdepartmental Working Group on the Rising Costs of Health-Related Claims” completed their work. This report was published in September 2024, and endorsed the work of NNEAG.

A new programme of work for NNEAG is under consideration, and engagement between the Department of Health, State Claims Agency and HSE is ongoing.

7.4 Major Obstetric Haemorrhaging (MOH)

The incidence of Major Obstetric Haemorrhage (MOH), particularly Postpartum Haemorrhage (PPH), is increasing in Ireland. National data indicate a growing variation in how PPH is diagnosed and managed across the 19 Irish maternity units. Over the past 20 years, the diagnosis of PPH has become over five times more common, with a current incidence of 9.4%.

While good practices are evident across all units, there is a recognised need for greater standardisation and shared learning across maternity services.

The PPH Quality Improvement Initiative (PPHQII) is a national initiative being implemented across maternity services in Ireland. It is a collaborative effort between NWIHP and NPEC. A national steering committee was established, comprising representatives from:

- The State Claims Agency
- Midwifery
- The Institute of Obstetricians and Gynaecologists
- Haematology
- The National Blood Transfusion Service
- Health Service Quality Improvement
- The Patient Advocacy Service

This group was convened in response to the rising incidence of PPH, with a focus on improving outcomes for women, their partners, and maternity staff.

Progress in 2024

Throughout 2024, the National Steering Committee met monthly to provide guidance and direction. In partnership with local champions in each maternity unit, a suite of toolkits was developed. Each toolkit is tailored to a specific aspect of PPH care and is accessible via the PPHQII website. These toolkits use the principles of quality improvement (QI) and will be updated regularly to reflect emerging evidence and feedback. We continue to work with units to develop further toolkits. The project was presented as a poster and short oral presentation at the International Forum on Quality and Safety in Healthcare held in London in April 2024.

Two national learning events were held:

- March 2024 (hosted by Cork University Maternity Hospital):
The morning featured simulation drills and workshops covering data collection, risk factors, patient and staff communication, and use of the PPH checklist. The afternoon included updates from each unit on their local activities.

- November 2024:

This event focused on training needs and included presentations on Community PROMPT, training standards, Trauma Risk Management (TRiM), and results from a staff survey conducted across all units.

Plans for 2025

Work is ongoing to support training and toolkit implementation across maternity units.

Planned objectives for 2025 include:

- Hosting further national learning events in March and November
- Conducting a medication audit
- Rolling out the staff survey titled: “Postpartum Haemorrhage Management: Knowledge, Experience, and Key Lessons for Improvement” (targeted at Junior Doctors)
- Launching a PPH Spotlight Month in September 2025 with the theme: “Catch It. Call It. Control It. Communicate It” – co-designed with local champions, incorporating training videos, patient information, and staff engagement materials

7.5 Learning Events

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

NWIHP hosted its third Quality & Patient Safety Conference in October 2024 in The Gibson Hotel. The theme of the conference was “Using Technology to enhance quality & safety in maternity services” and the conference culture was openness and respect.



The conference was opened by Damien McCallion, HSE Chief Technology and Transformation Officer and Deputy CEO. Speakers included Dr. Dara Byrne, HSEs Lead of the National Simulation Office, who spoke on the key role of simulation in creating safer units and Prof. Geraldine Boylan, Professor of Neonatal Physiology in UCC who spoke on the establishment of a National Cerebral Palsy Register. As always, the conference was well attended with representatives from all disciplines from our 19 units.

In 2024 NWIHP continued to sponsor Learning Events and four of our maternity networks engaged with us and held tremendous events:

In March HSE South West held a **Neonatal Encephalopathy Learning Day** held in Cork University Maternity Hospital.

In April HSE Dublin and North East held a learning event titled “**Intrauterine Growth Restriction Diagnosis And Management – The Dilemma**” hosted in Drogheda.

November saw HSE Dublin and Midlands holding a event focusing on **sepsis** hosted in the Coombe.

Also in November HSE Dublin and South East held an event titled “**Addressing Challenges in Maternity Services in Ireland**”.

All events were well attended and were to a very high standard. The holding of learning events supports NWIHPs focus on fostering a culture of learning by delivering in settings which allows delivery staff to attend. Also, all events are delivered under the ethos of openness and respect.

Objectives for 2025:

NWIHP’s focus on learning will continue into 2025. NWIHP hope to sponsor further 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 will host its 4th annual Quality and Patient Safety Conference in October 2025 with a focus on communication. The theme was selected based on its emergence as an area in need of attention, nationally, by the OEST. As always, the conference will be an opportunity to show case quality and safety initiatives at local level on a national platform.

7.6 Obstetric Event Support Team (OEST)

The OEST is a multi-disciplinary support service comprising experienced obstetricians, senior midwives, and quality and safety professionals. Its primary role is to assist hospitals in reviewing adverse events, extracting meaningful learning, and disseminating best practices across the national network. The overarching goal is to reduce avoidable harm, improve safety culture, and foster continuous quality improvement.

A significant development in 2024 has been the transition to Prof Carmen Regan as the National Clinical Lead for Obstetrics and OEST, taking up her role in April 2024. Prof Regan’s appointment represents a continuity of leadership, following the distinguished tenure of Dr. Peter McKenna. This seamless transition ensures the ongoing focus on elevating obstetric safety and integrating quality improvement at a national level. The leadership team of the

OEST also includes Angela Dunne as the Midwifery Lead and Aideen Quigley as the Quality and Patient Safety Lead. This strong leadership structure ensures comprehensive oversight and expertise across all dimensions of maternity care.

The obstetric landscape is becoming increasingly complex due to a variety of factors, including advancements in artificial reproductive technology, rising maternal age, and the prevalence of comorbid conditions among pregnant women. These complexities present new challenges and place additional demands on the obstetric workforce and OEST is committed to supporting the obstetric workforce in delivering safe evidence-based care.

In 2024, the OEST continued to maintain its robust engagement across all 19 maternity units and hospitals. The team conducted 35 site visits and SIMF attendances, encompassing 59 individual events. This sustained engagement has enabled the team to identify common themes, areas for improvement, and opportunities for targeted interventions.

The key incidents reviewed in 2024 included:

- Babies cooled: 48
- Intrapartum deaths: 0
- Early neonatal deaths: 7
- Other adverse events outside the scope of OEST: 4

There is shared learning at meetings with system-wide impact. The anonymised data continues to follow a “Floor to Board” approach, ensuring transparency and informing strategic decision-making at all levels. The insights gained have led to several tangible improvements, including enhanced protocols for high-risk obstetric procedures, improved emergency response and communication pathways and focused training initiatives based on recurring themes identified through reviews.

The OEST has emphasised expanding simulation-based training programs, including Practical Obstetric Multi-Professional Training (PROMPT) courses, to bolster team preparedness and response capabilities.

OEST activity is reported weekly to the Director of NWIHP and monthly/quarterly reports are provided to the Chief Clinical Officer (CCO).

In 2024, an evaluation of the OEST was commissioned to assess the effectiveness of the service from the perspectives of both Irish maternity units and service administrators OEST team members. This evaluation, conducted by the National Perinatal Epidemiology Centre (NPEC), is scheduled to be completed in 2025.

The final report from NPEC is expected to provide comprehensive recommendations for enhancing the OEST’s framework and effectiveness.

The OEST team appreciates the continued engagement and commitment of all sites and staff in advancing maternity safety and quality in 2024. Together, we strive to create a safer and more effective maternity care system for all.

Objectives for 2025:

- Implement any recommendations from the external review of the OEST
- Build the capacity of the OEST to include permanent neonatology membership
- Improve access to information on the OEST by creating an online profile
- Increase learning pathways and methodologies

The OEST would like to thank the staff of our Maternity Units and Hospitals for their continued engagement with the OEST and participation in our drive to maximise opportunities for learning in our service.



SUMMARY

The 2024 Annual Report outlines ongoing progress across maternity, gynaecology, neonatology and sexual and reproductive health services, during a year of structural change in the health system.

As we move into the final year of the current National Maternity Strategy, our focus is on completing the remaining actions and planning for the next phase of maternity and women's health policy. The programme continues to adjust to changes in the health system and population needs, with an emphasis on evidence-based, equitable, and woman-centred care.

Thank you to all the healthcare staff, partners, and colleagues who supported the work throughout 2024 and we look forward to continued collaboration in 2025.

APPENDIX

Appendix 1: National Service Plan and Maternity Safety Statement

<p>National Service plan https://www.hse.ie/eng/services/publications/serviceplans/national-service-plan-2023.pdf</p>	
<p>Maternity Safety Statements https://www.hse.ie/eng/services/list/3/maternity/mpss/2023-maternity-patient-safety-statements.html</p>	

Appendix 2: Termination of Pregnancy

<p>The Independent Review of the operation of the Health (Regulation of Termination of Pregnancy) Act 2018 by Independent Chair Marie O’Shea. https://www.lenus.ie/handle/10147/635573</p>	
<p>Review of the Safety and Operation of Section 11 of the Health (Regulation of Termination of Pregnancy) Act 2018 https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/national-reports-on-womens-health/review-of-the-safety-and-operation-of-section-11-of-the-health-regulation-of-termination-of-pregnancy-act-2018.pdf</p>	
<p>Annual Report on the Health (Regulation of Termination of Pregnancy) Act 2018 https://www.gov.ie/en/collection/c26b8-annual-reports-on-notifications-in-accordance-with-the-health-regulation-of-termination-of-pregnancy-act-2018/#2022</p>	
<p>Model of Care – Termination of Pregnancy Services https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/national-reports-on-womens-health/model-of-care-termination-of-pregnancy-services-2023-.pdf</p>	

Appendix 3: Access Criteria for Fertility Services

Access Criteria Clinical	Recommendation
Heterosexual couple	<ul style="list-style-type: none"> • Known clinical cause of infertility or • Where there is no known clinical cause, patients will be treated, on referral by a GP, at Regional Fertility Hubs and provided with all appropriate advice, screening testing and procedures and then, if still unresolved, will be offered referral to AHR / IVF / ICSI or AHR / IUI as appropriate, in accordance with clinical guidelines
Age (at referral by GP to Regional Fertility Hub)	Female – max. age 40 plus 364 days Male – max. age 59 plus 364 days
Body Mass Index (BMI)	Females – Minimum 18.5, Maximum 30.0
Advised Clinical Criteria	Recommendation
Alcohol consumption	Intending birth mother: no more than 1 or 2 standard drinks ² once or twice per week; Males: no more than 3 to 4 standard drinks per day, ideally targeting a consumption of 10 standard drinks or less over a week
Smoking	All intending parents' non-smoking for at least 3 months
Recreational/Illegal Drugs	All intending parents' non-users of recreational drugs for at least 3 months
Access Criteria Non-Clinical	Recommendation
Residency	Individuals must be ordinarily resident in the State and referred through their GP to a Regional Fertility Hub
Number of Existing Children	Number of existing children Eligible couples must have no living children from the existing relationship and include at least one partner with no living child ¹ Number of previous IVF cycles

Number of previous cycles	Access to publicly-funded IVF is available for those individuals who have previously undertaken a maximum of one previous IVF cycle and where all embryos created as part of that cycle have been used
Voluntary sterilisation	A couple/ individual will not be eligible for publicly funded IVF treatment if either partner/individual has had voluntary sterilisation
Welfare of the child	An assessment will be carried out, based primarily upon a self-declaration form
Duration of couple’s relationship	There shall not be more than two intending parents of a child born as a result of AHR treatment and, they shall be in a relationship for at least one year.

Appendix 4: National Clinical Practice Guidelines

Where to find the guidelines:	
<p>A full list of Guideline information can be viewed on the NWIHP webpage.</p> <p>https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/</p>	
<p>And also</p> <p>https://www.rcpi.ie/faculties/obstetricians-and-gynaecologists/national-clinical-Guidelines-in-obstetrics-and-gynaecology/</p>	
MEG e-Guides	
<p>https://apps.apple.com/ie/app/meg-eguides/id1260658241</p>	
<p>https://play.google.com/store/apps/details?id=com.megsupporttools.eguide</p>	

Expert Advisory Group review meetings

Five EAG review meetings took place in 2024. Details of the EAG meeting dates and the Guidelines reviewed and approved are outlined below.

23/02/2024 reviewed:

- Fetal Growth Restriction- Recognition, Diagnosis and Management
- Prenatal Diagnosis; Amniocentesis and Chorionic Villous Sampling
- Diagnosis and management of menopause in secondary care and menopause speciality services

20/05/2024 reviewed:

- Hypertensive disease in pregnancy
- Management of Suspected Preterm Birth
- In Vitro Fertilisation (IVF) and Intracytoplasmic Sperm Injection (ICSI)
- Prevention and Management of Venous Thromboembolism in Pregnancy

14/06/2024 reviewed:

- First Trimester Miscarriage
- Care of Women Using a Birthing Pool for Labour and/or Birth

13/09/2024 reviewed:

- Antenatal Care: Supported Care Pathway (second review)
- Intrapartum Care for Women on the Supported Care Pathway (second review)
- Assisted Vaginal Birth
- Fetal Heart Rate Monitoring

25/11/2024 reviewed:

- Umbilical Cord Prolapse: Prevention, Diagnosis and Management
- Care and Management of Unstable Lie in Pregnancy
- Hyperemesis and Nausea/Vomiting in pregnancy

