

**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Draft National Standards for Safer Better Maternity Services

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation** — Registering and inspecting designated centres.
- **Monitoring Children's Services** — Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality** — Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** — Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.



Note on terms and abbreviations used in these draft standards

A full range of terms and abbreviations used in these draft standards is contained in a glossary at the end of this report.

Table of Contents

About the Health Information and Quality Authority	3
Introduction	6
Summary of the Draft National Standards for Safer Better Maternity Services ...	19
Theme 1 Person-centred Care and Support	27
Theme 2 Effective Care and Support	47
Theme 3 Safe Care and Support	75
Theme 4 Better Health and Wellbeing	91
Theme 5 Leadership, Governance and Management	99
Theme 6 Workforce	119
Theme 7 Use of Resources	131
Theme 8 Use of Information	135
Glossary of terms and abbreviations	144
Resources	152
Appendices	163
Appendix 1 — Membership of the Standards Advisory Group convened by HIQA	163

Introduction

1. Background

Pregnancy and childbirth are normal physiological life-changing events. For women, giving birth to a healthy baby should be one of the most normal, rewarding and positive life experiences. While most women are healthy and well and have a straightforward pregnancy, some women require additional care and support. Our maternity services must be responsive to the needs of all women. Good maternal health and safe, high-quality maternity care throughout pregnancy and after birth can have a marked effect on the health and life chances of newborn babies, on the healthy development of children and their resilience to problems encountered later in life. Promoting and supporting the health of mothers and babies is vital to ensure the health and wellbeing of future generations.

For most women pregnancy and childbirth are safe and are associated with a happy outcome. Sadly, this is not the reality for all families, and at times this has been due to sub-standard care. A need to improve Irish maternity services has been identified in a number of recent reviews and investigations, undertaken by the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. It has been highlighted that women have faced serious failings in their maternity care and a series of significant service deficits have been identified. These failings have undermined confidence in Irish maternity services and have impacted significantly on staff morale.

It is recognized internationally that the setting and implementation of quality standards are levers to improve care. Standards help to set public, provider and professional expectations and enable services to safeguard people using their services and to improve the quality of care they provide.

HIQA launched the *National Standards for Safer Better Healthcare* in June 2012.

These National Standards describe a vision for safe, high-quality healthcare. While the National Standards cover all healthcare settings, a need was identified to develop service-specific standards for maternity services in Ireland. HIQA raised significant concerns about inconsistencies in the safety and quality of maternity services and recommended that all women should have appropriate access to the right level of maternity care at any given time. HIQA's 2015 Portlaoise investigation report[±] and its 2013 Galway investigation report[†] both identified the need for a national maternity services strategy to be agreed and implemented. A need was also identified for this strategy to be supported by nationally mandated maternity standards.

Ireland's first National Maternity Strategy (*Creating a Better Future Together*) was launched by the Minister for Health in January 2016. The draft national standards that support the implementation of the National Maternity Strategy are set out in this document. The draft standards will sit within the overarching framework of the *National Standards for Safer Better Healthcare* with the aim of promoting improvements in conjunction with the new National Maternity Strategy.

This public consultation presents a unique opportunity to be part of shaping the future of maternity care in Ireland. The National Maternity Strategy and the national standards, when implemented, represent necessary building blocks to providing a consistently safe, high-quality maternity service, which will in turn work towards restoring public confidence in the service.

[±] Report of the investigation into the safety, quality and standards of service provided by the Health Service Executive to patients in the Midland Regional Hospital, Portlaoise.

[†] Investigation into the safety, quality and standards of service provided by the Health Service Executive to patients, including pregnant women, at risk of clinical deterioration, including those provided in University Hospital Galway, and as reflected in the care and treatment of Savita Halappanavar.

2. A vision for safe, high-quality maternity services

The National Maternity Strategy aims to improve the quality and safety of maternity services and to standardize care across maternity services. The Strategy identifies four priorities to achieve this:

- Health and wellbeing approach should be adopted to ensure that babies get the best start in life. Mothers and families should be supported and empowered to improve their own health and wellbeing.
- Women should have access to safe, high-quality, nationally consistent, woman-centred maternity care.
- Pregnancy and birth should be recognized as a normal physiological process, and insofar as it is safe to do so, a woman's choice in pregnancy and birth should be facilitated.
- Maternity services should be appropriately resourced, underpinned by strong and effective leadership, governance and management arrangements, and delivered by a competent workforce, in partnership with women.

These overarching priorities are consistent with attributes of a safe, high-quality maternity service identified through HIQA's standards development process. The main attributes are that:

- Women are treated with kindness, consideration and respect and have the information they need to make informed decisions.
- Maternity service providers put women's needs and preferences at the centre of the service.

- Women and their babies have access to the right care and support at the right time.
- Maternity services are based on best available evidence and strive for excellence by monitoring how they perform, identifying strengths and deficiencies and making any necessary changes to improve.
- Maternity services are designed for reliability — minimizing inconsistency, variation in service provision and the likelihood of things going wrong.
- The safety of women and their babies is paramount and steps are taken to anticipate and avoid things going wrong, to reduce the impact if they do and to avoid reoccurrence.
- Maternity service providers work in partnership with women to improve each woman's health and wellbeing.
- There is clarity about who is responsible and accountable for the quality and safety of each maternity service.
- People working in maternity services are recruited, trained, developed, supervised and supported so that they have the skills, competencies and knowledge to deliver safe, high-quality care.
- Maternity services manage and review their use of finite resources in order to provide safe, high-quality care.
- Accurate and timely information is used to inform decision-making in the planning and delivery of care.

These attributes can be applied to any maternity service.

3. Purpose of the draft national standards

The draft national standards as set out in this document for public consultation aim to give a shared voice to the expectations of women using maternity services, service providers and the public. They are intended to show what safe, high-quality maternity services should look like, and in particular they:

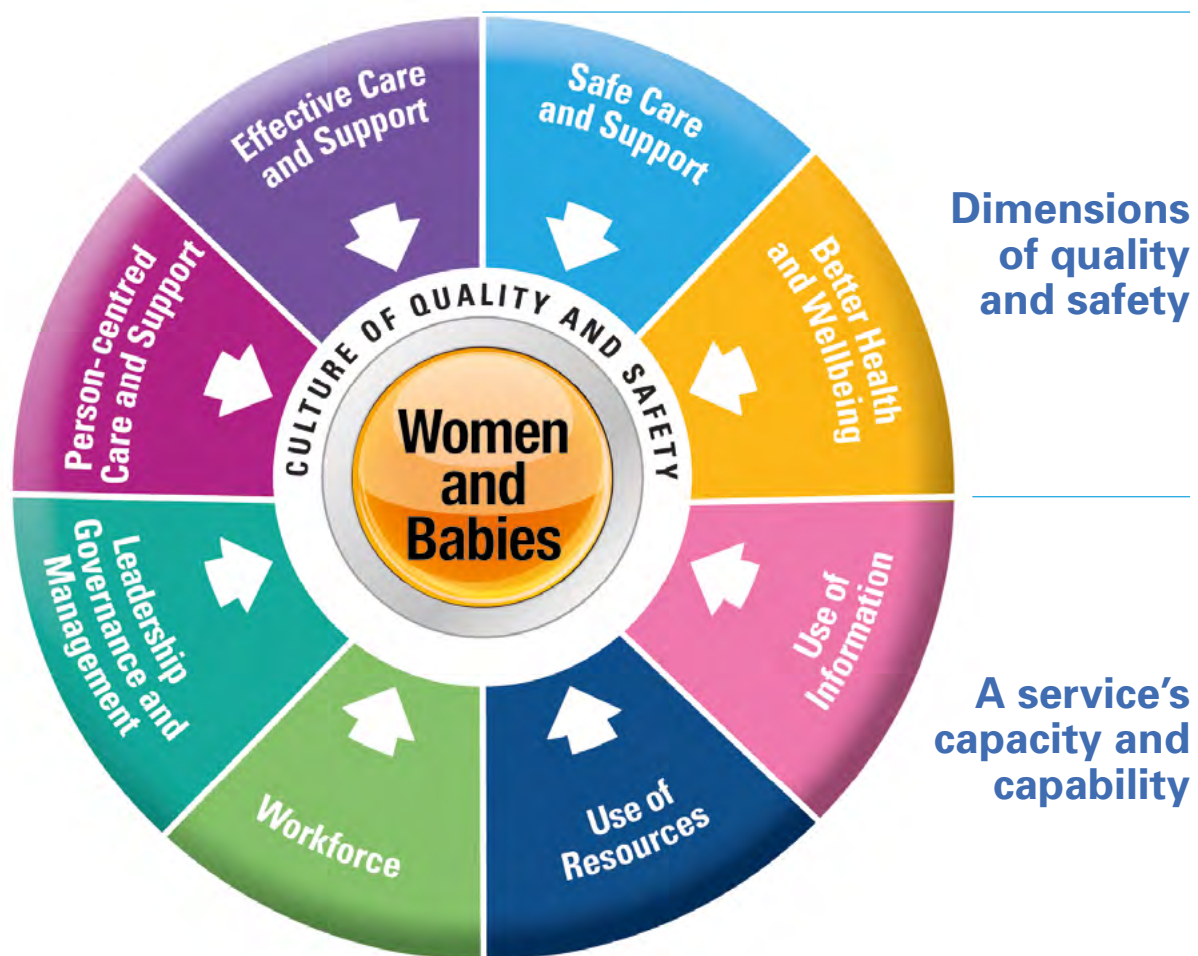
- create a basis for improving the quality and safety of maternity services by identifying strengths and highlighting areas for improvement
- can be used in day-to-day practice to provide a consistent level of quality and safety in all maternity services across the country
- can be used by women to understand what safe, high-quality maternity care looks like and what to expect from a service.
- promote practice that is up to date, evidence-based, effective and consistent.

The draft maternity national standards, which underpin the *National Standards for Safer Better Healthcare*, have been designed so that they can be implemented in all maternity services. This means that maternity service providers can use these standards to improve the quality and safety of their care by assessing and managing the performance of their services, and those provided on their behalf.

4. Themes for quality and safety

The draft national standards were developed using the framework of the *National Standards for Safer Better Healthcare*, launched by HIQA in 2012. Figure 1 illustrates the eight themes under which the national standards are presented. The four themes on the upper half of the circle relate to the dimensions of quality and safety in a service, while the four on the lower portion of the circle relate to the key areas of a service's capacity and capability.

Figure 1. Themes for quality and safety.



The four dimensions of quality and safety are:

- **Person-centred care and support** — how services place the woman and her baby at the centre of their delivery of care. This includes the concept of access, equity and protection of rights.
- **Effective care and support** — how services deliver best achievable outcomes for women and their babies in the context of that service, reflecting best available evidence and information. This includes the concepts of service design and sustainability.
- **Safe care and support** — how services avoid, prevent and minimize harm to women and their babies and learn when things go wrong.
- **Better health and wellbeing** — how services work in partnership with women to improve their health and wellbeing and that of their babies.

Delivering improvements within these quality dimensions depends on service providers having capacity and capability in four key areas, as follows:

- **Leadership, governance and management** — the arrangements put in place by a service for clear accountability, decision-making and risk management as well as meeting its strategic, statutory and financial obligations.
- **Workforce** — planning, recruiting, managing and organizing a workforce with the necessary numbers, skills and competencies.
- **Use of resources** — using resources effectively and efficiently to deliver best possible outcomes for women and their babies.
- **Use of information** — actively using information as a resource for planning, delivering, monitoring, managing and improving care.

5. Structure of the draft national standards

The draft national standards are set out in full in the pages that follow within the framework of eight themes as documented in Section 4. The eight themes are intended to work together. Collectively, they describe how a maternity service provides safe, high-quality care.

Each standard consists of three sections:

- **Standard** — describes the high-level outcome required to contribute to quality and safety of the service
- **Features** — these, taken together, will enable progress towards achieving the standard
- **What this means for you as a woman using maternity services** — guidance for women using maternity services on what each standard means for them.

6. Scope of the draft national standards

These draft national standards are intended to cover pre-pregnancy, pregnancy, labour, birth and the postnatal period (up to six weeks after delivery), and are designed to apply to all maternity services. These services include, but are not limited to, maternity units, and primary and community care settings. Assisted human reproductive services are outside the scope of these standards. While it is expected that all maternity services will work to achieve each standard, not all features within each standard are relevant to all maternity services. For example, a number of the features refer specifically to requirements for maternity units that are not applicable to primary or community care settings.

The draft national standards do not describe the detail of specific clinical practice which is best addressed in clinical practice guidelines. There are currently two sources of Irish clinical practice guidelines that apply to maternity services: the National Obstetrics and Gynaecology Clinical Programme and the National Clinical Effectiveness Committee. The draft national standards set the expectation that where such clinical practice guidelines are in place, they are implemented and that this is demonstrated by the maternity service provider.

7. Terminology

Maternity service: throughout the draft national standards, the term 'maternity service' is used to describe any location where maternity care is provided. Examples include, but are not limited to, maternity units and primary and community care settings.

Maternity service provider: this term in the draft national standards refers to any person, organization or part of an organization delivering maternity services.

Women: throughout the draft national standards, the term 'women' is used to refer to women using the maternity services. In some cases, 'women and their babies' is used specifically where this is appropriate. Occasionally the term 'women and their families', where appropriate, is used. This is to reflect that it may not always be appropriate to involve the family and this should be done where the woman has indicated that she wishes for them to be involved, or for example where they may be involved through providing feedback or making a complaint. Where the term 'women and their families' is used, this is broadly intended to include women and:

- partners
- their parents, guardians, carers
- their nominated advocates.

Healthcare professional: the term healthcare professional refers to a person who exercises skill or judgment in diagnosing, treating or caring for women and their babies and preserving or improving their health. For the purpose of this document, the term includes health and social care professionals as defined in the Health and Social Care Professionals Act 2005.

8. How the draft national standards were developed

A review of international and national literature was undertaken and used to inform the development of the draft national standards. This review took account of published research, investigations and reviews of maternity services in Ireland, standards and guidelines in other countries, Government policy (including the National Maternity Strategy) and expert opinion. HIQA aimed to make the draft national standards as clear and easy to follow as possible.

HIQA convened a standards advisory group made up of a diverse range of interested and informed parties, including women who had recently used the maternity services, patient advocates, healthcare professionals, and representatives from the Department of Health and the HSE. The function of the group was to advise HIQA, support consultation and information exchange, and advise on further steps. HIQA would like to acknowledge with gratitude the hard work and commitment of the Standards Advisory Group. Membership of this group is listed in Appendix 1.

HIQA also undertook a series of focus groups with women and their partners and with front-line staff working in maternity services. This was to discuss their experience of maternity services and to obtain their opinion as to what the draft national standards should address. HIQA conducted 12 focus groups in six locations nationally, meeting with a total of 138 participants. HIQA would like to acknowledge with gratitude those who participated for taking the time to attend the sessions and joining the standards development process in such a meaningful way.

9. Public consultation process

These draft national standards are available for public consultation for an eight-week period. In this time, women using the services, or women and their families who have used these services in the past or are hoping to use them in the future, maternity service providers and the public will have the opportunity to provide feedback and become involved in the standards development process. We invite all interested parties to submit their views on the draft national standards.

The closing date for receipt of feedback is 5pm on Monday 16 May 2016.

How to make a submission

A number of consultation questions have been prepared for your consideration when reviewing the standards. These questions are not intended in any way to limit feedback, and other comments are welcome.



There are several ways to tell us what you think.

Your comments can be submitted by downloading and completing the consultation feedback form available from www.hiqa.ie and emailing your completed forms to standards@hiqa.ie.



You can print off a copy of the feedback form from our website and post it to us at:

Health Information and Quality Authority
National Standards for Safer Better Maternity Services
Consultation
George's Court
George's Lane
Smithfield
Dublin 7
D07 E98Y



**For further information or if you have any questions,
you can talk to a member of the team by calling
01 814 7400**

How we will use your comments

Following the consultation, HIQA will analyse the submissions and make further amendments to the draft standards. The main amendments will be presented in a Statement of Outcomes document which will be made publicly available with the final version of the national standards.

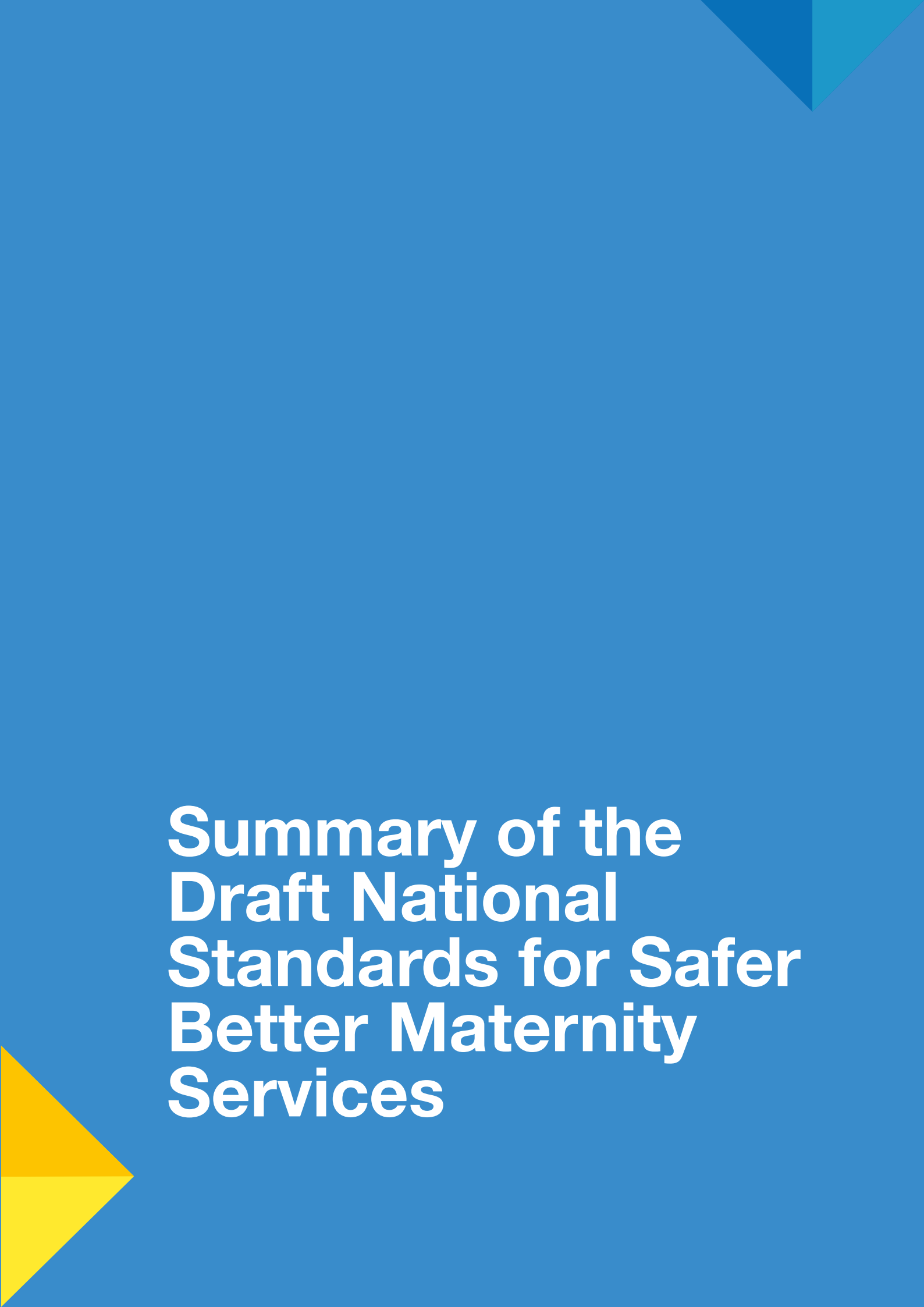
This is your opportunity to participate in the development of national standards for maternity services. We wish to thank you in advance for taking the time to submit your comments.

10. Next steps

HIQA will review and consider all submissions received during the consultation process. Following this process, it will finalize the draft *National Standards for Safer Better Maternity Services*.

The final draft national standards will be presented to the Board of HIQA for its approval. Following approval by the Board, the draft national standards will then be submitted for approval to the Minister for Health.



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Summary of the Draft National Standards for Safer Better Maternity Services

Theme 1: Person-centred Care and Support

Standard 1.1	The planning, design and delivery of maternity services are informed by women's identified needs and preferences.
Standard 1.2	Women have equitable access to maternity services based on their assessed needs.
Standard 1.3	Women experience maternity care which respects their diversity and protects their rights.
Standard 1.4	Women are empowered to make informed decisions about their care.
Standard 1.5	Informed consent to care is obtained in accordance with laws, regulations and best available evidence.
Standard 1.6	The dignity, privacy and autonomy of each woman is respected and promoted.
Standard 1.7	Maternity service providers promote a culture of caring, kindness, consideration and respect.
Standard 1.8	Complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

Theme 2: Effective Care and Support

Standard 2.1	Maternity care reflects national and international evidence of what is known to achieve best outcomes for women and their babies.
Standard 2.2	Maternity care is planned and delivered to meet a woman's initial and ongoing assessed needs, while taking account of the needs of other women using the service.
Standard 2.3	Women receive integrated care which is coordinated effectively within and between maternity services.
Standard 2.4	An identified healthcare professional has overall responsibility and accountability for the care of each woman and her baby during an episode of care.
Standard 2.5	All information necessary to support the provision of effective care, including information provided by the woman, is available at the point of clinical decision-making.
Standard 2.6	Maternity services are provided through a model of care designed to deliver safe, high-quality maternity care.
Standard 2.7	Maternity care is provided in a physical environment which supports the delivery of safe, high-quality care and protects the health and wellbeing of women and their babies.
Standard 2.8	The effectiveness of maternity care is systematically monitored, evaluated and continuously improved.

Theme 3: Safe Care and Support

Standard 3.1	Maternity service providers protect women and their babies from the risk of avoidable harm through the appropriate design and delivery of maternity services.
Standard 3.2	Maternity service providers monitor and learn from information relevant to providing safe services and actively promote learning, both locally and nationally.
Standard 3.3	Maternity service providers effectively identify, manage, respond to and report on patient safety incidents.
Standard 3.4	Maternity service providers ensure all reasonable measures are taken to protect women and their babies from abuse.
Standard 3.5	Maternity service providers fully and openly inform and support women and their families as soon as possible after a patient safety incident becomes known, and continue to provide information and support as needed.
Standard 3.6	Maternity service providers actively support and promote the safety of women and their babies as part of a wider culture of safety and quality.
Standard 3.7	Maternity service providers implement, review and publicly report on a structured safety and quality improvement programme.

Theme 4: Better Health and Wellbeing

Standard 4.1	The health and wellbeing of women and their babies are promoted, protected and improved.
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Theme 5: Leadership, Governance and Management

Standard 5.1	Maternity service providers have clear accountability arrangements to achieve the delivery of safe, high-quality maternity care.
Standard 5.2	Maternity service providers have formalized governance arrangements for assuring the delivery of safe, high-quality maternity care.
Standard 5.3	Maternity service providers maintain a publicly available statement of purpose that accurately describes the services provided, including how and where they are provided.
Standard 5.4	Maternity service providers set clear objectives and develop a clear plan for delivering safe, high-quality maternity services.
Standard 5.5	Maternity service providers have effective management arrangements to support and promote the delivery of safe, high-quality maternity services.

Standard 5.6	Leaders at all levels promote and strengthen a culture of safety and quality throughout the maternity service.
Standard 5.7	Members of the workforce at all levels are empowered to exercise their personal and professional responsibility for the safety and quality of maternity services provided.
Standard 5.8	Maternity service providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the safety and quality of their maternity services.
Standard 5.9	The safety and quality of services provided on behalf of maternity service providers are monitored through formalized agreements.
Standard 5.10	The conduct and provision of maternity services are compliant with relevant Irish and European laws and regulations.
Standard 5.11	Maternity service providers act on standards and alerts, and take into account recommendations and guidance, as formally issued by relevant regulatory bodies as they apply to their service.

Theme 6: Workforce

Standard 6.1	Maternity service providers plan, organize and manage their workforce to achieve the service objectives for safe, high-quality maternity care.
Standard 6.2	Maternity service providers recruit people with the required competencies to provide safe, high-quality maternity care.
Standard 6.3	Maternity service providers ensure their workforce has the competencies required to deliver safe, high-quality maternity care.
Standard 6.4	Maternity service providers support their workforce in delivering safe, high-quality maternity care.

Theme 7: Use of Resources

Standard 7.1	Maternity service providers plan and manage the use of available resources to deliver safe, high-quality maternity care efficiently and sustainably.
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Theme 8: Use of Information

Standard 8.1	Maternity service providers use information as a resource in planning, delivering, managing and improving the safety and quality of maternity care.
Standard 8.2	Maternity service providers have effective arrangements in place for information governance.
Standard 8.3	Maternity service providers have effective arrangements for the management of healthcare records.



Theme 1 Person-centred Care and Support



Theme 1

Person-centred Care and Support

Although maternity services are part of the overall profile of acute and community health services, they are unique in that they support women who in the main are experiencing a normal physiological process. All women need a certain level of support throughout pregnancy and childbirth, but some need more specialized care. Person-centred care and support places women and their babies at the centre of all that the maternity service does. It does this by advocating for the needs of women, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for women's dignity, privacy and autonomy.

By considering women's needs and preferences in the planning, design and delivery of care and support services, women can have a more positive experience of using the service. This, in turn, can lead to improved outcomes for women including better health and wellbeing. Person-centred care supports equitable access for all women so that they have access to the right care and support at the right time, based on their assessed needs. This is best achieved through a culture that is focused on what is most important from the women's perspective.

Being person-centred means maternity service providers communicate in a manner that supports developing a relationship based on trust. Women and their families are partners in their care and should be empowered to make informed choices with their healthcare professionals. To this end, care pathways for antenatal, intrapartum and postnatal care should be clearly defined, evidence-based and publicly available. Women are more likely to participate in their own care when they are comfortable with and confident in those providing care, and also when they understand the care choices being offered to them. Good communication and providing adequate information ensures that women make informed decisions about their care, including informed decision-making to give or refuse consent to treatment.

Positive experiences for women using the service are an important outcome for all maternity services. Having a fair and efficient complaints process provides women and their families with the opportunity to express their views when their experiences have been poor, and allows maternity service providers to identify areas for improvement. Good communication is central to successful complaints-handling and will assist in minimizing the likelihood of complaints arising in the first place.

Hearing the voices of women is essential to evaluate and inform the care given, to guide quality improvements and to inform quality improvement initiatives at a local and national level. The ultimate purpose of gathering women's views is to improve the quality and safety of the care provided.

Standard 1.1

The planning, design and delivery of maternity services are informed by women's identified needs and preferences.

Features of a maternity service meeting this standard are likely to include the following.

- 1.1.1 A choice of services is available to women, and standardized information about their choices is easily accessible and clearly communicated. This information is also shared between service providers.
- 1.1.2 Standardized information about services is made available through a variety of media and in a variety of languages.
- 1.1.3 There is a formalized mechanism for women to feedback to service providers about their experiences in order to inform the planning, design and delivery of services. There is a structure for such feedback to be regularly reviewed, collated and acted upon.
- 1.1.4 Women who have used the services and advocacy groups are represented on appropriate hospital committees and groups, for example, maternity service liaison committees.*
- 1.1.5 Providing services based on the regularly assessed needs of the local population in consultation with other services in the local area, for example, making sure there are a sufficient number of antenatal classes to meet demand.
- 1.1.6 There is a formalized antenatal appointment system, with women being allocated specific appointment times that are reflective of the time they are likely to be seen by a healthcare professional.
- 1.1.7 Services regularly assess potential barriers to women accessing their services. Services put in place measures to overcome these potential barriers and evaluate the effectiveness of such measures.

* Maternity service liaison committees are a forum for maternity service users and service providers to come together to design services that meet the needs of local women, parents and families. They comprise service users, representative clinicians from all specialties involved in maternity care, together with managers and public health and social care input.

- 1.1.8 Services work with women in groups and communities who typically under-use services or who are at greater risk of poorer outcomes to improve their access to services.
- 1.1.9 Services regularly evaluate and publish how well they are meeting the identified needs and preferences of women using their services.

What this means for you as a woman using maternity services.

- Women are involved in the planning and design of maternity services in their local area.
- The preferences and views of women inform the development and delivery of services.
- Maternity services regularly seek feedback from women about their experience and this is used to improve the quality and safety of services provided.
- Maternity service providers, while mindful of other women's needs, take account of your individual circumstances when planning and delivering your care.
- If you or your baby's care is transferred between services, all relevant information will be shared between services with your permission, to ensure you receive the best care.

Standard 1.2

Women have equitable access to maternity services based on their assessed needs.

Features of a maternity service meeting this standard are likely to include the following.

- 1.2.1 Antenatal care is free in publicly-funded services, fair, transparent and easily accessible to all women.
- 1.2.2 Service providers work to meet the needs of all women, including vulnerable and marginalised women[†] who underuse the services.
- 1.2.3 Access to information and counselling is available to all women, and its importance is recognized for women with additional needs, including social needs, pre-existing medical conditions or those dependent on prescription medication.
- 1.2.4 Information is clearly and sensitively communicated to women. Information is provided to women in plain English, both verbally and in written format. It is culturally appropriate and free of jargon and is provided in other languages where possible.
- 1.2.5 Systems are in place to ensure women with communication and or sensory difficulties have access to an interpreter and a support person of their choosing.
- 1.2.6 Interpretive services are in place to make sure the care of any woman is not compromised by lack of communication and understanding. It is preferable that family members do not act as interpreters.[‡] All staff are aware of the resources available for interpreting services.

[†] Vulnerable women and marginalised women including women with a disability, women from ethnic minorities, lower socioeconomic background, substance abuse, alcohol, women from the Traveller and or Roma communities, domestic violence, lesbian and bi-sexual women, non-English speaking women and undocumented women (National Women's Council of Ireland).

[‡] Except in emergency situations, an interpreter proficient in the service user's language is required to help the service user give consent for interventions that may have a significant impact on his or her health and wellbeing. Where practicable, this is best achieved in most cases by using a professional interpreter. The use of family (in particular of minor children) and friends should be avoided if at all possible. Additional time will always be required for discussions involving an interpreter, and this should be planned for in advance.

- 1.2.7 Antenatal booking appointments are allocated to women on the basis of assessed need, as determined by an appropriate healthcare professional.

What this means for you as a woman using maternity services.

- You and your healthcare professional will determine your maternity care needs together.
- Your maternity care is based on your assessed needs.
- You will receive maternity care that is sensitive to your cultural needs.
- Referral processes are designed so that you get the care you need when you need it.
- You will be given information about maternity services in a way that you can understand.
- It is clear to you how you can access maternity services.

Standard 1.3

Women experience maternity care which respects their diversity and protects their rights.

Features of a maternity service meeting this standard are likely to include the following.

- 1.3.1 Initial and ongoing access to maternity care complies with laws and regulations and does not discriminate according to race, sexual orientation, disability, marital status, family status, religious belief or membership of the Traveller community.
- 1.3.2 Service providers directly engage with women, particularly women from disadvantaged and minority groups and communities, for example, through regular engagement with representative groups.
- 1.3.3 Services are flexible, accessible and culturally sensitive and planned individually to motivate all women — including vulnerable and marginalised women — to engage with services.
- 1.3.4 Care and information are provided in a respectful, non-judgemental and culturally sensitive manner. Staff are trained to be culturally aware in their practices and are provided with mandatory anti-racism and anti-discrimination training.
- 1.3.5 Individual values and beliefs, cultural norms and ethnicity are respected. The care provided is underpinned by the principle of autonomous choice.

What this means for you as a woman using maternity services.

- You will be encouraged to engage with the maternity services available to you.
- Your values and beliefs are respected by your healthcare professionals.
- Maternity service providers respect and protect your rights, for example, your right to privacy.
- Your access to maternity care is not affected by your race, sexual orientation, disability, marital status, family status, religious belief, or membership of the Traveller and or Roma communities.

Standard 1.4

Women are empowered to make informed decisions about their care.

Features of a maternity service meeting this standard are likely to include the following.

- 1.4.1 Healthcare professionals seek women's values, views, preferences and knowledge to reach the best outcome through shared decision-making and partnership.
- 1.4.2 Women are provided with evidence-based information, in a variety of formats, on the full range of options available to them throughout pregnancy, labour, birth and the postnatal period. This is to assist them to actively participate in their own care, if that is their choice. This includes information on the care pathways available locally and information about birth and postnatal care.
- 1.4.3 Women have access to evidence-based information to assist them to make an informed decision about their preferred care pathway. This includes information around service limitations about place of birth.
- 1.4.4 Healthcare professionals provide women with evidence-based information to allow them to understand risks, benefits and consequences of decisions throughout pregnancy, labour, birth and the postnatal period. Women are encouraged to seek additional information and advice as required, for example, on induction of labour and on vaginal birth after caesarean section (VBAC).
- 1.4.5 Women and their families are given sufficient time to consider their choice and make decisions after an opportunity to process the information that they have been given, where such a decision is not time-critical.

- 1.4.6 Maternity units provide standardized comprehensive programmes of antenatal education for childbirth and parenthood to women and their partners. Programmes are provided in such a way that women are enabled to actively participate and include information about:
- the course of pregnancy
 - health and wellbeing during pregnancy
 - birth plans
 - common obstetric interventions and why these may be required
 - practical skills for coping with labour pain, for example, use of active positions
 - available options for pain relief in labour and their impact
 - transition to parenthood
 - breastfeeding
 - perinatal mental health and wellbeing.
- 1.4.7 Postnatal care provides, amongst other things, evidence-based information to both women and their partners on infant care, infant feeding, child wellbeing, parenting skills and how to access other relevant health and social care services and local community support groups.

What this means for you as a woman using maternity services.

- You receive information that will help you to make informed decisions about your care.
- You are involved in making decisions about your care in partnership with your healthcare professional.
- Information is made available to you in a format that you can understand.
- You will be helped to access support services if you so wish.

Standard 1.5

Informed consent to care is obtained in accordance with laws, regulations and best available evidence.

Features of a maternity service meeting this standard are likely to include the following.

- 1.5.1 There is a culture of respect for each woman as an individual in all maternity services such that the woman's autonomy is respected, that she is listened to and is cared for with compassion and that informed consent is sought appropriately.
- 1.5.2 Appropriately trained healthcare professionals obtain informed consent for investigations and interventions, using interpretive services where necessary, and make sure that the information has been understood, and that consent is obtained and documented.
- 1.5.3 Maternity services adhere to the National Consent Policy.*
- 1.5.4 Women who have been fully informed about a recommended course of action, and the potential consequences of not pursuing such management, have their choice of informed refusal respected, notwithstanding any legal or constitutional arrangements that may affect their decisions.†

* Note from National Consent Policy: In an emergency life threatening situation where the urgency of the relevant intervention imposes time limitations on the ability of the service user to appreciate what treatment is required, the necessary treatment may be administered in the absence of the expressed consent of the service user. The application of this exception is limited to situations where the treatment is immediately necessary to save the life or preserve the health of the service user.

† Note — 7.1 Refusal of treatment in pregnancy: The consent of a pregnant woman is required for all health and social care interventions. However, because of the constitutional provisions on the right to life of the 'unborn', there is significant legal uncertainty regarding the extent of a pregnant woman's right to refuse treatment in circumstances in which the refusal would put the life of a viable fetus at serious risk. In such circumstances, legal advice should be sought as to whether an application to the High Court is necessary. Article 40.3.3 of the Irish Constitution, as amended in 1983.

What this means for you as a woman using maternity services.

- Informed consent is sought for investigations and interventions.
- Your decision to make an informed refusal of care is respected unless it is against Irish law.
- If you wish, you can bring somebody with you to help and support you to make decisions about your care.
- You will be given time to think about any decision that you may need to make about your care, except in an emergency where this may not always be possible.

Standard 1.6

The dignity, privacy and autonomy of each woman is respected and promoted.

Features of a maternity service meeting this standard are likely to include the following.

- 1.6.1 The privacy and dignity of women and their babies are respected at all times, and particularly in relation to:
- personal consultations
 - personal examinations
 - circumstances where confidential and or sensitive information is being discussed
 - awaiting a response from a woman prior to entering a specialized or alongside birth centre[◇] room.
- 1.6.2 Care is provided in a manner that is respectful to the woman's dignity and that takes account of her preferences and choices.
- 1.6.3 Women's concerns are listened to and addressed by staff. A culture of listening to women and what matters to them is promoted.
- 1.6.4 Women's psychological and psychosocial needs are assessed in private at the booking appointment, throughout pregnancy, labour, birth and in the postnatal period.
- 1.6.5 Staff respect privacy and confidentiality, and are aware of the sensitivity of personal information, for example, by requesting and sharing information in a discreet manner.

[◇] An alongside birth centre is a birth centre situated in the immediate vicinity of a specialized birth centre.

- 1.6.6 Women are provided with culturally appropriate, evidence-based information and support in their chosen method of feeding, including access to peer support groups and voluntary organizations.
- 1.6.7 A woman's right to make an informed choice regarding the method of infant feeding is supported.

What this means for you as a woman using maternity services.

- Your personal information is protected and is only discussed with your permission with those caring for you.
- Your dignity will be respected by those caring for you.
- The people working in the maternity service listen to any concerns you may have and address them.
- Your privacy in relation to your personal space and personal care is respected, and information about you is kept safe and private.

Standard 1.7

Maternity service providers promote a culture of caring, kindness, consideration and respect.

Features of a maternity service meeting this standard are likely to include the following.

- 1.7.1 There is a culture of respect for each woman as an individual in all services such that the woman's autonomy is respected, that she is listened to and is cared for with kindness, consideration and respect.
- 1.7.2 There is a culture of mutual respect and trust in services between women and healthcare professionals and between healthcare professionals themselves.
- 1.7.3 All staff identify and introduce themselves before starting a discussion or examination with a woman and her partner.
- 1.7.4 A healthcare professional reviews a woman's health record and makes him or herself aware of the woman's history before engaging with her.
- 1.7.5 Alert-stickers are used on the charts of women who have experienced previous pregnancy loss, a perinatal death, or whose babies have a congenital fetal anomaly. This is done with their permission.
- 1.7.6 When reviewing women with early pregnancy complications, a suitable environment is provided for women and their families, with access to counselling and appropriate information.
- 1.7.7 A woman who experiences a traumatic and or difficult birth is offered emotional and physical support, and provided with an opportunity to talk about her birth experience with the named lead healthcare professional who has overall clinical responsibility for her care.
- 1.7.8 Service providers ensure that there are comprehensive, culturally sensitive, multidisciplinary policies, services and facilities for the management and support of families who have experienced a pregnancy loss or perinatal death.

- 1.7.9 Women who experience a pregnancy loss or a perinatal death receive emotional support in addition to physical care. Families are provided with information about local support groups, counselling services and contact details of a named healthcare professional in the maternity unit who can provide follow up and support.
- 1.7.10 Care is taken that all personal belongings of a baby who has died are returned to the parents.
- 1.7.11 All care given to a baby that has died is discussed with the parents in advance who are offered the choice of caring for the baby themselves, for example, washing and dressing the baby.
- 1.7.12 Appropriately skilled senior healthcare professionals are available to support women and their families following pregnancy loss, perinatal death or traumatic delivery.
- 1.7.13 All staff are aware of the psychological issues associated with pregnancy loss and perinatal death.
- 1.7.14 A symbol that is recognized by all staff as indicating that a pregnancy loss or perinatal death has occurred is visible on the ward or in the department following discussion with the parents, and with their permission.
- 1.7.15 Parents of babies who are stillborn or die in the neonatal period are told about the purpose and benefits of a post-mortem examination of their baby. Parents are given this information by the lead healthcare professional responsible for their care in a sensitive, timely and accurate manner in a way that facilitates informed decision-making.
- 1.7.16 Parents are given information about:
 - burial and cremation options
 - birth registration and death registration
 - coroner directed post-mortems.

Parents are given time to process this information and to ask questions.

- 1.7.17 Following the death of a baby, the parents are given the opportunity to meet with the lead healthcare professional responsible for their care. Information is communicated clearly in a transparent way as and when it becomes available; for example the results of interim medical tests, pending the availability of the results of placental and post-mortem histology.

What this means for you as a woman using maternity services.

- The people caring for you treat you with kindness, consideration and respect.
- The people caring for you talk with you in a clear, honest and sensitive manner while being mindful of your privacy.
- You are asked what your views and preferences are and these are respected and taken into account when your care is being planned.
- Those providing your maternity care are mindful of your previous obstetric history.
- If you experience a pregnancy loss or perinatal death, you will receive physical care and emotional support.
- If you experience a pregnancy loss or perinatal death, you will be involved in planning your own care and that of your baby, if you so wish.

Standard 1.8

Complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

Features of a maternity service meeting this standard are likely to include the following.

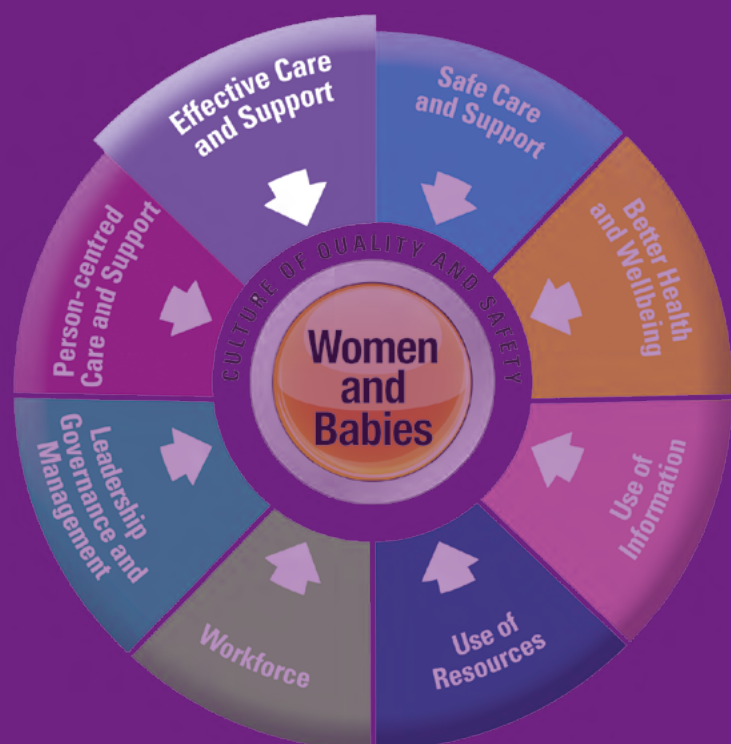
- 1.8.1 Complaints procedures are clear, transparent, open and accessible, and take account of laws, relevant regulations, national guidelines and best available evidence. These procedures assist women and their families to express their views about their pregnancy and childbirth experience.
- 1.8.2 Women or family members who make a complaint are helped with accessing support services, such as independent advocacy services. A service- or hospital-appointed dedicated liaison person is provided as part of the complaints structure.
- 1.8.3 The dedicated liaison person is at a senior level and is the principal point of contact for the woman and her family.
- 1.8.4 A woman's care is not negatively affected as a result of having made a complaint or expressing a concern.
- 1.8.5 The complaints procedure ensures a timely response in line with legal requirements, takes account of the requirement to fully address the issues raised, and ensures women and their families are made aware of the progress of their complaint or concern.
- 1.8.6 There is a coordinated response to women who make a complaint, including when their care is shared between healthcare professionals or transferred from one service provider to another.
- 1.8.7 Information is made available to women and their families about how to have their complaint addressed outside of the service.

What this means for you as a woman using maternity services.

- Your complaints and concerns are listened to and responded to in a timely manner.
- You will be informed about how your feedback, compliments and complaints are used to improve the quality of the service.
- If you make a complaint and your care is shared between different healthcare professionals or maternity services, you will receive a coordinated response to your complaint.
- If you make a complaint, the maternity service will ensure that it understands the matters you would like addressed and takes these into account when it looks into the complaint.
- If you make a complaint, you can be assured that the care you receive will not be negatively affected at the time or in the future.



Theme 2 Effective Care and Support



Theme 2

Effective Care and Support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for women and their babies using maternity services. This can be achieved by using evidence-based national and international information. It can also be promoted by ongoing evaluation of the outcomes of women and their babies to determine the effectiveness of the design and delivery of maternity care. Women and their babies should have access to safe, high-quality care in a setting that is most appropriate to their needs. How this care is designed and delivered should meet women's assessed needs in a timely manner, while balancing the needs of other women using the maternity services.

For the delivery of maternity care to be effective, it needs to be well planned, organized and managed. Planning means that the maternity service and its outcomes must be clearly described, including the outcomes intended for the women using it. The effectiveness of care is supported by the environment in which maternity care is delivered. Effective maternity care is provided in a safe and secure environment, which is responsive to women's physical and sensory needs and which supports their health and wellbeing. Some maternity services are part of a wider network of services, for example within a hospital group, and in order for care to be effective there needs to be arrangements in place for services to share resources across a range of sites.

Effective care is also about ensuring that each woman receives well-coordinated care and support at the right time and in the right place. Continuity of care and carer is important for each woman to ensure that no woman, and no part of her care, falls through potential gaps in the services. This requires that each woman must know who is responsible and accountable for her care at all times and that the right information is available at the point where clinical decisions are being made. In maternity care, decision-making should take place in partnership with women and be based on a balanced assessment of the benefits and risks of the proposed care.

An effective maternity service continually looks for opportunities to improve how it cares for women and their babies. Monitoring the quality of care and support, including feedback from women and the workforce, allows a maternity service provider to know if the care it is providing is effective and to address any areas for improvement which may be identified as part of that monitoring.

In 2016, Ireland's first National Maternity Strategy was published. The Strategy recognizes that all women need a certain level of support, but some need more specialized care. The Strategy proposes an integrated care model that encompasses all the necessary safety nets in line with patient safety principles, which delivers care at the lowest level of complexity, yet has the capacity and the ability to provide specialized and complex care quickly, as required.

The Strategy classifies women and babies into three risk groups: normal-risk, medium-risk (requiring a higher level of oversight), and high-risk (requiring a more intensive level of care, either throughout or at a particular stage of care). Across all risk levels there is the potential need for an increased level of care, while the importance of a smooth transfer between care pathways is recognized.

A choice of maternity care pathways will be available based on this risk profile. A woman will be supported to make an informed choice with regard to her care pathway and will have her care delivered by a particular team. All care pathways should support the normalization of pregnancy and birth. The Strategy outlines three pathways as follows:

- **Supported care:** This care pathway is intended for normal-risk women and babies, with midwives leading and delivering care within a multidisciplinary framework.
- **Assisted care:** This care pathway is intended for women and babies considered to be at medium risk, and for normal-risk women who choose an obstetric service. Care will be led by a named obstetrician and delivered by obstetricians and midwives, as part of a multidisciplinary team.
- **Specialized care:** This care pathway is intended for high-risk women and babies and will be led by a named obstetrician, and will be delivered by obstetricians and midwives, as part of a multidisciplinary team.

The Strategy states that women's choices about their preferred care pathway are facilitated insofar as it is safe to do so. To determine the most appropriate care pathway for each woman, an initial assessment of clinical risk or need will be carried out. This risk-stratification approach will underpin the discussion between the woman and the healthcare professional, and will help to support the care pathway choice.

In determining the care pathway at an individual level, the findings of the risk and needs assessment should be discussed with the woman. It is recognized that personal preferences may change during the pregnancy, and particularly during labour. Risk can also escalate and de-escalate during the course of the pregnancy and the woman's risk profile should be reviewed at each interaction with the maternity service. A woman may need to move to a different care pathway at any stage during her pregnancy. Regardless of the reasons for change, transitions between care pathways should be seamless and in accordance with national clinical guidelines and the National Obstetrics and Gynaecology Clinical Programme guidelines.

Standard 2.1

Maternity care reflects national and international evidence of what is known to achieve best outcomes for women and their babies.

Features of a maternity service meeting this standard are likely to include the following.

- 2.1.1 An evidence-based process for the development of policies, protocols, guidelines and care pathways.
- 2.1.2 Maternity care that is delivered according to policies, protocols, guidelines and care pathways that are based on best available evidence.
- 2.1.3 The use of national clinical guidelines and nationally agreed protocols, care bundles and care pathways where available.
- 2.1.4 Regular reviews of national clinical guidelines to determine what is relevant to the care provided, and taking steps to address any identified gaps to ensure these guidelines are implemented.
- 2.1.5 A clearly documented risk assessment when services are unable to fully implement national clinical guidelines. Appropriate action is taken to ensure the quality and safety of services.
- 2.1.6 Adaptation of National Obstetrics and Gynaecology Clinical Programme guidelines for use in local practice and consideration of these guidelines when assessing and planning a woman's care and that of her baby.
- 2.1.7 Support for healthcare professionals in making evidence-based decisions that will maximize benefits to women and their babies and minimize unnecessary treatment and care.
- 2.1.8 Service providers regularly audit the care provided to women and their babies to ensure that it is being provided in line with best available evidence and national clinical guidelines and National Obstetrics and Gynaecology Clinical Programme guidelines.

What this means for you as a woman using maternity services.

- Decisions about your maternity care are based on your needs using best available evidence from Ireland and other countries, while taking into account the needs of other women using the service.
- You will receive maternity care that will maximize the health and wellbeing of you and your baby.
- Maternity services follow available national clinical guidelines to make sure you and your baby receive safe, high-quality care, and that care is consistent nationally.

Standard 2.2

Maternity care is planned and delivered to meet a woman's initial and ongoing assessed needs, while taking account of the needs of other women using the service.

Features of a maternity service meeting this standard are likely to include the following.

Pre-pregnancy care

- 2.2.1 Opportunities to plan for pregnancy or contraception, if appropriate, by women of reproductive age are explored at appointments with appropriate healthcare professionals.
- 2.2.2 Women of reproductive age with a pre-existing medical condition have the opportunity to plan for pregnancy or contraception at each contact with a medical practitioner, if appropriate.

Antenatal care

- 2.2.3 Maternity units have an early pregnancy assessment unit (EPAU), with suitable ultrasound equipment and facilities for 'same-day' beta-hCG testing,[†] run by appropriately trained healthcare professionals.
- 2.2.4 The waiting lists for antenatal booking appointments are actively monitored to ensure that women are seen within the first trimester or urgently if pregnancy is diagnosed after the first trimester.
- 2.2.5 Women are triaged at the booking appointment to the most appropriate care pathway by an experienced healthcare professional. This includes a comprehensive risk and needs assessment of physical health and psychosocial needs, including previous obstetric, medical and social history to ensure that every woman has an individualized plan of care.

[†] Beta-human chorionic gonadotrophin: A test that measures the level of pregnancy hormone in your blood.

- 2.2.6 Height, weight and body mass index are measured and recorded at the booking appointment.
- 2.2.7 A woman's risks and needs are assessed and re-evaluated at each contact with a healthcare professional.
- 2.2.8 Each maternity unit has the capacity to provide standardized comprehensive programmes of antenatal education to all women booked in the unit. There is flexibility about when the education programme will be provided, and it is provided in such a way that women are enabled to actively participate.
- 2.2.9 At the booking appointment, a recognized tool is used to ask women about their mental health and wellbeing, in order to identify the need for additional support.
- 2.2.10 All women are screened for domestic violence as part of their antenatal social history, in line with national guidelines. Questions about domestic violence are discreetly introduced during antenatal appointments. The result of domestic violence screening is documented in all health records in line with national guidelines.
- 2.2.11 Women are provided with continuity of care and carer during their pregnancy and in the postnatal period.
- 2.2.12 Each antenatal appointment is of appropriate duration and structured with a focused content. The healthcare professional checks that the woman has understood the information provided. Wherever possible, appointments should incorporate routine tests and investigations to minimize inconvenience to women and their families.
- 2.2.13 The Irish Maternity Early Warning System (IMEWS) is used to monitor women admitted to maternity units.
- 2.2.14 Each maternity unit has access to multidisciplinary team obstetric and medical clinics, for example, endocrinology, cardiology, psychiatry and neurology.
- 2.2.15 There is an agreed system whereby the anaesthetic service is given sufficient advance notice of all women with a higher risk of potential complications.

- 2.2.16 There is an agreed system whereby the neonatology or paediatric service is given sufficient advance notice of all babies who are likely to require additional care.
- 2.2.17 Healthcare professionals who are working with women are competent in recognizing, advising and referring women who would benefit from more specialist services.
- 2.2.18 Women are provided with information about the different purposes of first trimester ultrasound.
- 2.2.19 Women are provided with information about first-trimester fetal screening, while respecting individual values and beliefs, cultural norms and ethnicity.
- 2.2.20 Women are offered a detailed fetal-assessment ultrasound between 20 and 22 weeks' gestation by an appropriately trained healthcare professional, following the provision of information about the purpose of the ultrasound.
- 2.2.21 Each maternity unit is staffed with trained ultrasonographers who can provide the following obstetric ultrasound service as a minimum:
- early pregnancy assessment, including number of fetuses, viability and assessment of gestational age during the first trimester
 - a detailed fetal-assessment ultrasound at 20–22 weeks' gestation with the ability to differentiate between 'likely normal' and 'likely abnormal', thereby allowing referral to a fetal medicine unit which can provide multidisciplinary assessment, management and support
 - fetal wellbeing assessment beyond 24 weeks' gestation, to include fetal biometry, amniotic fluid volume, umbilical artery Doppler and biophysical profile score
 - placental localization in the second and third trimesters.
- 2.2.22 During pregnancy, all women who are at identified risk of serious perinatal mental illness are assessed by a psychiatry team with expertise in perinatal mental health and an individualized written management plan is prepared.

Intrapartum care

- 2.2.23 Continuous one-to-one support is provided to women once labour is diagnosed.
- 2.2.24 Clear protocols and pathways are in place for the referral and transfer to a specialized birth centre⁺ of women in alongside birth centres or women in labour who have planned a home birth.
- 2.2.25 Specialized birth centres have:
- resident on-call non-consultant hospital doctors (NCHDs) in obstetrics, anaesthetics and paediatrics and or neonatology
 - consultants in these disciplines present in the maternity unit during core working hours
 - on-call consultants in these disciplines that are accessible at all times and are available on site within 30 minutes
 - a dedicated obstetric anaesthetic service
 - a staffed dedicated obstetric theatre in or adjacent to the specialized birth centre
 - high-dependency or observation units in order to monitor, detect, communicate, escalate and intervene in the deterioration of a woman's clinical condition
 - dedicated laboratory services
 - timely access to blood in emergency situations
 - processes in place to access other blood products and non-blood products in emergency situations.
- 2.2.26 On-call consultants in maternity units conduct morning ward rounds on Saturdays, Sundays and public holidays in wards where they are responsible for the care of women and their babies.
- 2.2.27 Each maternity unit has governance arrangements in place to determine its need for a second on-call team, for example, in obstetrics and gynaecology and paediatrics and or neonatology.
- 2.2.28 Complicated births are attended to by appropriately trained and skilled healthcare professionals.

⁺ A specialized birth centre is a delivery suite in an Irish maternity unit.

Postnatal care

- 2.2.29 Women and their babies are assessed immediately after the birth by an appropriately trained healthcare professional; again within 24 hours of birth; and then on an ongoing basis and at the time of transfer to community care.
- 2.2.30 The newborn examination is conducted by an appropriately trained healthcare professional with up-to-date training in current neonatal examination techniques.
- 2.2.31 Anticipated length of stay in a maternity unit is discussed with each woman, taking into account her health and wellbeing and that of her baby and the level of support available following discharge. A postnatal plan of care is developed with each woman as soon as is practicable after admission, and it is reviewed prior to her discharge from the maternity unit.
- 2.2.32 Each woman, prior to her discharge from a maternity unit, is provided with details of the healthcare professionals that will be involved in her subsequent care and that of her baby, including roles and contact details.
- 2.2.33 Healthcare professionals responsible for providing neonatal care are adequately trained in neonatal resuscitation.
- 2.2.34 Evidence-based information about giving vitamin K to the newborn baby is discussed with parents soon after birth, and it is given to the baby if the parents consent to it.
- 2.2.35 Newborn screening is offered, which includes clinical examination, a hearing test, a blood spot screening test and pulse oximetry screening for congenital heart disease. This is offered to all parents prior to discharge from the maternity unit.
- 2.2.36 Women are provided with advice on feeding, nutrition and hydration of their babies.
- 2.2.37 Services are compliant with current evidence-based guidelines that normalize and support breastfeeding. Services continue to assess their compliance with these guidelines.

- 2.2.38 Separation of mother and baby is kept to a minimum while taking the clinical circumstances and the needs of other women into account, for example, women in the recovery area after gynaecological surgery.
- 2.2.39 Women have access to lactation consultants in the maternity unit and in the community.
- 2.2.40 Women are asked about their mental health and wellbeing using a recognized tool, in order to identify the need for additional support in the postnatal period.
- 2.2.41 Women are offered an opportunity to talk about their birth experiences and to ask questions about the care they received during labour.
- 2.2.42 A clear process is in place for a woman to have a follow-up medical appointment with the consultant obstetrician responsible for her care if she has experienced:
- a stillbirth
 - a neonatal death.
- 2.2.43 A clear process is in place to arrange for a woman to have a follow-up medical appointment with her general practitioner (GP) if she has experienced:
- a first trimester pregnancy loss
 - an ectopic pregnancy
 - a termination of pregnancy.

What this means for you as a woman using maternity services.

- You and your baby have access to safe, high-quality care in a setting most appropriate to your needs.
- A choice of maternity care pathway is available to you based on your assessed needs.
- You will be supported to make an informed choice about your care.
- You will receive timely care when you need it from healthcare professionals who have the required skills and knowledge to provide this care.
- The care you receive is regularly reviewed to make sure that it continues to be the most appropriate care for you, based on your individual needs and risks.
- If the maternity service cannot provide the care or support you need, it will consult with you about transferring your care to a service that can provide it.
- Your individual needs are met while also taking into account the needs of other women using the maternity service.

Standard 2.3

Women receive integrated care which is coordinated effectively within and between maternity services.

Features of a maternity service meeting this standard are likely to include the following.

- 2.3.1 Healthcare professionals work closely together to identify women with existing medical, psychological or social needs who may become pregnant, and ensure that these women have access to specialist advice pre-pregnancy.
- 2.3.2 A culture of multidisciplinary, high-quality, effective teamwork is promoted within each maternity unit. Healthcare professionals communicate effectively with each other and are supported by standardized referral care pathways that are fit for purpose.
- 2.3.3 Effective systems of communication are in place between all healthcare professionals, women and their families.
- 2.3.4 There is a clear relationship of trust and respect between all healthcare professionals providing services and there is a system in place to resolve differences of professional opinion.
- 2.3.5 Each maternity unit has effective arrangements in place, through its maternity network, to access:
 - a fetal medicine unit
 - a consultant medical microbiologist
 - perinatal mental health services
 - a mother and baby unit
 - in-utero transfer, neonatal retrieval and retro transfer of infants
 - an expert perinatal pathology service for post-mortem examination and placental histology.

- 2.3.6 Maternity service providers ensure that women have timely access to the following:
- diabetic nurse and or midwife specialists
 - drug liaison midwives
 - physiotherapists
 - dietitians
 - social workers
 - occupational therapists
 - lactation consultants
 - clinical midwife specialists in bereavement
 - speech and language therapists.
- 2.3.7 In the event of a pregnancy loss or a perinatal death, healthcare professionals are aware of the requirement for rapid communication with the woman's general practitioner (GP) and appropriate community teams after discharge. A phone call with the relevant community healthcare professional is made on the day of the woman's discharge and followed up with written communication such as by post, fax or email.
- 2.3.8 Effective communication systems are established between general hospitals and stand-alone maternity units in the event of a maternal death.
- 2.3.9 Pregnant women and women in the postnatal period who attend an emergency department for problems other than obvious minor injuries are seen by a registered midwife, or a consultant obstetrician or their delegate. Where this is not possible, obstetric advice is sought by phone.
- 2.3.10 Joint working arrangements are fostered between services and local agencies with responsibility for dealing with domestic violence. Information about such services is made available to all pregnant women.
- 2.3.11 Women who have a significant drug and or alcohol addiction problem receive their care from a multidisciplinary team, which includes midwives, obstetricians, neonatologists and or paediatricians, addiction counsellors, social workers and other specialist healthcare professionals.

- 2.3.12 In both stand-alone and maternity units based in general hospitals, the on-call consultant obstetrician is informed about all women with complex obstetric or medical needs.
- 2.3.13 Clear agreed care pathways are available at maternity-unit level and at maternity-network level. For example, for pre-existing medical conditions, monozygotic twins, suspected congenital anomaly, emergency in-utero transfer, the clinically deteriorating woman, neonatal transfer and retro transfer of infants.
- 2.3.14 The care of women presenting to a maternity unit based in a general hospital with acute medical or surgical complications is provided in the clinical setting most appropriate to their clinical needs.
- 2.3.15 Maternity units that do not have on-site access to adult intensive care facilities, advanced imaging, cardiology and other specialist medical services have protocols in place for the care and transfer of women with significant medical, surgical or obstetric illness, to make sure that women deliver their babies in the most appropriate care setting.

What this means for you as a woman using maternity services

- All people involved in your care work together to make sure you receive safe, high-quality care.
- Your care will be coordinated when you:
 - receive care from more than one healthcare professional
 - move within or between maternity services and or care pathways.
- In order to coordinate your care, it may be necessary at times for healthcare professionals to share information about your care. If they do, they will do so in a manner that protects your privacy and confidentiality.
- If your care is transferred between services, you are involved in the decision-making process, where possible, and provided with all necessary information.

Standard 2.4

An identified healthcare professional has overall responsibility and accountability for the care of each woman and her baby during an episode of care.

Features of a maternity service meeting this standard are likely to include the following.

- 2.4.1 Each maternity unit has a robust and transparent clinical governance framework in place to ensure that at each episode of care, a named lead healthcare professional is responsible and accountable for the care of a woman and or her baby.
- 2.4.2 A coordinating healthcare professional in the community is identified for each woman in the postnatal period, based on her risk and needs assessment.
- 2.4.3 At the end of the postnatal period, the coordinating healthcare professional ensures that the woman's physical, emotional and social wellbeing is reviewed.

What this means for you as a woman using maternity services.

- You will know at all times the name of the healthcare professional who is in charge of your care.
- The name of the healthcare professional in charge of your care is documented in your healthcare record.
- If your care is transferred between maternity services, all necessary information will be given to the new healthcare professional in charge of your care in a way that protects your privacy.

Standard 2.5

All information necessary to support the provision of effective care, including information provided by the woman, is available at the point of clinical decision-making.

Features of a maternity service meeting this standard are likely to include the following.

- 2.5.1 Communication in services is timely, accurate, complete, unambiguous and focused. Healthcare professionals use the ISBAR (Identify yourself; Situation; Background; Assessment; Recommendation) communication tool.
- 2.5.2 A clear two-way communication pathway exists between the general practitioner (GP) and the maternity unit throughout the pregnancy and the postnatal period.
- 2.5.3 The baby's father's medical, family and social history is obtained where possible in the interest of the baby's health and wellbeing.
- 2.5.4 The ward round is recognized as the primary mechanism for direct multidisciplinary communication in the maternity unit. The midwife caring for each woman at the time of the ward round is directly involved in the ward round.
- 2.5.5 There is a personal handover of care when shifts change in line with relevant national guidelines.
- 2.5.6 Concerns expressed by a woman about her wellbeing and or that of her unborn baby, for instance, in the case of reduced fetal movements, are listened to and assessed by an appropriately trained healthcare professional.
- 2.5.7 Concerns expressed by parents about the wellbeing of their newborn baby are listened to and assessed by an appropriately trained healthcare professional.
- 2.5.8 Concerns about the wellbeing of a newborn baby identified through clinical observations are assessed by an appropriately trained healthcare professional.

- 2.5.9 Electronic health records are implemented in all maternity units in order to provide relevant, accurate and up-to-date information for clinical handover.[±]
- 2.5.10 Key information about a woman's pregnancy, including the number and timing of antenatal visits and antenatal investigations, are available to healthcare professionals working both within and outside the maternity unit, with the woman's consent.
- 2.5.11 A system is in place to ensure that the results of investigations and or diagnostic tests are actively followed up on and contemporaneously recorded by the relevant healthcare professionals in an agreed format within an agreed health record.
- 2.5.12 When a woman presents with problems and or complications that do not require admission to the maternity unit, she is provided with sufficient verbal and written information to empower her to re-present should the need arise.
- 2.5.13 There is a defined communication pathway between hospital-based midwives and or community-based midwives and or self-employed community midwives and public health nurses at the point of transfer of care to the public health nurse.

What this means for you as a woman using maternity services.

- Your healthcare professionals can access all necessary information to make decisions with you about your care.
- The necessary information to inform your care will be shared between maternity services in a timely manner that respects your privacy.
- Your healthcare information is available to your healthcare professionals so that you do not have to repeat your obstetric, medical and social history.
- If you express concerns about your wellbeing or that of your baby, these will be listened to and assessed by an appropriately trained healthcare professional.

[±] Phased national roll out is due to commence in 2016.

Standard 2.6

Maternity services are provided through a model of care designed to deliver safe, high-quality maternity care.

Note: the National Maternity Strategy refers to three care pathways, each of which lend themselves to shared care with the general practitioner (GP) provided for under the Maternity and Infant Care Scheme. The three pathways, outlined in detail below, are a supported care pathway, an assisted care pathway and a specialized care pathway. The national strategy states that care pathway options should be available across each managed clinical network. Each maternity service provider will provide maternity care in line with the pathways that it can deliver safely and effectively.

Supported care pathway

The supported care pathway is intended for mothers and babies who are considered to be at normal risk, with midwives leading and delivering care within a multidisciplinary framework.

Responsibility for the coordination of a woman's care will be assigned to a named Clinical Midwife Manager, and care will be delivered by the community midwifery team, with most antenatal and postnatal care being provided in the community and home settings. The woman can exercise a choice with her healthcare professional about the birth setting, which may be in an alongside birth centre in the hospital, or at home. An alongside birth centre is a birth centre situated in the immediate vicinity of a specialized birth centre (a delivery suite in an Irish maternity unit). A woman may need to transfer, either temporarily or permanently, to another model of care because of an emerging risk. She may also choose to transfer to another care pathway, for example, if she wants an epidural, or if she chooses to be under the care of an obstetrician.

Assisted care pathway

The assisted care pathway is intended for mothers and babies who are considered to be at medium risk, and for women at normal-risk who choose an obstetric service.

Responsibility for coordinating a woman's care will be assigned to a named obstetrician, and care will be delivered by obstetricians and midwives as part of a multidisciplinary team. Care will be provided across both the hospital and community, and births will take place within a hospital setting in a specialized birth centre. Postnatal care will start in the hospital and move to the community on discharge from hospital.

Specialized care pathway

The specialized care pathway is intended for mothers and babies who are considered to be at high risk and will be led by a named obstetrician.

Care will be delivered by obstetricians and midwives as part of a multidisciplinary team. Care will, in the main, be provided in the hospital, and births will take place in the hospital, in a specialized birth centre, which is a delivery suite in an Irish maternity unit.

An individualized, multidisciplinary, multi-specialty approach to care and care planning (for both hospital and woman) should be used. Where possible, antenatal care should be provided in the community.

Postnatal care will start in the hospital and transition to the community on discharge from hospital.

The Strategy states that women's choices about their preferred care pathway are facilitated insofar as it is safe to do so, in line with safety, their clinical needs and best practice. To determine the most appropriate care pathway in each individual case, an initial assessment of clinical risk or need will be carried out. This risk-stratification approach will underpin the discussion between the woman and the healthcare professional, and will help to support the care pathway choice. In determining the care pathway at an individual level, the findings of the risk and needs assessment should be discussed with the woman.

It is recognized that personal preferences may change during the pregnancy, and particularly during labour. Risk can also escalate and de-escalate during the course of the pregnancy, and the woman's risk profile should be reviewed at each interaction with the maternity service. A woman may need to move to a different model of care at any stage during her pregnancy. Regardless of the drivers for change, transitions between care pathways should be seamless and in accordance with NCEC (National Clinical Effectiveness Committee) early warning systems, clinical handover, intrapartum guidelines and the HSE's Critical Care Programme's Care of the Critically Ill Woman in Obstetrics guidelines.

Features of a maternity service meeting this standard are likely to include the following.

- 2.6.1 A clear description of how care will be delivered, and communication of the scope, objectives and intended quality outcomes of the service through a publicly available statement of purpose.
- 2.6.2 Delivery of care in line with the defined maternity care pathways with the necessary facilities and resources to do so, in line with legal requirements, national policies and national clinical guidelines where available, that meet the assessed needs of the local population.
- 2.6.3 Effective arrangements are in place for transfer to another maternity care pathway when the original care pathway is no longer appropriate to meet the needs of the woman and or her baby.
- 2.6.4 Regular review of the services provided and evidence that the maternity care pathways provided can be delivered safely. This review should include the:
- relevant laws, regulation and Government policy
 - assessed needs of the local population
 - size, complexity and specialities of service being provided
 - numbers and casemix of women and their babies to maintain the skills and competencies of healthcare professionals required for each of the three pathways
 - number of staff required to deliver the service
 - skill mix and competencies required to deliver the service
 - interdependencies of internal and external services
 - findings from consultation with key stakeholders, including women and staff
 - resources and facilities available.

Service providers take the required action where gaps are identified to ensure quality and safety of services.

- 2.6.5 Management of available resources, including the workforce, to meet legal requirements, and to deliver the specified maternity care pathways safely and sustainably at all times.

- 2.6.6 Delivery of care within the stated scope of what can be delivered safely and effectively.
- 2.6.7 Planning, management and delivery of services to maintain the quality and safety of care when demand, service requirements, resources or capabilities change.

What this means for you as a woman using maternity services.

- A maternity service delivers services based on evidence of what it can be deliver safely and effectively.
- A maternity service clearly sets out the services it provides and how it provides them. This information is easily available to all women and other maternity services.
- Your healthcare professionals have the necessary skills, competencies and experience to provide you with a high standard of care.
- If the maternity service where you are currently receiving care is unable to meet your needs, you will be supported to transfer to a service that can provide the necessary care.

Standard 2.7

All information necessary to support the provision of effective care, including information provided by the woman, is available at the point of clinical decision-making.

Features of a maternity service meeting this standard are likely to include the following.

- 2.7.1 The physical environment and or the building is fit for the purpose of delivering safe, high-quality maternity care and meets the requirements of relevant national laws and regulations, standards and guidelines.
- 2.7.2 The physical environment in which maternity care is provided promotes privacy and confidentiality.
- 2.7.3 The physical environment in which maternity care is provided takes into account the comfort of the women using the services. For example, there is sufficient, comfortable seating and drinking water is available in antenatal clinics.
- 2.7.4 The physical environment in which staff work has adequate catering, a comfortable staff room to have breaks, and adequate toilet and showering facilities with lockers.
- 2.7.5 All maternity units have a maternity day unit with a suitable, designated space for clinical assessment, ultrasonography, investigation, counselling and a waiting area.
- 2.7.6 Each unit that provides an emergency gynaecology service has an Early Pregnancy Assessment Unit (EPAU). The EPAU has a suitable, designated space with rooms for clinical assessment, ultrasonography, investigation, counselling and a waiting area.
- 2.7.7 Each specialized birth centre has:
 - a high-dependency or observation unit to manage the clinically deteriorating woman
 - a staffed dedicated obstetric unit in or adjacent to it.

- 2.7.8 Suitable rooms are available in the admission unit or ultrasound department to facilitate private discussion and to provide support to women or parents when bad news is being broken.
- 2.7.9 Parents of babies who are stillborn, babies with identifiable medical or physical problems or babies who die in the neonatal period receive timely and appropriate care and support in an appropriate physical environment.

What this means for you as a woman using maternity services.

- A maternity service makes sure that all areas of the premises are clean.
- Your maternity care is provided in a secure environment to protect you and your belongings.
- Your maternity care will be provided in comfortable surroundings.
- If you receive bad news, your healthcare professional will discuss this with you in private and provide you with support in a suitable room.

Standard 2.8

The effectiveness of maternity care is systematically monitored, evaluated and continuously improved.

Features of a maternity service meeting this standard are likely to include the following.

- 2.8.1 Service providers use relevant national performance indicators and benchmarks, where they exist, to monitor and evaluate the quality and safety of care provided to women and their babies.
- 2.8.2 Where such national metrics do not exist, the service provider develops or adopts performance indicators and benchmarks in accordance with best available evidence. These will monitor and evaluate the quality and safety of the care provided to women and their babies.
- 2.8.3 A variety of outcome measures are used to evaluate the effectiveness of maternity care including:
 - clinical outcomes
 - women's perspectives on their outcomes
 - women's experience of care
 - concerns, complaints or compliments received from women using the service or from their families
 - feedback from healthcare professionals
 - patient safety incidents.
- 2.8.4 Multidisciplinary perinatal morbidity and mortality meetings. Maternal morbidity meetings are mandatory in each maternity unit and are attended by all relevant healthcare professionals including the designated lead for each discipline.
- 2.8.5 Morbidity and mortality meetings are provided with administrative assistance so that an attendance record is kept and minutes taken. The outcome of the discussion and any learning is shared with all relevant staff and in the case of a referral, with the referring maternity unit.

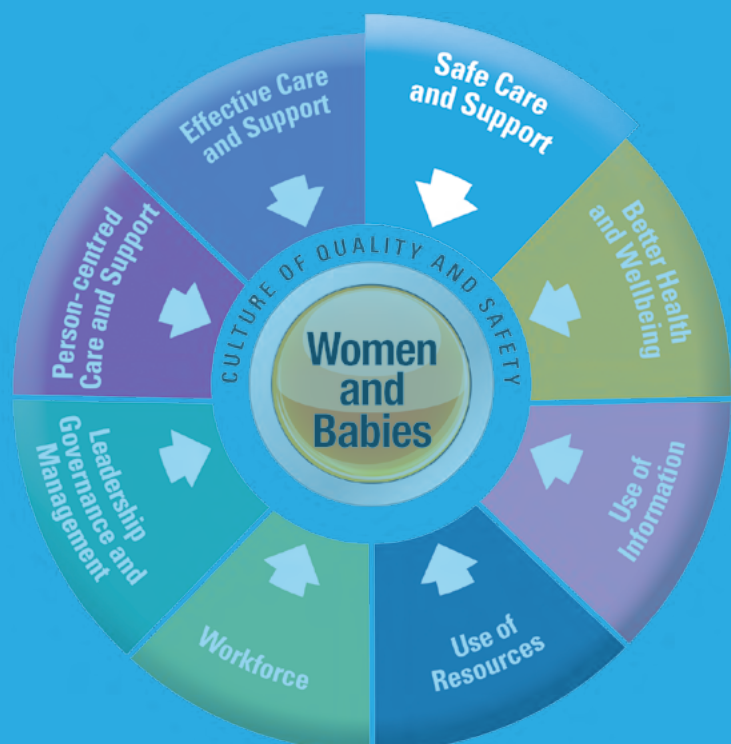
- 2.8.6 Information from monitoring and evaluation is used to improve services and key learning points are shared.
- 2.8.7 Clinical governance arrangements are in place in each maternity unit to ensure that findings from clinical audits are reported and their implementation monitored effectively.
- 2.8.8 There is an agreed annual plan for audit in each maternity unit. This incorporates participation in national audit programmes, and local, targeted audits conducted in line with service requirements and priorities.
- 2.8.9 The performance of the maternity unit is monitored and evaluated by developing and implementing clinical and non-clinical audits using an evidence-based methodology and implementing improvements based on the findings.
- 2.8.10 Information about the quality and safety of care delivered and quality improvements programmes in each maternity unit is publicly reported.
- 2.8.11 Requested information is provided to relevant agencies, including national statutory bodies, in line with relevant laws and regulations and good practice.

What this means for you as a woman using maternity services.

- Maternity services regularly check how well they are doing in providing safe, high-quality care.
- Maternity services compare how well they doing with other similar services within Ireland and in other countries.
- Maternity services use the findings from these checks to identify the areas they need to work on and make improvements in those areas.
- Women are asked to provide feedback to their maternity service about the care they receive, so that the service can improve care for all women using it.
- Maternity services provide information about their activities and outcomes to those State agencies who monitor the safety of maternity services.
- Maternity services publicly report on the quality and safety of their care and what they are doing to improve care.



Theme 3 Safe Care and Support



Theme 3

Safe Care and Support

Safe care and support recognizes that the safety of women and their babies is paramount. A maternity service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of its service. Although providing maternity care and support has some associated risk of potential harm, services try to prevent or minimize those risks.

There is much that can be done to:

- prevent harm and error
- identify it when it occurs
- take actions to mitigate its effect
- learn lessons from reviews and investigations that allow actions to be taken to minimize the risk of recurrence.

Should a patient safety incident happen where a woman or her baby is harmed, maternity services have formal arrangements in place to respond to this incident and support the woman and her family. Honesty and openness are essential elements of trust and confidence, which in turn are integral to the effective response to incidents when they occur. A safe, high-quality service learns from all relevant information and particularly situations where things have gone wrong.

In a safe maternity service, a focus on quality and safety improvement is part of the culture and is embedded in its daily practices and processes, rather than being viewed or undertaken as a separate activity. Protecting all women and babies using the service from any form of abuse is integral to this culture. To achieve a culture of quality and safety, all staff have a responsibility to identify and manage risk and use evidence-based decision-making to maximize safe outcomes for women and their babies.

Quality and safety improvement in maternity care is underpinned by a shared understanding by all the workforce of the inherent risks which can be reduced by considering how services are designed and delivered. Quality and safety improvement in maternity care includes:

- providing the best possible care for women and their babies
- proactively identifying and managing all aspects of the maternity service that may have the potential to cause harm
- actively engaging in local, national and international initiatives to improve safety and minimize risk to women and their babies
- collecting, monitoring and managing information relevant to providing safe maternity services, including:
 - surveys from women using the service
 - staff surveys
 - audits
 - patient safety incidents
 - complaints
- promoting a supportive environment for women and staff that emphasizes the importance of learning in order to improve the maternity service for all.

Quality and safety improvements in maternity care include a patient safety improvement programme that requires maternity service providers to proactively identify risk and to plan, implement and evaluate necessary changes to improve the quality and safety of maternity services.

Standard 3.1

The effectiveness of maternity care is systematically monitored, evaluated and continuously improved.

Features of a maternity service meeting this standard are likely to include the following.

- 3.1.1 Proactive monitoring, analysis and response to information relevant to providing safe services. This information includes:
- patient safety incidents and other incidents involving women using the service and staff
 - complaints, concerns and compliments
 - findings from risk assessments
 - legal claims
 - audits
 - experience surveys
 - findings and recommendations from local, national and international reviews and investigations
 - casemix,[‡] activity and performance data.
- 3.1.2 Proactively identifying, evaluating and managing immediate and potential risks to women and their babies, and taking necessary action to eliminate or minimize these risks. Actions taken are evaluated and reported through relevant governance structures.
- 3.1.3 Proactively identifying, evaluating and managing risks associated with changes to the design or delivery of services.

[‡] The types of women and babies and the complexity of their conditions treated within a maternity service, including diagnosis, treatments given and resources required for care.

- 3.1.4 Systematically looking for aspects of the delivery of care associated with possible increased risk of physical and psychological harm to women and their babies, with structured arrangements to minimize these risks. These include but are not limited to:
- prevention and control of Healthcare Associated Infections
 - medicines management
 - management of blood and blood components
 - transfers of care within and between service providers and other care providers
 - tissue viability management
 - staff competence and skills
 - management of nutritional needs
 - system for identifying women and their babies
 - management and use of equipment and medical devices
 - fetal monitoring — use of ultrasound and cardiotocography
 - attempted labour after a previous caesarean section
 - surgical and invasive procedures, especially high-risk situations
 - falls and fracture prevention
 - medical use of ionising radiation
 - research and clinical trials
 - health records management.
- 3.1.5 Safe and effective medicines management from obtaining medicines through to their disposal, in line with legal requirements, national policy, national guidelines (where they exist), and best available national and international evidence.
- 3.1.6 Safe and effective management of medical devices and other equipment in line with legal requirements, national policy, national guidelines (where they exist), and best available national and international evidence.
- 3.1.7 Arrangements are in place to aid the early recognition and treatment of maternal deterioration, for example, sepsis, through implementing integrated care pathways and recognized national clinical guidelines.

What this means for you as a woman using maternity services

- The maternity service actively looking for ways to make its care safer — not just reacting when things go wrong.
- If you have a complaint or compliment about the care you have received, you will be listened to and the information you give will be used to improve the maternity service.
- The maternity service learns from national and international information and evidence about the best ways of keeping you safe.

Standard 3.2

Maternity service providers monitor and learn from information relevant to providing safe services and actively promote learning, both locally and nationally.

Features of a maternity service meeting this standard are likely to include the following.

- 3.2.1 Staff who are responsible for managing risk, patient safety incidents, claims and complaints are trained and supported to undertake these roles.
- 3.2.2 Mechanisms are in place locally to conduct timely reviews of all patient safety incidents in line with national policy and to share important learning points with all staff.
- 3.2.3 Arrangements are in place locally to gather, analyse and learn from information relevant to providing safe services. This information is used to propel continual improvements to the safety of the service.
- 3.2.4 Sharing learning from information relevant to providing safe services throughout the service, and where relevant, with external services, for example, the State Claims Agency.

What this means for you as a woman using maternity services

- If things do go wrong, the maternity service learns from what has happened and takes steps to reduce the likelihood of the same thing happening again to others.
- The maternity service shares with other services anything that it has learned about how to make care safer.

Standard 3.3

Maternity service providers effectively identify, manage, respond to and report on patient safety incidents.

Features of a maternity service meeting this standard are likely to include the following.

- 3.3.1 Arrangements are in place to identify, manage, respond to and report patient safety incidents in a timely manner in line with national laws and regulations, policy guidelines and guidance where they exist. These arrangements are clearly communicated to all interested parties and the effectiveness of these arrangements is regularly checked.
- 3.3.2 There is a clear mechanism that service providers can follow when a patient safety incident happens for managing the situation, including caring for those affected by harm and dealing with immediate safety concerns. Managing such incidents includes review, learning, communicating and where necessary, implementing changes to existing systems, training or staffing levels.
- 3.3.3 Classification of patient safety incidents using an agreed taxonomy[†] in line with national policy, guidelines and guidance.
- 3.3.4 Arrangements are in place to identify patient safety incidents through structured incident-reporting mechanisms and the surveillance of information relevant to providing safe services.
- 3.3.5 Arrangements to facilitate thorough, fair and effective reviews to identify the causes of patient safety incidents and to identify necessary actions.
- 3.3.6 Induction and ongoing training for the workforce on the identification, management, response to, and reporting of patient safety incidents.
- 3.3.7 Mechanisms for a timely review of patient safety incidents and the sharing of key learning points to all staff.

[†] A taxonomy is a process or system of describing the way in which incidents are defined and related by putting them in groups.

- 3.3.8 Women and their families are kept informed and supported during the review process and are given the opportunity to be involved in the process.
- 3.3.9 Training is provided for senior healthcare professionals in dealing with women and their families in the context of patient safety incidents. All staff are aware of who to contact to liaise with women and their families in the case of such an incident.
- 3.3.10 Where a review results in recommendations, procedures are in place so that the subsequent action plan includes a named person or persons with responsibility and accountability for implementing the recommendations.
- 3.3.11 Arrangements are in place at a local level to implement recommendations from reviews of patient safety incidents and investigations and to evaluate the effectiveness of action taken.
- 3.3.12 Regular checks take place of the effectiveness of the arrangements for identifying, managing, responding to and reporting on patient safety incidents.

What this means for you as a woman using maternity services.

- Although maternity care can never be completely free from risk, your maternity service is doing all it can to stop anything going wrong with your care.
- The maternity service has plans in place to help it recognize when there is a possible risk of harm to women or their babies. This allows maternity service providers to respond quickly to these possible risks.
- People working in the maternity service know what to do if something goes wrong during your care.
- When something goes wrong, the maternity service looks into what happened and how it happened so it can take steps to prevent it from happening again.

Standard 3.4

Maternity service providers ensure all reasonable measures are taken to protect women and their babies from abuse.

Features of a maternity service meeting this standard are likely to include the following.

- 3.4.1 Arrangements are in place to minimize the risk to women and their babies from all types of abuse from staff and others, with specific arrangements in place to protect women identified as being vulnerable.
- 3.4.2 Induction and ongoing training is provided to staff on preventing, identifying, responding to and managing all types of abuse, including domestic violence.
- 3.4.3 Arrangements are in place to ensure that appropriate action is taken in line with laws, regulations and national policies and guidelines, where suspected abuse is identified while maternity care is being provided.
- 3.4.4 Structured arrangements are in place to make sure that women who have experienced abuse, or are suspected of having experienced abuse, are helped to access appropriate services, including support services.
- 3.4.5 There is cooperation, in line with national policies, laws and regulations, with all relevant services and agencies both internally and externally, to protect women and their babies from abuse.

What this means for you as a woman using maternity services.

- The maternity service takes the necessary steps to protect you from different types of abuse, such as theft, verbal or physical abuse, when you are receiving maternity care.
- If you have experienced any type of abuse you will be helped, if you wish, to get in touch with support services.

- Any concerns of abuse that you may have will be listened to by the people who are providing your care. You will be supported and your concern will be responded to and addressed fairly and in a timely manner.
- People working in the maternity service receive training so that they know how to support you and your baby and protect you both from abuse.

Standard 3.5

Maternity service providers fully and openly inform and support women and their families as soon as possible after a patient safety incident becomes known, and continue to provide information and support as needed.

Features of a maternity service meeting this standard are likely to include the following.

- 3.5.1 Promotion of a just culture of quality and safety, which includes open disclosure with women and their families following a patient safety incident.
- 3.5.2 Implementation by service providers of local guidelines for communicating with and supporting women, their partners and families following a patient safety incident.
- 3.5.3 Promptly telling women and their families, in an open and honest manner about patient safety incidents that may have caused them harm. This is communicated by healthcare professionals that are appropriately trained in open disclosure.
- 3.5.4 Services have a formal system in place for reviewing patient safety incidents.
- 3.5.5 All staff who provide maternity care feel protected to disclose information about actual or potential patient safety incidents and are supported to participate honestly and openly in all review and investigation processes.
- 3.5.6 Following a patient safety incident, services give the woman, and where appropriate, her family, the opportunity to meet with the lead healthcare professional responsible for her care to discuss the incident.
- 3.5.7 Arrangements are in place to support women, their partners and families following a patient safety incident. Women, their partners and families are informed about and provided with information on support services, including independent patient support and how to access such services.

- 3.5.8 Women, their partners and families have the opportunity to be involved in the review process following a patient safety incident, are kept informed of its progress and the outcome of the review is discussed with them.
- 3.5.9 Services actively seek and take into account the needs and preferences of women, their partners and families affected by a patient safety incident.
- 3.5.10 Fair and transparent arrangements are in place to support staff who have been involved in a patient safety incident in line with the principles of caring for the 'second victim'. The fitness of such staff to return to work is determined in advance.

What this means for you as a woman using maternity services.

If something goes wrong while you are receiving care:

- The maternity service will be open and honest with you as soon as possible after the incident has been identified.
- The maternity service will review what happened and involve you in the review to make sure it understands what issues you would like addressed during this review.
- You will be supported and you will be given information about how you can get in contact with additional support services if you need them.

Standard 3.6

Maternity service providers actively support and promote the safety of women and their babies as part of a wider culture of safety and quality.

Features of a maternity service meeting this standard are likely to include the following.

- 3.6.1 A commitment to quality and safety is articulated and demonstrated by those governing and leading the service.
- 3.6.2 There is clear evidence of the elements of a patient safety culture. Specific arrangements that actively promote this culture include a mission statement, service design, code of conduct, allocation of resources and training, and development and evaluation processes.
- 3.6.3 Clear accountability arrangements throughout the service that make sure all staff are aware of their responsibilities and contribute to improving the quality and safety of care for women and their babies.
- 3.6.4 Healthcare professionals have a clear understanding of the concept of risk assessment and management to improve the quality of care and safety for women and their babies, while reducing preventable patient safety incidents.
- 3.6.5 Women, their families and staff are assisted and encouraged to report concerns, and systems are in place to ensure that they are not negatively affected as a result of this reporting.
- 3.6.6 Maternity units complete and publish a monthly Maternity Patient Safety Statement.**

** This statement is populated with a standard dataset by individual maternity units. The first statements were published in early 2016. It is intended that this statement will be updated each month and will become a core part of clinical governance arrangements.

What this means for you as a woman using maternity services.

- The people working in your maternity service place a high value on quality and safety and this can be seen in the way they provide care to you and your baby or babies.
- The people working in your maternity service are all working together to make sure that the care you receive is safe and of a high quality.
- Women and their families, and everyone working in the service are supported to raise concerns about the safety and quality of the maternity service.
- Information about the safety of your maternity unit is easily available to you.

Standard 3.7

Maternity service providers implement, review and publicly report on a structured safety and quality improvement programme.

Features of a maternity service meeting this standard are likely to include the following.

- 3.7.1 A safety and quality improvement programme is in place based on assessed local needs and priorities, learning from patient safety incident reporting and investigation, and national and international initiatives. This programme incorporates specific evidence-based interventions that are proportionate to the context, nature and scale of the service provided.
- 3.7.2 Regular checks take place of the safety and quality improvement programme through performance indicators and benchmarks to identify both positive outcomes and areas for improvement. Any necessary actions to improve the quality and safety of the service are implemented and learning is shared both locally and nationally.
- 3.7.3 Public reporting is in place in relation to the safety and quality improvement programme's goals, the outcomes of its checks and the actions, if any, to be taken to make sure all actions possible are taken to promote quality and safety of services.

What this means for you as a woman using maternity services.

- Maternity service providers have plans in place to reduce the likelihood of harm occurring to you and other women while receiving care. These plans are regularly checked to make sure they are improving the safety of services.
- Maternity service providers focus on specific areas of their service and look for ways to make them safer.



Theme 4 Better Health and Wellbeing



Theme 4

Better Health and Wellbeing

Pregnancy and birth is a time when women have a unique opportunity to focus on their health and wellbeing and that of their baby. Positive choices made by women can give their babies the best start in life. By providing appropriate information and supports, maternity services can make every contact count to support positive behavioural change in women, in particular around reducing lifestyle behaviours with harmful effects such as smoking. Maternity services can also promote protective measures such as immunization, improved nutrition and physical activity. In addition, it is important that supports and interventions on overall health and wellbeing, including mental health and sexual health, are addressed and supported in the postnatal period.

For a minority of women who experience social problems — such as isolation, domestic violence and addiction — pregnancy and birth can provide an opportunity for them to access support for their safety and wellbeing, and that of their baby. Staff working in maternity services are uniquely placed to help vulnerable and marginalised women and their babies access support and protective services.

The promotion of health and wellbeing in pregnancy is important and can serve as motivation for families to make improved lifestyle choices in areas such as family nutrition, family exercise and abstention from alcohol and smoking. Some women will need referral to healthcare professionals such as physiotherapists, dietitians and psychologists for more targeted interventions and support.

Healthy Ireland, the national framework for action to improve people's health and wellbeing, underlines that healthy choices before birth are as critical as giving ongoing support during a child's early years. Antenatal and early life experiences may have consequences for a child's health and wellbeing in infancy, through to adulthood and later life. As such, it is important for maternity services to normalize breastfeeding in order to give every baby the best possible start in life.

There are many benefits to intervening early and providing appropriate advice and support to women of reproductive age. Some of the risks associated with unplanned pregnancies could be mitigated if women of reproductive age were healthier. Pre-pregnancy care is particularly important for women who are taking prescription drugs. Some women with pre-existing medical conditions will require specialized pre-pregnancy care which should be provided in both the community and the hospital.

The improvement of the health and wellbeing of women is not the sole responsibility of service providers or women themselves. Rather, they work together to achieve this outcome, thus enabling a culture that promotes better health and wellbeing, enhances the care and support environment and improves the experience for women and their families. This can be achieved through discussion at each contact, and by antenatal education programmes.

Standard 4.1

The health and wellbeing of women and their babies are promoted, protected and improved.

Features of a maternity service meeting this standard are likely to include the following.

- 4.1.1 Healthcare professionals aim to maximize the health and wellbeing of women of reproductive age, recognizing the importance of pre-pregnancy health.
- 4.1.2 Women of reproductive age with a pre-existing medical condition have the opportunity to plan for pregnancy or contraception at each contact with a medical practitioner, if appropriate.
- 4.1.3 Pre-pregnancy advice includes information about:
 - contraception, if needed
 - nutrition (particularly folic acid supplementation)
 - physical activity
 - weight management
 - sexual health
 - best time for likelihood of conception
 - cervical smears
 - smoking, alcohol and substance misuse
 - mental health and wellbeing
 - advice regarding vaccinations and medications (prior to or during pregnancy).

- 4.1.4 Throughout the antenatal period, women are provided with information about:
- nutrition and diet
 - appropriate weight gain
 - physical activity
 - vaccinations, for example, against influenza
 - resources available for preparation for childbirth
 - breastfeeding
 - vitamin D supplementation
 - perinatal mental health and wellbeing, including the importance of self-care, the identification of supports and planning for after the birth.
- 4.1.5 Women and their partners are supported to make a confident and effective transition to parenthood. For example, by identifying and supporting the postnatal health and social needs of the mother, with particular reference to the importance of maternal-infant bonding for infant development.
- 4.1.6 Services comply with current evidence-based guidelines that normalize and support breastfeeding and continue to assess their compliance with these guidelines.
- 4.1.7 Height, weight and body mass index are measured and recorded at the booking appointment.
- 4.1.8 Services offer obese women nutrition counselling, referral to a dietitian and advice on the benefits of physical activity.
- 4.1.9 Nutritious meals are provided to women admitted to maternity units, with specific consideration given to women with diabetes or with other dietary requirements.
- 4.1.10 Women and their partners who smoke are provided with clear evidence-based information about the risks of smoking, and receive smoking cessation support.

- 4.1.11 Women receive clear evidence-based information about the risks of alcohol and substance misuse; where misuse is identified appropriate referrals are made.
- 4.1.12 Healthcare professionals recognize the important role of partners and (where the woman wishes) make sure they are encouraged and supported to take a full and active role in pregnancy and childbirth.
- 4.1.13 Healthcare professionals and women are aware of emotional adjustments and mental health and wellbeing both during pregnancy and the postnatal period.
- 4.1.14 Information is provided about the community supports available postnatally and a point of contact in the community.
- 4.1.15 Postnatal education in the community is provided to support a confident and effective transition to parenthood.
- 4.1.16 Postnatal care in the community includes timely access to:
 - lactation consultants
 - perinatal mental health services
 - counselling services
 - physiotherapists
 - dietitians
 - social services
 - occupational therapists
 - speech and language therapists.

- 4.1.17 Services responsible for postnatal care ensure that the emotional and mental health needs of women are recognized and addressed and healthcare professionals are aware of the referral pathways to mental health services.
- 4.1.18 Services normalize breastfeeding and support women to initiate and sustain breastfeeding, with particular support being provided to women who have had a multiple birth or have a premature or sick baby.
- 4.1.19 Women who are taking medicines receive specialist advice and evidence-based information in relation to breastfeeding.
- 4.1.20 Service providers support skin-to-skin contact^{††} where possible while taking the clinical circumstances and the needs of other women into account, for example, women in the recovery area after gynaecological surgery.

^{††} Skin-to-skin is when your baby is placed on your chest as soon as you are ready to hold your baby. Your newborn baby bonds through touch and smell, and their senses are tuned in to respond to your unique smell and the feel of your skin. The benefits accrued by skin-to-skin care, including favorable temperature, beneficial flora, and early opportunity to 'crawl' to the breast, all point to one of the best possible outcomes for mother and baby. It promotes maternal and newborn attachment, reduces maternal and newborn stress and helps the newborn transition to postnatal life.

What this means for you as a woman using maternity services.

- You receive advice and information to help identify opportunities for you and your family that may lead to a healthier lifestyle.
- Healthcare professionals work with you to help maintain and improve your health and wellbeing.
- You, your partner and family will be supported and empowered to make positive lifestyle choices before, during and after the pregnancy, to promote a healthier future for you all.
- All of your maternity service providers work with each other and with national and voluntary agencies to promote better health and wellbeing for you.
- Opportunities are available for you and your partner to participate in programmes or initiatives to improve your health and wellbeing and that of your baby.
- Your mental health needs during and after pregnancy will be recognized and you will be given the necessary support through referral to the most appropriate services to address your needs
- Supports are in place in all maternity services to support you to breastfeed your baby.
- Maternity service providers recognize that pregnancy and birth are life-changing events and you will be supported both physically and emotionally in making the move to parenthood.



Theme 5 Leadership, Governance and Management



Theme 5

Leadership, Governance and Management

Strong and effective leadership, governance and management arrangements are essential to create and sustain a safe and high-quality maternity service. Effective leadership, governance and management, in keeping with the size and complexity of the maternity service, are fundamental prerequisites for the sustainable delivery of good service, and safe, high-quality care and support. Maternity services, in some cases, are part of a wider group of services, for example within a hospital group, and leadership, governance and management arrangements reflect these intricacies and the arrangements of the wider network.

A well-governed maternity service is clear about what it does, how it does it, and is accountable to the women who use the services and the people who fund and support it. It is unambiguous about who has overall executive accountability for the quality and safety of services. In addition, formalized governance arrangements ensure that there are clear lines of accountability at individual, team and service levels. Therefore, healthcare professionals, managerial staff and everyone working in the maternity service are aware of their responsibilities and accountability. There must also be arrangements in place to plan and manage service change and transition effectively and safely.

Good governance arrangements acknowledge the interdependencies between organizational arrangements and clinical practice and integrate these to deliver safe, high-quality care.

Maternity services with strong governance structures promote transparency and responsiveness by accurately describing in a public statement of purpose, the aims and objectives of the service, the services provided, including how and where they are provided.

If a maternity service proposes to change the services it delivers, or how it delivers them, then these changes need to be assessed and highlighted to those people funding and potentially using the service before being made. The maternity service provider's governance systems should always ensure that it only provides services within the scope of what it can provide safely, effectively and sustainably.

The management arrangements in a maternity service make sure that it fulfils its statement of purpose by planning, controlling and organizing the service to achieve its outcomes in the short, medium and long term. Effective management also includes deploying the necessary resources through informed decisions and actions to help with the delivery of safe, high-quality care.

Leaders and organizational arrangements support all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the maternity services they are delivering. This provides an environment in which the workforce can do the right thing or make the right decision at the right time.

Achievement of safe, high-quality maternity care is dependent on the culture of a service. Leaders at all levels have an important role to play in promoting and strengthening a culture of quality and safe care. Individual and collective leadership builds support for this culture and inspires individuals and teams to strive and work together to achieve a common vision.

A well-governed and managed maternity service monitors its performance to ensure reliability so that the care it provides is of consistently high quality with minimal variation in provision across the system. The quality and safety of services that are sourced externally are monitored through formalized agreements. Quality and safety is also assured by compliance with laws and regulations and acting on standards, guidance and recommendations from relevant statutory bodies.

Standard 5.1

Maternity service providers have clear accountability arrangements to achieve the delivery of safe, high-quality maternity care.

Features of a maternity service meeting this standard are likely to include the following.

- 5.1.1 There is an identified senior individual whose role includes:
- Having overall executive accountability, responsibility and authority for the delivery of safe, high-quality services.
 - Leading a governance framework that clearly specifies delegates and integrates corporate and clinical governance.
 - Formally reporting on the quality and safety of the service through its relevant governance structures.
- 5.1.2 Where a service is located on more than one site, the identified individual delegates authority and responsibility for quality and safety of services to an identified person who is involved in the management and delivery of the service and is at an appropriate level within the governance structure.

What this means for you as a woman using maternity services.

- There is an identified person who has overall responsibility for the quality and safety of the service you are using.
- Everyone working in the service has a clear understanding of their role and who they report to within the service.

Standard 5.2

Maternity service providers have formalized governance arrangements for assuring the delivery of safe, high-quality maternity care.

Features of a maternity service meeting this standard are likely to include the following.

- 5.2.1 There are integrated corporate and clinical governance arrangements in place, with clearly defined responsibilities and accountability throughout the service. These governance arrangements are transparent and publicly available.
- 5.2.2 Governance arrangements ensure that the focus of the service is on quality, safe outcomes for women and their babies, and on the wellbeing and development of its staff.
- 5.2.3 Governance arrangements ensure the interests of women using the service are taken into consideration when decisions are made about the planning, design and delivery of services, such as including former patients and service users in these processes, for example, through a maternity service liaison committee.
- 5.2.4 The people involved in the governance of the service have the capacity, skills and competencies necessary to provide effective assurance of safe, high-quality care.
- 5.2.5 The core responsibilities of all staff are clearly defined.
- 5.2.6 A transparent process is in place whereby care providers are able to see how issues — that have been identified in a clinical governance and quality framework — are dealt with, and how learning is shared and implemented.
- 5.2.7 Those governing the service regularly review information on the quality, safety and performance of the maternity service and ensure that services are delivered in line with national standards, guidelines and policies.

- 5.2.8 Those governing the service publicly report on the quality and safety of care.

What this means for you as a woman using maternity services.

- The people in charge of the service make sure that you and your baby receive safe, high-quality care.
- When decisions are being made about the way the service is delivered, the views of women and their families are sought and considered.
- The person who has overall responsibility for the maternity service is suitably qualified and appropriately experienced.
- You can easily find out the name of the person with overall responsibility and accountability for the maternity service.
- Information about the quality and safety of your local maternity services is publicly available to you in a number of different ways.

Standard 5.3

Maternity service providers maintain a publicly available statement of purpose that accurately describes the services provided, including how and where they are provided.

Features of a maternity service meeting this standard are likely to include the following.

- 5.3.1 A statement of purpose for the service is publicly available in various accessible formats and is communicated to all stakeholders including women using the service.
- 5.3.2 A statement of purpose details the:
 - aims and objectives of the service, including how resources are aligned to deliver these objectives
 - description of services provided
 - models of care and aligned care pathways
 - location or locations of service delivery.
- 5.3.3 Evaluation of proposed changes to services takes place to ensure the statement of purpose reflects what can be delivered safely, sustainably and within available resources.
- 5.3.4 Any proposed changes to the statement of purpose that affect the function or purpose of the services are made in consultation with relevant stakeholders. Any necessary approval is sought before changes are made to the statement of purpose.
- 5.3.5 Governance arrangements are in place to review and check that services are being delivered within the scope of the statement of purpose, in consultation with relevant stakeholders.

What this means for you as a woman using maternity services.

- The maternity service only provides care that it knows it can deliver effectively and safely.
- You can easily find information about the care that maternity services provide, including the different types of service provided and where they are provided.
- Information is made available to the public in a timely manner by service providers about any possible changes to the services they currently deliver.

Standard 5.4

Maternity service providers set clear objectives and develop a clear plan for delivering safe, high-quality maternity services.

Features of a maternity service meeting this standard are likely to include the following.

- 5.4.1 Plans are in place that set a clear direction for delivering quality and safe care in the short, medium and long term.
- 5.4.2 Service providers set SMART (specific, measurable, achievable, realistic, time-bound) objectives and their plans that take account of:
 - national strategies, policies and standards
 - views of stakeholders
 - the needs of the population served
 - best available evidence
 - laws and regulations
 - resources available
 - information relevant to the provision of safe services.
- 5.4.3 There is routine representation of the collective interests of women and their babies; and consideration of these interests in decisions about the planning of services. Key decisions in the planning of services are publicly available.
- 5.4.4 Monitoring of performance against service objectives and benchmarking. Performance of the service is managed transparently and reported through the relevant governance structures.

What this means for you as a woman using maternity services.

- Maternity service providers have a clear plan that sets out how it will deliver its service. You can easily access these plans if you would like to read them.
- Maternity service providers find out what is important to women using the service and use this information to plan and deliver their services.
- Maternity service providers regularly look at the service they are providing to make sure they are providing a safe, high-quality service.

Standard 5.5

Maternity service providers have effective management arrangements to support and promote the delivery of safe, high-quality maternity services.

Features of a maternity service meeting this standard are likely to include the following.

- 5.5.1 Management arrangements are in place to effectively and efficiently achieve planned objectives. This includes reviewing and identifying gaps in these management arrangements and taking action to address them. These include (but are not limited to):
- workforce management
 - performance management
 - communication management
 - information management
 - risk management
 - patient safety improvement
 - service design, improvement and innovation
 - environment and physical infrastructure management
 - financial and resource management.
- 5.5.2 Arrangements are in place to manage increases or decreases in service demand that help to ensure the quality and safety of care delivered to women and their babies.
- 5.5.3 Arrangements are in place to plan and manage service change and transition effectively, and these include:
- identifying an accountable individual who is responsible for leading and managing the change process
 - setting clear objectives for the service change and transition

- assessing in advance service interdependencies at local, regional and national levels where relevant
- modelling of demand and capacity through estimating current and future requirements
- considering the impact on stakeholders
- assessing staffing implications and determining staffing requirements
- implementing communication and engagement strategies
- developing and monitoring performance indicators relevant to change and service transition.

5.5.4 Each maternity unit has or appoints:

- a director of midwifery with responsibility for the organization and management of the midwifery service, who is a member of the executive management team
- a designated lead consultant obstetrician with responsibility for the organization and management of the obstetric service
- a designated lead consultant neonatologist and or paediatrician with responsibility for the organization and management of the neonatal and or paediatric service
- a designated lead consultant anaesthetist with responsibility for the organization and management of the obstetric anaesthetic service.

5.5.5 Medical directors and midwifery directors have the necessary competencies and are given adequate administrative time and support to effectively meet the requirements of their leadership and managerial roles.

5.5.6 A lead midwife ('shift coordinator') is identified and is available for each shift in the specialized and alongside birth centres, in addition to the other midwifery staff required.

5.5.7 Clinical managers, clinical directors and midwifery clinical skills facilitators[†] who supervise staff are provided with training in supervision theory and practice.

[†] The primary purpose of the post of the midwifery clinical skills facilitator is to provide clinical support, education and instruction to midwives in developing skills and competencies in order to fulfil their roles and responsibilities.

What this means for you as a woman using maternity services.

- The right staff are in place to provide you with safe, high-quality care.
- Maternity services manage their finances and premises to ensure they deliver safe, high-quality care for you and your baby.
- Maternity services have plans in place to deal with any increases or decreases in demand for the service.
- The views of women using the service and the views of their families are taken into account when maternity services are considering changing the services they provide.
- The maternity service ensures that you continue to receive safe, high-quality care in the course of any changes to the service.

Standard 5.6

Leaders at all levels promote and strengthen a culture of safety and quality throughout the maternity service.

Features of a maternity service meeting this standard are likely to include the following.

- 5.6.1 Active promotion and strengthening of a culture of safety and quality through the mission statement, service design, code of governance, allocation of resources and training, development and evaluation processes.
- 5.6.2 Demonstration of a clear commitment by leaders at all levels to promote and strengthen a culture of quality and safety.
- 5.6.3 Helping leaders at all levels to maintain and improve their skills, knowledge and competencies to fulfil their roles and responsibilities in delivering safe, high-quality care.
- 5.6.4 Regularly reviewing and identifying areas for improvement in the culture of the service, which incorporates structured feedback from women using the service and from staff.

What this means for you as a woman using maternity services.

- Maternity services support a culture of quality and safety.
- Maternity services regularly review how they can improve their care.
- Maternity services help their staff to develop their leadership skills to promote the delivery of safe, high-quality services.
- Feedback from women and their families is used to provide an insight into the culture of the service as it is experienced by those who use it.

Standard 5.7

Members of the workforce at all levels are empowered to exercise their personal and professional responsibility for the safety and quality of maternity services provided.

Features of a maternity service meeting this standard are likely to include the following.

- 5.7.1 Teams and individuals who are supported and managed to effectively exercise their personal, professional and collective responsibility for the provision of safe, high-quality maternity care.
- 5.7.2 There is a culture of openness and accountability throughout the service so that all staff can report in good faith any concerns that they have in relation to the safety and quality of the service and are not negatively affected as a consequence.
- 5.7.3 Staff who wish to make protected disclosures about the quality and safety of the service are assisted to make such disclosures in line with legal requirements.

What this means for you as a woman using maternity services.

- Everyone working in the maternity service has a clear understanding of what their job involves and when to seek support and advice.
- Everyone working in the maternity service is supported to raise concerns about the quality and safety of the service.

Standard 5.8

Maternity service providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the safety and quality of their maternity services.

Features of a maternity service meeting this standard are likely to include the following.

- 5.8.1 Proactive identification, management, reduction and elimination of risks — including clinical, financial and viability risks — to safeguard women and their babies using their services.
- 5.8.2 Proactive identification, reporting, monitoring and analysis of patient safety incidents. Learning from these incidents is communicated internally and externally and is used to improve the quality and safety of the service.
- 5.8.3 Healthcare professionals participate in regular multidisciplinary clinical audit and reviews of clinical services, including outcomes for women and their babies.
- 5.8.4 Information from monitoring of performance is used to drive improvements in the quality and safety of services provided.
- 5.8.5 Feedback, compliments and complaints from women using the service is used and shared to promote learning throughout the service.
- 5.8.6 Service providers participate in national quality and safety improvement programmes, where relevant.
- 5.8.7 A proactive approach to learning from findings and recommendations from local, national and international reviews and investigations.
- 5.8.8 Effective communication with women and their families, support groups, external agencies and other service providers is supported and promoted to identify opportunities to improve their services.

What this means for you as a woman using maternity services.

- Maternity service providers are constantly looking for ways to improve the services they provide to you and your baby.
- Comments and complaints from women and their families are listened to and acted on in a timely manner.
- If something has gone wrong with the care you have received, the maternity service will make changes to reduce the risk of the same thing happening again to you or other women using their services.
- Maternity service providers learn from findings of reviews and investigations of other services to improve the quality and safety of their services.

Standard 5.9

The safety and quality of services provided on behalf of maternity service providers are monitored through formalized agreements.

Features of a maternity service meeting this standard are likely to include the following.

- 5.9.1 Formalized agreements are in place for the provision and quality of services sourced externally. The contracts of agreement include the scope of service provided, resources required and the quality assurance and governance arrangements including compliance with relevant national standards, policies, laws and regulations.
- 5.9.2 Regular monitoring of the formalized arrangements with external recruitment agencies to check that the service they provide complies with relevant standards, policies, laws and regulations. These arrangements include the agency's role, responsibility and area of accountability in the recruitment process.

What this means for you as a woman using maternity services.

- Maternity services regularly check to make sure that any services provided on their behalf are safe and are of a high-quality.
- If the maternity service uses an external recruitment agency to take on staff, you can be assured that these staff have the necessary skills and experience to care for you and your baby.

Standard 5.10

The conduct and provision of maternity services are compliant with relevant Irish and European laws and regulations.

Features of a maternity service meeting this standard are likely to include the following.

- 5.10.1 Regular reviews take place of Irish and European laws and regulations to determine what is relevant for the service.
- 5.10.2 There is a clearly documented risk assessment of any identified gap in compliance with laws and regulation, with appropriate timely action taken to achieve compliance to enhance quality and safety.

What this means for you as a woman using maternity services.

- Maternity services comply with all of the relevant Irish and European laws and rules.
- If new laws are passed or new rules come in, maternity services meet the requirements of these as soon as possible.

Standard 5.11

Maternity service providers act on standards and alerts, and take into account recommendations and guidance, as formally issued by relevant regulatory bodies as they apply to their service.

Features of a maternity service meeting this standard are likely to include the following.

- 5.11.1 Prompt action is taken on alerts made by regulatory bodies relating to the quality and safety of their service.
- 5.11.2 Standards, guidance, and recommendations formally issued by regulatory bodies are regularly reviewed in order to determine what is relevant to the service they provide, and action is taken to implement any necessary changes to address deficiencies.

What this means for you as a woman using maternity services.

- Maternity services act on any standards that are produced by regulatory bodies, such as the Health Information and Quality Authority, which are relevant to their service.
- Maternity services work to improve the quality and safety of their service by acting on any recommendations and guidance issued by regulatory bodies that apply to their services.
- If a regulatory body issues alerts about medicines or equipment, maternity services will take any necessary action to ensure your safety and that of your baby.



Theme 6 Workforce



Theme 6 Workforce

The workforce providing a maternity service consists of all the people who work in the service, for it or on its behalf. All these personnel are all integral to the delivery of a person-centred, safe, high-quality service. Service providers must be able to assure the public, women and their babies and their workforce that everyone working in the service is contributing to a safe, high-quality service.

When a service sets its objectives for the delivery of sustainable, safe, high-quality care it must determine the workforce requirements to deliver on these objectives. The individual members of a workforce must be skilled and competent, while the workforce as a whole must be planned, configured and managed to achieve these objectives.

Workforce planning can be defined as an evidence-based process of determining the right number, mix and distribution of the skills, competencies and capabilities within a workforce. Such a process should entail a number of key activities such as recruitment, tracking staff numbers and skills, workforce deployment, learning, training and development. Effective maternity services need processes to ensure that there will be sufficient staff available at the right time, with the right skills, diversity and flexibility to deliver safe, high-quality care for women and their babies.

The workforce has a key role in delivering a safe, high-quality service and should be supported in doing this. Effective recruitment and workforce planning ensures that the members of the workforce have the necessary competencies to undertake their role and other requirements, including vetting by An Garda Síochána (Ireland's National Police Service). There also needs to be arrangements in place to support the requirements of professional regulation for all staff that need to be registered and regulated by professional regulatory bodies. Staff working in maternity services need supervision and feedback to ensure they are doing a good job and that they are getting the right training and support to deliver a safe, high-quality service.

Supporting the workforce includes providing a safe physical environment, protecting them from the risk of bullying and harassment and listening and responding to their views. As aspects of maternity care provision change and develop over time, the workforce needs to be supported to continuously update and maintain their knowledge and skills, whether they are directly employed or in a contractual arrangement.

Standard 6.1

Maternity service providers plan, organize and manage their workforce to achieve the service objectives for safe, high-quality maternity care.

Features of a maternity service meeting this standard are likely to include the following.

- 6.1.1 Staffing levels are maintained at adequate and internationally accepted levels to meet service need.
- 6.1.2 Service providers use nationally agreed workforce planning tools where they exist and adhere to national guidelines on rostering.[±]
- 6.1.3 The workforce plan includes a training needs analysis.
- 6.1.4 Service providers continually audit workload, casemix, skill mix and staffing levels. Safe staffing levels of all healthcare professionals and support staff are maintained, reviewed and audited annually for each service.
- 6.1.5 Service providers implement a system of contingency and succession planning of their workforce to seamlessly continue to deliver a safe, high-quality, sustainable service as staff leave the service.
- 6.1.6 Workforce planning takes into account annual leave, study leave, maternity leave and sick leave. In maternity units, it also takes account of predictive modelling of needs such as the number of women booked and their respective estimated date of delivery.
- 6.1.7 Service providers work to improve continuity of staffing through strategies for the retention of staff and ensure sufficient staffing levels to avoid excessive use of locum staff.

[±] The Chief Medical Officer's (CMO's) Portlaoise report recommends that the Health Service Executive (HSE) develops evidence-based workforce planning tools and data systems for midwives and maternity care assistants. It also recommends that the HSE develops national guidelines on rostering of midwifery staff in maternity units based on best evidence.

- 6.1.8 The use of locum staff is kept to a minimum and reliance on them is continuously reviewed.
- 6.1.9 Midwives, including clinical midwifery managers, with the exception of specialist midwives, rotate through the antenatal, intrapartum and postnatal settings in order to maintain competence and skills in these areas.
- 6.1.10 Workload distribution is regularly reviewed with protected time being allocated for clinical audit and data collection.
- 6.1.11 Staff re-allocation in a maternity unit based in a general hospital is kept to a minimum and midwives are not asked to practise beyond their scope of clinical competence.

What this means for you as a woman using maternity services.

- The people caring for you and your baby have the necessary qualifications, skills and experience to provide safe, high-quality care.
- Maternity service providers plan and organize their services to ensure that there are enough staff with the necessary qualifications, skills and experience to deliver safe, high-quality care for you and your baby at all times.
- Appropriately trained and skilled people are available to provide necessary services if there is an increase in demand on the service.

Standard 6.2

Maternity service providers recruit people with the required competencies to provide safe, high-quality maternity care.

Features of a maternity service meeting this standard are likely to include the following.

- 6.2.1 Selection and recruitment of staff is in line with relevant Irish and European laws and regulations and is informed by evidence-based human resource practices.
- 6.2.2 Recruitment of staff, including locum staff, who have the required experience, registration (where relevant), credentials and competencies (including communication skills).
- 6.2.3 Arrangements are in place to monitor and evaluate the effectiveness of recruitment processes and to address any gaps identified.
- 6.2.4 Input from healthcare professionals in the relevant specialty into the recruitment of locum staff.
- 6.2.5 Recruitment and selection procedures incorporate all reasonable measures to protect women and their babies from harm, for example, obtaining Garda Síochána vetting.
- 6.2.6 Each maternity unit has access to:
 - advanced midwife and or nurse practitioners
 - midwife and or nurse prescribers
 - clinical midwife specialists in lactation
 - clinical midwife specialists in bereavement.
- 6.2.7 Sufficient numbers of trained ultrasonographers are in place so that an ultrasound service is available in all maternity units on a routine basis during core working hours and on an on-call basis at other times.

- 6.2.8 Each maternity unit has a system in place to ensure effective communication and safe transition of care between the maternity unit and community services.
- 6.2.9 A formal mentorship programme is in place for all non-consultant hospital doctors (NCHDs) irrespective of whether or not they are on a recognized training programme. Mentors are appropriately trained.
- 6.2.10 Training is formalized, planned and regularly reviewed to address perceived deficiencies and ensure competency in all relevant areas.

What this means for you as a woman using maternity services.

- Your service makes sure that it recruits people with the necessary qualifications, skills, abilities and experience to provide safe care.
- Your service makes sure that healthcare professionals are registered with their professional regulatory body in line with registration requirements.
- Maternity service providers protect women and their babies by asking the Garda Vetting Unit to formally check the backgrounds of the people they recruit.

Standard 6.3

Maternity service providers ensure their workforce has the competencies required to deliver safe, high-quality maternity care.

Features of a maternity service meeting this standard are likely to include the following.

- 6.3.1 A culture of lifelong learning for healthcare professionals is promoted and supported in line with individual learning needs and the needs of women using the service. Service providers engage in continuing professional development with relevant bodies to facilitate this.
- 6.3.2 All healthcare professionals are supported to maintain their professional knowledge, skills and competence in line with best practice and the needs of the population being cared for. They also fulfil the requirements of professional regulation.
- 6.3.3 All newly appointed midwifery and or nursing managers and clinical directors have the relevant competencies to take up the post and are supported and mentored when in the post.
- 6.3.4 Each maternity unit has a midwifery clinical skills facilitator.
- 6.3.5 All staff are facilitated and supported, for example, through rostering, to attend training appropriate to their roles, through the use of a dedicated training budget and staff wellbeing and development programmes.
- 6.3.6 A formal mandatory induction programme for all new staff includes a focus on communication and safe, high-quality care. Induction for all new staff takes place prior to or as soon as possible after taking up a new post. Attendance records are maintained.
- 6.3.7 Standardized induction for locum staff, comprising important information necessary to safely undertake the role, takes place prior to starting work.
- 6.3.8 Prevention and control of infection is included in the mandatory induction programme for new staff, and in training and ongoing educational programmes for all staff.

- 6.3.9 A multidisciplinary approach to team training in obstetric neonatal emergencies.
- 6.3.10 Protected training time is allocated appropriate to the learning and development needs of staff.
- 6.3.11 Service providers ensure that healthcare professionals who are directly involved in maternity care are competent according to their scope of practice.
- 6.3.12 There is mandatory training every two years for healthcare professionals, appropriate to their scope of practice, in:
- cardiotocography (CTG) interpretation
 - basic adult, obstetric and neonatal resuscitation and immediate care.
- The skills gained are supported by CTG review meetings and regular drills in basic life support.
- 6.3.13 Healthcare professionals providing ultrasound services are appropriately trained and their competence regularly assessed, and are also trained in counselling skills, support techniques and other issues related to early pregnancy.
- 6.3.14 Healthcare professionals are trained to recognize the signs of domestic violence, either physical or psychological. They are trained in screening and rating according to national guidelines and to make appropriate referrals.
- 6.3.15 Healthcare professionals have access to educational and training opportunities in the delivery of compassionate bereavement and end-of-life care in line with their roles and responsibilities.
- 6.3.16 Healthcare professionals are registered with the appropriate regulatory bodies, and are indemnified by the appropriate organizations for their scope of practice. Service providers have a system in place to monitor that all members of their workforce are registered appropriately.

What this means for you as a woman using maternity services.

- Everybody caring for you and your baby regularly receives the necessary training to keep their skills and knowledge up to date.
- Your maternity service provider makes sure that everybody working within its service only provides care that they have the required skills, knowledge and expertise to provide.
- Your maternity service provider ensures that all new staff receive induction training, which contains important information necessary for them to safely do their job.
- Everybody working in the service knows how to get support and advice when they need it so that they can deliver a safe, high-quality service.

Standard 6.4

Maternity service providers support their workforce in delivering safe, high-quality maternity care.

Features of a maternity service meeting this standard are likely to include the following.

- 6.4.1 Governance arrangements to ensure that all healthcare professionals have the opportunity and support for continuing professional development, including agreed mandatory education and training sessions, as well as improving and updating their skills as required.
- 6.4.2 A working environment — that is in line with relevant laws, regulations and national policy — that supports and protects staff to deliver safe, high-quality maternity care.
- 6.4.3 Measures to protect staff by minimizing the risk of violence, bullying and harassment by other staff or people using the service.
- 6.4.4 A formalized mechanism for staff to provide feedback to the service provider in order to identify and propose areas for improvement in the delivery of services. Action is taken based on the feedback provided.
- 6.4.5 Staff are provided with clear descriptions of their roles, responsibilities and lines of accountability.
- 6.4.6 A sufficient number of dedicated support staff, for example, administrative and cleaning staff, such that healthcare professionals can fulfil their core clinical duties as a priority.
- 6.4.7 All staff receive regular supervision and support from appropriately trained and experienced staff in the relevant area.
- 6.4.8 A formal system of performance appraisal for all staff. This system is a forum to identify areas for training and skills development.
- 6.4.9 Clear and transparent procedures for the effective management of under-performance.

- 6.4.10 Procedures to inform the relevant professional body where it is considered that the behaviour, conduct, practice, performance or health of a healthcare professional is not what would be expected of such a professional.
- 6.4.11 Fair and transparent arrangements to support and manage a member of staff if a complaint or a concern is expressed about them.
- 6.4.12 Promotion of a culture of openness and accountability, and arrangements in line with laws and regulations, to allow staff to report in good faith any concerns that they have in relation to the quality and safety of the service.
- 6.4.13 Regular review of, and responses to, feedback about staff from women using the services and other staff members.
- 6.4.14 In the event of an unexpected outcome or a patient safety incident, the effect that this may have on staff is acknowledged, and support is available for them. Debriefing support is offered to staff, as required. Peer support and access to counselling services are also available.
- 6.4.15 Staff involved in a patient safety incident are kept informed and supported during the review process.
- 6.4.16 Staff are provided with access to psychological support following a perinatal death.

What this means for you as a woman using maternity services.

- The maternity service asks women how they were treated by staff and uses this information to improve the experience of all women using the service.
- The people looking after you have clear job descriptions and understand what their role is in providing your care.
- Maternity service providers listen to the views and feedback of the workforce and uses this to make your care safer and better.
- The people who work in the maternity service are supported by those in charge to provide a safe, high-quality service.
- If a maternity service provider is concerned about the work of any healthcare professional in their service they take the necessary actions to protect women and their babies.



Theme 7 Use of Resources



Theme 7

Use of Resources

How a maternity service uses its available resources impacts on the quality and safety of the care it provides. These finite resources include human, physical, financial and natural resources.

Safe, high-quality care is intrinsically linked to the use of resources, including how they are planned, managed and delivered. The effective, responsible stewardship of resources, including decisions on how they are allocated, is a fundamental factor in delivering safe, high-quality care.

In order to effectively plan, manage, design and deliver services it is first necessary for a maternity service to determine the current and future needs of the local population. This information is crucial to informing decisions about how resources are to be used and what resources are required in the future to continue to meet the needs of the local population. The service provider needs to regularly review if these needs are being met in order to determine if resources can be used more effectively or to identify if additional resources are required.

The way resources are used affects the quality, safety and sustainability of maternity services. The decisions and choices made by those responsible for resources must be informed and accountable. A well-run maternity service knows how it is using resources and needs to be able to access up-to-date evidence about cost-effectiveness to inform its resource decisions. Each maternity care pathway as outlined in the National Maternity Strategy has core components, each of which has specific resource requirements. Each maternity unit manages and reviews its use of resources to determine its capacity to continue to deliver its specified care pathways safely and effectively.

The maternity service must maintain the quality of the care it provides while striving for greater efficiency with finite resources. Decisions about the deployment of resources take account of the needs of the other components of the maternity service. The way these decisions are made must be transparent and the rationale for these decisions presented to women, their partners and families, the public and the workforce in a way that they can understand.

Standard 7.1

Maternity service providers plan and manage the use of available resources to deliver safe, high-quality maternity care efficiently and sustainably.

Features of a maternity service meeting this standard are likely to include the following.

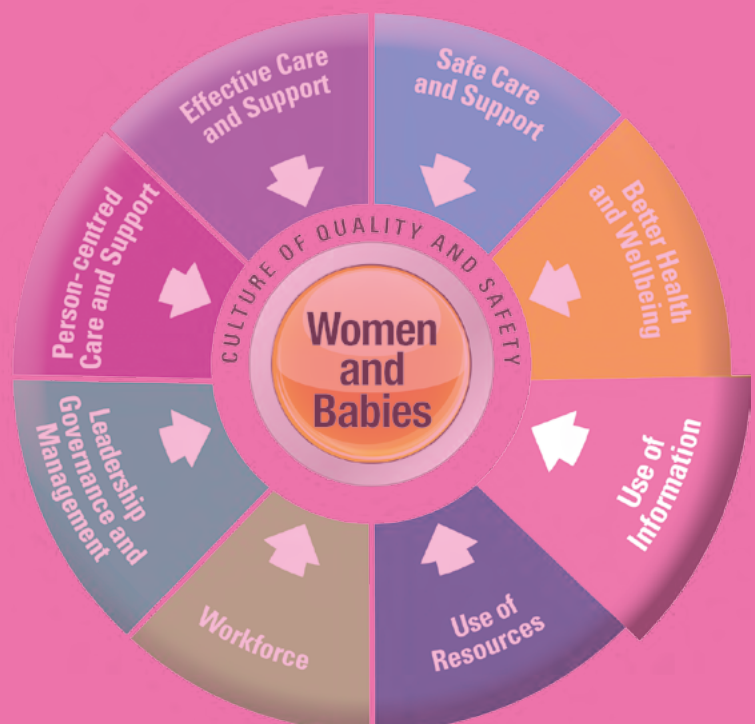
- 7.1.1 Each maternity unit works within its network structure and the network's ring-fenced maternity budget to ensure that it has adequate facilities, expertise and capacity to deliver safe, high-quality care.
- 7.1.2 Arrangements to manage financial performance and evaluate its impact on the quality and safety of services, in particular any deterioration in performance.
- 7.1.3 Transparent reporting on financial performance in line with laws, regulations and government policy.
- 7.1.4 Resource decisions that are informed by:
 - explicit consideration of the quality, safety and ethical implications of such decisions
 - risk assessment of the decisions
 - best available evidence
 - the assessed needs of the local population
 - the views of staff and women using the service.
- 7.1.5 Each maternity unit has its own equipment replacement programme and an annual programme of quality assurance, servicing and maintenance.
- 7.1.6 Equipment remains fit for purpose, for example, obstetric, anaesthetic and paediatric equipment. There is a critical assessment of ultrasound image quality, and there is a risk assessment of ultrasound equipment at five-year intervals.

What this means for you as a woman using maternity services

- Maternity services make the best use of their available resources, including the people who work in the services.
- The decisions on how maternity services use their money are informed by the views of women using the services.
- Maternity services regularly check that they use their available resources to get the best possible results for the women using their services.
- All people working in maternity services know how much it costs to deliver maternity care and use resources responsibly.



Theme 8 Use of Information



Theme 8

Use of Information

Quality information is an important resource for maternity service providers in planning, managing, delivering and monitoring safe, high-quality services. Quality information is accurate, valid, reliable, timely, relevant, legible and complete.

There are multiple sources of information including national and international evidence, healthcare records, audit findings, and feedback from women using maternity services. Using the available data on an ongoing basis is a straightforward and useful way for maternity services to monitor trends, so that areas of possible concern for the service can be identified early and actions taken as required.

In order to accurately benchmark against other services nationally and internationally, it is important to use standardized definitions where they are available and to report data consistently in line with national reporting requirements.

To effectively use information, service providers have systems — including information and communications technology — to make sure the collection and reporting of high-quality information takes place within the context of effective arrangements for information governance.

Information governance provides a framework to bring together all the laws, regulations, guidance and best available evidence that applies to the handling of information. It provides a consistent way for the workforce to deal with the many different legislative provisions, guidelines and professional codes of conduct that apply to handling information.

An information governance framework enables services and individuals to ensure all information, including personal information, is handled securely, efficiently, effectively and in line with laws and regulations. This supports the delivery of person-centred, safe, high-quality care and helps ensure that when sharing information across services, service providers protect and manage personal information in a sensitive and responsible manner.

Women and babies’ personal healthcare information informs all aspects of their care. It is essential that personal information is treated in a confidential manner and that service providers put in place arrangements to make sure that this happens. The ability to identify an individual uniquely is important for safe effective care; therefore, service providers should have arrangements in place to uniquely identify each woman and her baby using their services.

Standard 8.1

Maternity service providers use information as a resource in planning, delivering, managing and improving the safety and quality of maternity care.

Features of a maternity service meeting this standard are likely to include the following.

- 8.1.1 Arrangements to collect information on the current and anticipated needs of the service and the population served, for example, ethnicity data and changes in the numbers of women using the service, to support effective decision-making. This information is used to plan, design, manage and deliver services.
- 8.1.2 Arrangements to collect and manage accessible high-quality information to support effective decision-making, for example, through collection and use of nationally agreed metrics. The effectiveness of these arrangements are regularly checked and steps are taken to address any areas identified for improvement.
- 8.1.3 Use of high-quality information to support and inform decision-making in relation to the use of human, physical, natural and financial resources.
- 8.1.4 Arrangements to ensure that healthcare professionals have access to high-quality information including best available evidence to support and inform effective clinical decision-making.
- 8.1.5 Arrangements to evaluate and manage the quality and safety of services provided using relevant quality information including key performance indicators.
- 8.1.6 Where information is reported, arrangements to ensure feedback is given in a timely manner and appropriate action taken as necessary.
- 8.1.7 Arrangements to ensure necessary information is shared in a timely manner within and between services, in line with laws and regulations, based on best available evidence, national standards and guidance where available.

- 8.1.8 Information systems, whether electronic or paper-based, are integrated, and they interface with other systems to support the delivery of safe, high-quality care.
- 8.1.9 Reporting requirements, for example, to national data collections, are met in a timely manner through the use of consistent datasets, using standardized definitions.
- 8.1.10 Use of surveys to measure the experience of both women and their families and staff to determine how the service is operating in practice.
- 8.1.11 Information being shared, as appropriate, to improve the safety of women and their babies, both within services and nationally.
- 8.1.12 Recommendations arising from investigations, reviews and research findings are communicated and shared with relevant care providers.

What this means for you as a woman using maternity services

- Healthcare professionals have access to, and use, good quality information when making decisions about you and your maternity care.
- You can expect that necessary information is shared between healthcare professionals providing your maternity care in a timely manner while respecting your privacy.
- Your healthcare information is available to all healthcare professionals providing your care so that you do not have to repeat your obstetric, medical and social history.
- The maternity service uses relevant quality information to continually check the quality and safety of the care provided to you.
- The maternity service learns from the information it collects to improve the quality of your care.

Standard 8.2

Maternity service providers have effective arrangements in place for information governance.

Features of a maternity service meeting this standard are likely to include the following.

- 8.2.1 Arrangements are in place for information governance to ensure services are complying with laws and regulations, using information ethically and using best available evidence, including national guidance if available, to protect service users' information.
- 8.2.2 Training in information governance for all staff is in line with their level of access to personal health information that facilitates them to fulfil their roles and responsibilities for information governance.
- 8.2.3 Information is collected, processed, used and shared, while respecting the privacy and confidentiality of the women and their babies to whom it relates.
- 8.2.4 All data collected, analysed, used and shared complies with national standards, guidance or nationally agreed definitions, where they exist, to allow the comparability and sharing of information.
- 8.2.5 Nationally agreed data is collected, and reported as appropriate, in a consistent, timely and comprehensive manner using standardized definitions.
- 8.2.6 Effective arrangements to ensure that information, both in paper and electronic formats, is of a high quality.
- 8.2.7 Evaluation, validation and reporting on the quality of information to support the provision of safe, high-quality care.
- 8.2.8 Arrangements for sharing information within and between service providers that protect the security, privacy and confidentiality of personal health information.

- 8.2.9 Security of health information, in both paper and electronic formats, from unauthorized access.
- 8.2.10 Where e-Health records are used, they are contemporaneous, accurate, relevant and accessible to all service providers.
- 8.2.11 Arrangements are in place for women to access a copy of their personal health information in line with laws and regulations and to have factually inaccurate information corrected.
- 8.2.12 The use of information, both to support providing safe and effective care and for secondary purposes, for example research, is in line with laws and regulations and recognized evidence-based guidance.

What this means for you as a woman using maternity services

- Your information is only shared with others that are involved in your maternity care whenever this is relevant, and with your permission.
- You can expect that your rights to privacy and confidentiality are respected when your information is being shared.
- Your personal information will not be used for other purposes, such as research, without your permission.
- You can request a copy of any information held about you by your maternity service.

Standard 8.3

Maternity service providers have effective arrangements for the management of healthcare records.

Features of a maternity service meeting this standard are likely to include the following.

- 8.3.1 Management of healthcare records is in line with laws and regulations, national policies, national health information standards and guidance, and nationally agreed definitions, where these exist.
- 8.3.2 Arrangements to make sure women, their babies and their records are identified uniquely to avoid duplication and misidentification.
- 8.3.3 Evaluation of the effectiveness of the service's records management practices and systems, and, where appropriate, taking action to address areas for improvement.
- 8.3.4 Arrangements are in line with legislation, best available evidence and national guidance, if available, for creating, using, storing and disposing of personal health information.
- 8.3.5 Structured and accurate records are kept of all antenatal, intrapartum and postnatal care, including records of observations made, care given, pain relief and any other form of medication administered to a woman or baby.
- 8.3.6 All information including a plan of care, clinical observations, diagnostic tests and progress notes are followed up, acted on and this is contemporaneously recorded by the relevant healthcare professional in an agreed format within an agreed health record.
- 8.3.7 A health record booklet for the newborn baby is given to all women as soon as possible after birth and its use explained.
- 8.3.8 A system is in place to ensure that information about women and their babies in the postnatal period is collated and transferred between services in a reliable, timely and secure manner.

- 8.3.9 Services comply with health information technical standards, where they exist, to facilitate the interoperability of systems and sharing of information.

What this means for you as a woman using maternity services

- Information about you will be recorded accurately.
- Your maternity healthcare record will be stored securely and be kept up to date.
- The results of any tests will be accessible and available to your healthcare professionals in a timely manner to support decision-making about your maternity care.
- Information will be shared with the relevant healthcare professionals in a timely manner as you move between services.

Glossary of terms and abbreviations

Abuse: a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to a person or violates their human or civil rights.

Accountability: being answerable to another person or organization for decisions, behaviour and any consequences.

Advocacy: the practice of an individual acting independently of the service provider on behalf of, and in the interests of, a service user who may feel unable to represent themselves.

Alongside birth centre: an alongside birth centre is a birth centre situated in the immediate vicinity of a specialized birth centre.

Anaesthetist: a medical specialist who administers an anaesthetic to a patient before a medical procedure or surgery.

Antenatal care: care provided to a pregnant woman during her pregnancy.

Audit: the assessment of performance against any standards and criteria (clinical and non-clinical) in a health or social care service.

Autonomy: autonomy relates to being human and worthy of respect. In a practical sense, it is the ability of an individual to direct how he or she lives on a day-to-day basis according to personal values, beliefs and preferences. In health and social care, this involves the person who uses services making informed decisions about the care, support or treatment that he or she receives. The ability to be autonomous, and make decisions, can be supported and developed.

Best available evidence: the consistent and systematic identification, analysis and selection of data and information to evaluate options and make decisions in relation to a specific question.

Caesarean section: a surgical procedure used to deliver a baby through incisions created in the mother's abdomen and uterus.

Cardiotocography (CTG): an electronic means of recording the fetal heart beat and the uterine contractions during pregnancy. A cardiotocograph machine produces a trace known as a cardiotocograph which illustrates the fetal heart rate and uterine activity.

Care bundles: a number of related evidence-based interventions, which when followed consistently for every patient each time care is delivered, result in improved outcomes for patients.

Care pathway: a multidisciplinary care plan that outlines the main clinical interventions undertaken by different healthcare professionals in the care of women or their babies with a specific condition or set of symptoms.

Casemix: the types of patients and complexity of their condition treated within a maternity service, including diagnosis, treatments given and resources required for care.

Clinical audit: a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.

Clinical governance: a system through which services providers are accountable for continuously improving the quality of their clinical practice and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. This includes mechanisms for monitoring clinical quality and safety through structured programmes, for example, clinical audit.

Clinical midwife manager (CMM): refers to midwives who undertake first-line midwife management posts with responsibility for professional leadership, staffing and staff development, resource management and facilitating communication. There are three grades of first-line midwife management: CMM 1, CMM2 and CMM 3.

Code of conduct: a description of the values, principles and expected behaviours of individuals and teams working within a service.

Competence: the knowledge, skills, abilities, behaviours and expertise sufficient to be able to perform a particular task and activity.

Complaint: an expression of dissatisfaction with any aspects of service provision.

Concern: a safety or quality issue regarding any aspect of the provision of maternity services raised by a woman or her family, service provider, member of the workforce or general public.

Confidentiality: the right of individuals to keep information about themselves from being disclosed.

Core working hours: the hours when a department or area is fully functional. This has been historically classified as the working hours of 9am to 5pm, Monday to Friday.

Corporate governance: the system by which the service directs and controls its functions in order to achieve organizational objectives, manage business processes, meet required standards of accountability, integrity and propriety and relate to external stakeholders.

Credentials: evidence or proof of an individual's qualification, competence or authority.

Culture: the shared attitudes, beliefs and values that define a group or groups of people and shape and influence perceptions and behaviours.

Dignity: the right to be treated with respect, courtesy and consideration.

Domestic violence: the use of physical or emotional force, or the threat of physical force in close adult relationships. It can also include emotional abuse, the destruction of property, isolation from friends, family and other sources of support, threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone.

Effective: a measure of the extent to which a specific intervention, procedure, treatment, or service, when delivered, does what it is intended to do for a specific population.

Efficient: use of resources to achieve best results with minimal waste.

EPAU: early pregnancy assessment unit.

Features: these, taken together, will enable progress towards achieving the standard.

Harm: impairment of structure or function of the body and or any detrimental effect arising from this, including disease, injury, suffering, disability and death. Harm may be physical, social or psychological.

Health: the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

Healthcare professionals: a person who exercises skill or judgment in diagnosing, treating or caring for women and their babies and preserving or improving their health. For the purpose of this document, the term includes health and social care professionals as defined in the Health and Social Care Professionals Act 2005.

Histology: study of the microscopic structures of tissues.

HIQA: Health Information and Quality Authority.

Informed consent: In the glossary consent is defined as the giving of permission or agreement for an intervention, receipt or use of a service or participation in research following a process of communication in which the service user has received sufficient information to enable him/her to understand the nature, potential risks and benefits of the proposed intervention or service.

Integrated care: healthcare services working together, both internally and externally to ensure service users receive coordinated care.

Interpreter: a person who facilitates communication between users of different languages by use of oral translation or sign language methods, either simultaneously or consecutively.

Irish Maternity Early Warning System (IMEWS): a system for the early detection of illness during pregnancy and after a woman has had a baby.

Just culture: a just culture seeks to balance the need to learn from mistakes and the need to take disciplinary action.

Key performance indicator (KPI): specific and measurable elements of practice that can be used to assess quality and safety of care.

Locum: a healthcare professional with the required competencies who is employed to temporarily cover the duties of another healthcare professional who is on leave.

Maternity service: any location where maternity care is provided. Examples include, but are not limited to maternity units, primary and community care settings.

Maternity service provider: any person, organization or part of an organization delivering maternity services.

Maternity unit: a maternity hospital that provides maternity care either as a stand-alone hospital or in a general hospital.

Midwife: a person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located; who has acquired the requisite qualifications to be registered and or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

Miscarriage: the loss of a baby before viability. A miscarriage may occur during the first trimester (early miscarriage) or during the second trimester (late miscarriage).

Multidisciplinary: an approach to the planning of treatment and the delivery of care for a service user by a team of healthcare professionals who work together to provide integrated care.

National Clinical Guidelines: a suite of guidelines that meet specific quality assurance criteria and have been mandated by a designated national body.

Needs assessment: systematic identification of the needs of an individual or population to determine the appropriate level of care or services required.

Neonatal death: the death of a baby occurring within 28 completed days of birth.

Neonatologist: a doctor who has specialized in neonatology.

Neonatology: a sub-speciality of paediatrics which relates to the medical care of newborn babies.

Non-consultant hospital doctor (NCHD): doctors that have not yet reached hospital consultant grade. NCHDs include specialist registrars, registrars, senior house officers and interns.

Obstetrician: a doctor who has specialized in obstetrics.

Obstetrics: the branch of medicine concerned with pregnancy and childbirth.

On call: the provision or availability of clinical advice in addition to or outside of core working hours.

Open disclosure: a comprehensive and clear discussion of an incident that resulted or may have resulted in harm to a service user while receiving care. Open disclosure is an ongoing communication process with service users and their families or advocates following a patient safety incident.

Paediatrician: a doctor who has specialized in paediatrics.

Paediatrics: the branch of medicine concerned with the treatment of infants and children.

Pathologist: a specialist in pathology.

Pathology: a branch of medical science primarily concerning the examination of organs, tissues and bodily fluids in order to make a diagnosis of disease.

Patient safety incident: As defined in the Health Information and Patient Safety Bill Revised General Scheme (2015) a 'patient safety incident' means:

- a) any unintended or unanticipated injury or harm to a service user that occurred during the provision of a health service,
- b) an event that occurred when providing a health service to a service user that did not result in actual injury or harm but there are reasonable grounds to believe that the event concerned placed the service user at risk of unintended or unanticipated injury or harm,
- c) an incident that was prevented from occurring due to timely intervention or chance and which there are reasonable grounds for believing could have resulted, if it had not been so prevented, in unintended or unanticipated injury or harm to a service user during the provision of a health service to that service user.

Perinatal death: the death of a baby in the weeks before birth or up to four weeks after birth. This includes stillbirths and neonatal deaths.

Placenta: vascular tissue in which oxygen and nutrients can pass from blood of a mother into that of the fetus. Waste products can pass the other way.

Placental histology: study of the microscopic structures of the placenta.

Policy: a written operational statement of intent which helps staff make appropriate decisions and take actions, consistent with the aims of the service provider and in the best interest of women and their babies.

Post-mortem: an examination of a dead body to find out the reason for the death.

Postnatal care: care provided to a mother and baby in the first six weeks after birth.

Post-mortem histology: the study of the microscopic structures of the organs examined at a post-mortem.

Pregnancy loss: all types of loss, including spontaneous and medically supervised terminations that occur during a pregnancy from the first to third trimester.

Quality information: data that has been processed or analysed to produce something useful. Quality information is accurate, valid, reliable, timely, relevant, legible and complete.

Regulation: a sustained and focused control exercised by a public agency over activities that are valued by a community.

Risk: the likelihood of a patient safety incident or adverse outcome.

Risk management: the systematic identification, evaluation and management of risk. It is a continuous process with the aim of reducing risk to an organization and individuals.

Serious incident: an incident that results in death or serious harm.

Shared decision-making: information exchange is a two-way process in the consultation. Both deliberation and decision are made by both healthcare professional and patient.

Skill mix: the combination of competencies including skills needed in the workforce to accomplish the specific tasks or perform the given functions required for safe, high-quality care.

Specialized birth centre: a specialized birth centre is a delivery suite in an Irish maternity unit.

Staff: the people who work in a maternity service, including but not limited to healthcare professionals, maternity care assistants, laboratory staff, administrative staff, catering staff, cleaning staff, security staff and portering staff.

Stakeholder: an informed or interested party or person, group or organization that affects or can be affected by the actions of, or has an interest in the services provided.

Standard: in the context of this document, a standard is a statement which describes the high-level outcome required to contribute to quality and safety.

Statement of purpose: a description of the aims and objectives of a service, including how resources are aligned to deliver these objectives. It also describes in detail the range, availability and scope of services provided by the overall service.

Stillbirth: a child weighing 500g or more or having a gestational age of 24 weeks or more who shows no sign of life. (Stillbirths Registration Act 1994).

Tissue viability management: the prevention and management of all aspects of skin and soft tissue wounds.

Ultrasound: a procedure in which high-energy sound waves are bounced off internal tissues or organs and make echoes. The echo patterns are shown on the screen of an ultrasound machine, forming a picture of body tissues called a sonogram.

VBAC: vaginal birth after caesarean section.

Workforce: the people who work in, for or with the service provider. This includes individuals that are employed, self-employed, temporary, volunteers, contracted or anyone who is responsible or accountable to the organization when providing a service to the service user.

Resources^{±±}

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Appendices

Appendix 1

Membership of the Standards Advisory Group convened by HIQA

Member	Representing
Bernie Conolly	Nursing and Midwifery Board of Ireland
Brigid Doherty	Patient Focus
Dr Caroline Mason Mohan	Health Service Executive (HSE), Department of Public Health
Cita Crefeld	Cuidiu (Caring Support for Parenthood)
Claire O'Regan	State Claims Agency
Dr Colm O'Herlihy	Medical Council
Cora McCaughan	HSE, Quality Assurance and Verification Division
Professor Declan Devane	Professor of Midwifery, National University of Ireland, Galway
Elaine Fallon	HSE, Quality Improvement Division
Professor Fergal Malone	Royal College of Surgeons in Ireland
Joan Heffernan	HIQA
Joan Regan	Acute Hospitals Policy Unit, Department of Health
Dr Joanne Fenton	College of Psychiatrists of Ireland
Professor John Murphy	HSE, National Clinical Programme for Paediatrics and Neonatology
Dr Karen Robinson*	State Claims Agency
Dr Kathleen MacLellan	Office of the Chief Medical Officer, Department of Health
Dr Krysia Lynch	Association for Improvement in Maternity Services
Lynsey Kavanagh	Pavee Point Traveller and Roma Centre

* Dr Karen Robinson was a member of the Advisory Group until January 2016, at which point she was replaced by Claire O'Regan.

Member	Representing
Mairie Cregan	Féileacáin (Stillbirth and Neonatal Death Association of Ireland)
Margaret Philbin	Irish Association of Directors of Nursing and Midwifery (IAD-NAM)
Marie Kehoe-O'Sullivan	HIQA (Chair)
Professor Michael Turner	HSE, National Clinical Programme for Obstetrics and Gynaecology
Michelle Gardner	Cuidiu (Caring Support for Parenthood)
Michelle Kelly	Service User
Dr Niamh Hayes	College of Anaesthetists of Ireland
Pat O'Dowd	Primary Care Division, HSE
Dr Peter Boylan	Chair, Institute of Obstetricians and Gynaecologists
Professor Richard Greene	Chair, National Perinatal Epidemiology Centre
Sheila Sugrue	Lead Midwife, Office of the Nursing and Midwifery Services Director, HSE
Dr Sinead Murphy	Irish College of General Practitioners
Siobhan Bourke	HIQA
Susan Kent	Chief Nursing Officer's Office, Department of Health
Sylda Langford	Chair, National Maternity Strategy Steering Group
Tonya Myles	Cairde



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