

Irish Medical Organisation (IMO) Response to the Public Consultation on the Development of a National Maternity Strategy

How would you rate maternity services in Ireland under the following headings, based on your own personal/professional experience?

Advice on a healthy lifestyle (benefits for mothers & babies) – Very Good/**Good**/Acceptable/Poor/Very Poor

Information on services – Very Good/Good/**Acceptable**/Poor/Very Poor

Choice of services – Very Good/Good/Acceptable/**Poor**/Very Poor

Safety – Very Good/**Good**/Acceptable/Poor/Very Poor

Quality of care – Very Good/**Good**/Acceptable/Poor/Very Poor

What is working well? (250 words)

Antenatal care in Ireland is generally well managed through the shared care of Obstetricians and GPs via the Maternity and Infant Care Scheme. The Scheme succeeds generally in screening for infections that can cause congenital and neonatal infection, (HIV, Hepatitis B, Rubella...); the screening of clinical problems which affect the foetus and the mother (Gestational Diabetes, Pre-eclampsia, Placenta Praevia...); assessment of foetal growth or development; and the management of common symptoms of pregnancy.

The Maternity and Infant Care Scheme was a major step in improving overall antenatal care, however gradually we are seeing a diminishing of the quality of this programme as:

1. Unilaterally many maternity hospitals are endeavouring to change the visitation patterns directing extra, un-resourced and non-contracted visits to General Practice. Revision of the agreed protocol and contract accompanied by adequate resourcing is required if General Practice is to take on a greater burden of care under the Scheme. .
2. There is still no national agreement on prenatal scanning guidelines. In many areas, in particular the northeast, women are not offered a foetal abnormality scan at approximately 20 weeks. The IMO recommends the development of guidelines for prenatal screening accompanied by appropriate resources for implementation and appropriate intervention.
3. There has been limited engagement with GPs regarding the pertussis vaccination recommended by NIAC and as result the rate of uptake is poor. Pertussis can be life-threatening in neonates. Suitable engagement and resourcing of a national programme is required to ensure optimal uptake by all socio-economic groups.

What is not working well? (250 words)

Greater promotional efforts are required to encourage healthy lifestyle choices before, during and after pregnancy. Approximately half of Irish mothers opt to breastfeed (compared to over 90% in Western Europe) with lower rates among lower socio-economic groups. About 18% of Irish mothers smoke during pregnancy, while reports demonstrate that up to 80% of Irish women consume alcohol during pregnancy. Additionally, nearly one in five women booking for antenatal care in Ireland is

obese, which conveys a wide array of risks during pregnancy and later life for both the mother and infant. Again rates of obesity are higher among lower socio-economic groups.

Quality of care is generally of a high standard in our maternity services however various reports by HIQA and the HSE into our maternity services have identified a number of factors which have contributed to a number of significant adverse events.

There is insufficient cover provided by existing numbers of obstetricians, gynaecologists, midwives, and anaesthetists to deliver maternity care in line with international standards.

Reviews of maternity services in the Greater Dublin, Galway, and Portlaoise hospitals have revealed that poor facilities, and insufficient delivery suites and dedicated wards, hamper care.

Various reports have highlighted inconsistent implementation of guidelines on monitoring clinical deterioration of pregnant women, gestational diabetes, communication and management of healthcare records in maternity units throughout the country.

Gaps in training have also been identified in areas such as cardiotocography, ultrasound, the recognition and management of sepsis and perinatal bereavement care.

Suggestions on how to improve (three suggestions per topic, 10 words each):

- Advice & care on getting pregnant:
 - Comprehensive public health education campaign aimed at all young women
 - With particular focus on women from lower socio-economic groups
- Care during pregnancy (antenatal care):
 - Improve initiatives on lifestyle, nutrition aimed at lower socioeconomic groups
 - Promotion of earlier booking visits
 - Appropriately fund and implement national vaccination programmes
- Care during labour (intrapartum care):
 - Increase maternity staffing levels to meet international recommendations;
 - Investment in infrastructure to facilitate a high standard of care;
 - Improve governance arrangements to support clinicians.
- Care for mothers following baby's birth (postnatal care generally up until six weeks after birth):
 - Improve support for postpartum mental health issues;
 - Ensure high quality post-natal care planning for patients;
 - Develop community services for improved patient choice.
- Care for babies following birth (postnatal care generally up until six weeks after birth):
 - Improve breastfeeding rates to benefit infant health;
 - Ensure public nurse visits within 48-hours of hospital discharge;
 - Improve attendance for agreed health checks;
- Care for those who have experienced a loss:
 - Provide training for clinical staff to care for such patients;
 - Ensure facilities guarantee privacy for those affected.

How can the benefits of health and wellbeing for women, babies and their families best be promoted? (100 words)

Many maternal lifestyle factors affect foetal development and child health directly. Each antenatal visit, especially the initial visit with the GP, is of paramount importance in educating women on healthy lifestyle behaviours. However if the woman is already pregnant, some of this advice comes too late. Education by GPs, obstetricians and nurses at each antenatal visit, though important, is not enough. A comprehensive public health programme, educating all young women, not just expectant mothers that unhealthy lifestyle measures will harm to their future child must be a priority. Particular focus is needed on lower socio-economic groups.

What information and support should be provided to facilitate women and their families to make the most informed decisions on their maternity care? (100 words)

Women and their families should be provided with all necessary information relating to their particular circumstances and their options for care and associated risks. Information should include lifestyle and nutritional information including folic acid supplementation, food hygiene, the implications of alcohol and drug use and smoking during pregnancy, screening tests, care pathways, and intrapartum care choices.

What are the key considerations when designing how maternity services are provided (a model of maternity care)? (150 words)

Patient safety and quality of care are the key considerations when designing how maternity care services are to be provided.

Patients must also have confidence in the safety of the maternity services available and evidence-based approaches should determine the development of care systems, such as co-locating maternity services with adult hospitals, development of facilities to ensure access to adequate provisions, and expanded, needs-based, manpower planning.

Any changes to the model of maternity care in Ireland must be based on evidence of improvement to patient safety and/or outcomes and reflect international best practice. Service provision must be based upon a thorough assessment of population need and accompanied by the appropriate level of resources. Planning must take into account demographic change and increasing proportion of complex deliveries.

What measures can be undertaken to enhance safety within maternity services? (100 words)

The single most effective measure to improve patient safety is to ensure that our maternity services are adequately resourced to meet demand. A population needs assessment is required to assess the level of service provision and resources needed to take into account changing demographics and increasing proportion of complex deliveries. Significant capital investment is needed to update facilities and a detailed workforce plan is required to ensure maternity services are staffed according to international recommendations.

Other measures include:

- Development and implementation of clinical guidelines
- Appropriate training of all healthcare staff

- Development of clinical networks to support provision of services in smaller maternity units

How can we ensure that maternity services are centred around the needs of women, babies and their families? (100 words)

While birth rates have fallen in recent years our public maternity services have come under increased pressure due to the decline in numbers with private health insurance, the closure of private maternity hospitals and increasing complexity of births related to factors such as obesity and older average age of motherhood.

A population needs assessment is required to assess the level of service provision and resources required to ensure equitable access to maternity care across the State. Significant capital investment is needed to update facilities and a detailed workforce plan is required to ensure maternity services are staffed according to international recommendations.

How can access to maternity services be facilitated for all women no matter where they live, while making sure that the healthcare professionals delivering those services look after sufficient numbers of women and babies to develop and maintain their skills and practice safely? (150 words)

The HSE *Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area* commented that primary care and community services, as a whole, are underdeveloped, and community maternity and gynaecology services should be significantly expanded. This would provide greater access a range of basic maternity services at a local level.

The Future of Maternity and Gynaecology Services in Ireland 2006 – 2016, by the Institute of Obstetricians and Gynaecologists, recommended that clinical maternity networks be established for the future provision of services in small maternity units. The Chief Medical Officer's and the HIQA's reports into maternity services in Portlaoise Midland Regional Hospital also contained a recommendation for a clinical network to be established between Portlaoise and the Coombe to allow the transfer of expertise between the two areas, thus facilitating the delivery of those services in sufficient numbers to maintain effective practice.

What setting(s) would you consider to be most appropriate for the following stages of care?

- Advice & care on getting pregnant (3 months before conception) – Hospital/Community/Home/**Other – public health education campaign**
- Care during pregnancy (Antenatal care) – Hospital/Community/Home/**Other – Shared care between the obstetrician and GP is the most appropriate model**
- Care during labour (Intrapartum care) – Hospital/Community/Home/**Other – depends on complexity of delivery**
- Care following baby's birth (postnatal care up to 6 weeks after birth) - Hospital/Community/Home/**Other – depends on health of child**

How can the full potential and capabilities of all healthcare workers within maternity care be realised? (150 words)

Ireland has the third lowest number of obstetricians and gynaecologists per capita in the OECD and employs a mere 126 consultant obstetricians and gynaecologists, a number that falls significantly short of the recommendations of one consultant per 350 births. Under-resourcing, difficult working

conditions and risks related to obstetric care have led to difficulties in the recruitment and retention of consultant obstetricians and gynaecologists as well as NCHDs.

Full potential and capabilities of consultants and NCHDs can be better realised through adequate resourcing, clear-cut training and career paths, and better work-life balance.

Addressing the culture of litigation that follows an adverse event would also encourage more graduates of medicine to take up a career in obstetrics or gynaecology. Measures to be considered include legislation to support open disclosure policies, a no-faults claims systems, alternative dispute resolution mechanisms, tort reform.

How can teamwork between healthcare workers be enhanced, both within their own discipline and across disciplines? (100 words)

Investigations into maternity care provisions in Portlaoise and Galway University hospitals have raised certain interdisciplinary communication concerns, such as a reluctance on the part of team members to highlight care issues relating to patient care, failures to communicate effectively with NCHDs, and weak handover protocols including the incomplete recording of notes.

Clinical guidelines have been produced to aid clinical handover in maternity services. Strong management and hospital governance is required to ensure communication is well managed and regular audits are needed to guarantee that both the quality of interdisciplinary communication is high and clinical guidelines are being implemented fully.

How can we ensure that best practice is applied consistently across all services providing maternity care? (100 words)

Regular clinical audits are required to guarantee that services adhere to guidelines and protocols and to benchmark services against best-practice. Auditing should extend to ensure that the same level of care is provided nationally, as regional variations have been observed not only in the ratio of in-patient beds to births and the application of clinical guidelines, but in obstetric practices and facilities for obese women (Walsh *et al.*, 2011), and rates of caesarean delivery (Lutomski *et al.*, 2012) also. The audit process should be supportive rather than punitive and focus on improving patient safety and addressing deficits in care.

How can the way maternity services are led, managed, and monitored be improved? (150 words)

HIQA reports have shown that there is no national governance arrangement for maternity units and a high level of local variation exists, leading to unreliable and inconsistent data for assessing performance, and incomplete implementation of clinical guidelines and best practice. Strong governance arrangements are in place in many maternity hospitals, particularly voluntary hospitals. With the establishment of hospital groups and the eventual transition to hospital trusts it is vital that strong governance arrangements are not diluted in the process.

The Future of Maternity and Gynaecology Services in Ireland 2006 – 2016, by the Institute of Obstetricians and Gynaecologists, recommended that clinical maternity networks be established for the future provision of services in small maternity units to enhance clinical governance, provide professional support to clinicians and allow for common protocols and standards.