



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>ANTENATAL EDUCATION: Access to antenatal educational classes needs to improve.</p>	<p>The National Maternity Hospital (NMH) in partnership with Community Health Teams and key stakeholders are working together to enhance the current provision of Antenatal Education services in Dublin and neighbouring Counties. Our Antenatal Educators have recently developed an e-learning hub which can be found on the NMH website. There is also a full schedule of virtual antenatal classes currently being run:</p> <ul style="list-style-type: none"> • Early pregnancy class • First-time mothers and partners • Refresher (for multips) • Vaginal Birth after Caesarean Birth • Elective Caesarean section • Twins • Young mums. 	<p>Implemented April 2020 – ongoing</p>
	<ul style="list-style-type: none"> • Currently, virtual classes are available 'live' (classes were stopped after 12th March 2020 due to COVID-19) including the Antenatal Education Breastfeeding session. As of August 2020, approximately 1,569 patients have attended our virtual sessions. 	<p>Implemented April 2020 – ongoing</p>
	<ul style="list-style-type: none"> • Classes will also be recorded to facilitate women and their partners accessing them in their own time. This leads to greater access for all, as classes can be accessed from anywhere and lead to flexibility concerning the timing of classes to meet the varied needs of pregnant women and their partners. Q&A sessions will be provided twice weekly to answer any queries. 	<p>Q4 2020</p>
	<ul style="list-style-type: none"> • Our Community Midwives also provide live classes online for women who attend the Domino scheme/service. Separate classes are available for primips and multips with numbers capped at 6 couples to assist with greater interaction. 	<p>Implemented April 2020 – ongoing</p>
	<p>WHAT THIS MEANS FOR WOMEN</p>	
	<ul style="list-style-type: none"> • The Antenatal Education Team have assessed themselves against the newly launched National Standards for Antenatal Education and are implementing any outstanding standards which are hoped to encourage the full engagement of women and their partners. 	<p>Implementation ongoing</p>
	<ul style="list-style-type: none"> • Antenatal Education will be made more accessible to women by further developing and expanding the virtual classes to support parents in their journey. 	<p>Implementation ongoing</p>
	<ul style="list-style-type: none"> • Women and their partners can access recorded classes, e-learning <i>hub@nmh.ie</i> and send questions to the Antenatal Team which supports a parent-led Antenatal Education Programme. This is central in preparing parents for birth and parenthood and also ensures the delivery of consistent messages to pregnant women and their partners. 	<p>End Q3 2020</p>
	<ul style="list-style-type: none"> • Antenatal education providers offer information on the importance of optimising health and well-being during pregnancy and following the birth to maximise positive outcomes for mother and baby. 	<p>Implementation ongoing</p>
	<ul style="list-style-type: none"> • Individual classes are also provided to parents in certain situations eg. previous stillbirth, language, disabilities, etc. 	<p>Implementation ongoing</p>
<ul style="list-style-type: none"> • Community Midwives deliver Antenatal Education for Domino women in Dublin and Wicklow twice a week (pre-COVID-19). 	<p>Implementation ongoing</p>	
<ul style="list-style-type: none"> • The 'My Pregnancy' book is provided to each woman when they first engage with NMH Antenatal Services, thereby improving access to comprehensive health information about physical and emotional well-being, the changes that occur during pregnancy, what to expect as the pregnancy progresses, mental health and emotional well-being, nutritional care, social support networks and the choices that women have in accessing maternity care services in Ireland. The HSE <i>mychild.ie</i> website is also being promoted as the trusted source of information for parents – in particular, the Breastfeeding Support section will be promoted including the 'Ask our Expert' service. 	<p>Implemented 2018 – ongoing</p>	



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WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>NUTRITION: Not all women felt they received enough information about nutrition in pregnancy.</p>	<p>The NMH Dietetic Team have worked on many Quality Improvement plans concerning nutritional care as the majority of women won't need dietetic care:</p>	<p>Implemented – ongoing</p>
	<ul style="list-style-type: none"> • 'Making Every Contact Count' (MECC) training on nutrition in pregnancy planned to up-skill Midwives and Doctors will commence in autumn 2020. 	<p>HSE implementation Q4 2020</p>
	<ul style="list-style-type: none"> • 'Nutrition in Pregnancy' reference handbook for staff has been developed based on most recent guidelines. This handbook will also be available on NMH clinical staff app and as laminated reference folder in all clinical areas from September 2020 (this information has been adapted by the HSE working group and incorporated into MECC). 	<p>End Q3 2020</p>
	<ul style="list-style-type: none"> • The NMH Department of Nutrition and Dietetics have their own Twitter handle @NMH_Nutrition to increase awareness of nutritional issues in pregnancy. 	<p>Implemented November 2019 – ongoing</p>
	<ul style="list-style-type: none"> • The dietitians developed digital content on maternal and infant nutrition for courses in the e-learning hub available on the NMH website. 	<p>Implemented April 2020</p>
	<ul style="list-style-type: none"> • Information on nutrition in pregnancy and on infant feeding is available on the <i>mychild.ie</i> website which is promoted on paper and digital resources eg. email, diet sheets, website, Twitter. 	<p>November 2020</p>
	<ul style="list-style-type: none"> • The Catering and Dietetics Team completed a thorough review of the inpatient menus and completed nutritional analysis on all dishes. New menus will be launched in Autumn 2020. 	<p>Implemented May 2020 – ongoing</p>
	<ul style="list-style-type: none"> • The NMH will introduce a Nutritics digital menu and meal ordering system for inpatients which shows women images of dishes, portion sizes and nutrition information to help them choose their meals. 	<p>Commenced Autumn 2019. Implementation from Autumn 2020</p>
	<p>Dietitian-led care:</p> <ul style="list-style-type: none"> • Group education is now available via live interactive webinars for specific groups: GDM (Gestational Diabetic Mellitus), High BMI, parents whose baby was in NICU – these were previously face-to-face. Plans for further webinars include weekly 'Ask the Dietitian'. 	<p>Implemented March 2020. Expansion planned for Autumn 2020</p>
	<ul style="list-style-type: none"> • A dedicated clinic has been established for women with hyperemesis to improve care and access in response to Dietitian-led qualitative research intending to increase this clinic to twice weekly. 	<p>Implemented May 2020</p>
	<ul style="list-style-type: none"> • Expansion of telehealth clinics for women with diabetes has been undertaken. 	<p>Implemented – ongoing</p>
	<ul style="list-style-type: none"> • A custom-made meal planning App for pregnant women called Holleptic has been developed by an NMH dietitian following on from research. 	<p>Launching Autumn 2020</p>
	<ul style="list-style-type: none"> • Expansion of telehealth clinics for women with diabetes to include video consultations has been undertaken. 	<p>Implemented July 2020 – ongoing</p>
		<p>WHAT THIS MEANS FOR WOMEN</p>
<ul style="list-style-type: none"> • Dietitians at the NMH engage in research, contribute to national guidelines on nutrition in pregnancy and audit their service to improve nutrition information and support for women during pregnancy. 		<p>Ongoing</p>
<ul style="list-style-type: none"> • The most up to date evidence and guidelines on nutrition in pregnancy has been translated by the dietitians into digital formats that can be accessed by all women via the NMH website, supporting women to eat well in pregnancy 		<p>Implemented April 2020</p>
<ul style="list-style-type: none"> • MECC training equips midwives and doctors to answer women's questions on nutrition, to support healthy eating in pregnancy and to make a referral to the dietitian if a woman needs specialist care 		<p>Autumn 2020</p>



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<p>NUTRITION: Not all women felt they received enough information about nutrition in pregnancy.</p>	<p>WHAT THIS MEANS FOR WOMEN (CONTINUED)</p>	
	<ul style="list-style-type: none"> Virtual classes allow equitable access to dietetic support for women who find attendance difficult for whatever reason eg. living far from the hospital, attending satellite clinics, caring responsibilities, working hours. 	<p>Implemented March 2020</p>
	<ul style="list-style-type: none"> Telehealth clinics provide women attending the NMH with specialist dietetic support via phone or video consultation so that they can have access to dietetic expertise from any location. 	<p>Implemented Spring 2019 – ongoing</p>
	<ul style="list-style-type: none"> Women with hyperemesis get support for their nutrition and hydration in a comfortable environment on the day ward with reviews by phone, reducing the need for overnight hospital admissions. 	<p>Implemented May 2020 – ongoing</p>
	<ul style="list-style-type: none"> All women attending the NMH will have access to a specially developed meal planning & recipe app called Holleistic which has been shown to improve nutrition and to help with appropriate weight management. 	<p>Autumn 2020</p>
	<ul style="list-style-type: none"> All women who are inpatients at the NMH will have access to a digital menu, making it easier for them to order nutritious food. 	<p>Autumn/Winter 2020</p>
	<ul style="list-style-type: none"> Good nutrition in pregnancy improves pregnancy experience and outcomes for mothers and babies and contributes to long term health. 	<p>Ongoing</p>
<p>ANTENATAL CARE: Access to health information about the physical and mental health changes that occur during pregnancy needs to be improved.</p>	<p>The NMH recognises that pregnancy is not only a major physical challenge for women but also a major psychological one. An awareness of this is key for staff and all women attending the hospital for their pregnancies, and at all stages of pregnancy. As a result, the mental health information and education program aims to:</p> <ul style="list-style-type: none"> Improve health information about mental health changes that can occur during pregnancy for all women, while being cognisant of not overwhelming women with information, increasing their anxieties, pathologising the normal stresses, challenges, disappointments, pain and potential losses which are part of the nature of pregnancy and birth. Provide rapid access to the Specialist Perinatal Mental Health Team for women with additional needs. Ensure that women have the opportunity to discuss any worries or concerns that they may have when engaging with the NMH. Ensure that staff are aware of, and promote, community support programmes for women who would benefit from this. These can be mother and baby groups local to where the woman lives, services for young mothers which can be accessed through organisations such as Jigsaw, initiatives such as 'Mellow Bumps', support services for mothers with addiction problems in pregnancy, etc. The Medical Social Work Team, the Specialist Perinatal Mental Health Team (SPMHT), Community Midwives, Public Health Nurses and others are aware of the many services available. An updated list of the broad range of such services is being developed. Online information sources are also rapidly increasing and many mothers already access information online, but guidance in relation to reliable and realistically informed sources, are also being developed. For those women with more significant mental health needs, the National Specialist Perinatal Mental Health Program has very comprehensive information available online, including how mothers can access appropriate services nationwide (this is important for some mothers who attend the NMH as they may only be referred late in pregnancy because they need specialist Obstetric or Neonatal Paediatric Care, but will then be discharged back to their referring hospital). 	<p>Work commenced in 2018 and will be advanced throughout 2020-2021</p>



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ANTENATAL CARE: Access to health information about the physical and mental health changes that occur during pregnancy needs to be improved.	WHAT THIS MEANS FOR WOMEN <ul style="list-style-type: none"> All women when making their first booking appointment in maternity services shall be asked about their physical and mental health well-being. Questions will be asked and documented (screening questions concerning mental health). During this stage, if a woman is identified as requiring additional mental health support she is referred to the Mental Health Midwife. 	Ongoing
	<ul style="list-style-type: none"> All women will be provided with more accessible health information about mental health changes and challenges that may occur during pregnancy. New health information leaflets about mental health during a pregnancy have been developed and will be provided to women when they first engage with maternity services. 	Q3 2020
	<ul style="list-style-type: none"> Women who require support for milder mental health problems shall be referred to a Mental Health Midwife who has been appointed as part of a Specialist Perinatal Mental Healthcare Team (SPMHT). Women with more significant mental health issues will be referred to the SPMHT. 	Appointed July 2020
	<ul style="list-style-type: none"> A proactive campaign of support informing women that they can discuss any worries or concerns that they may have during their pregnancy when engaging with the NMH will be promoted. 	Q4 2020
	<ul style="list-style-type: none"> The SPMHT has increased from a team of one Nurse and a part-time Psychiatrist to two nurses (one Midwife and one Clinical Nurse Specialist), two Psychiatrists, a Psychologist and a Senior Mental Health Social Worker over the last year. Plans are in place to appoint 2 x further team members in the next six months. This has increased the capacity of the team to develop improved screening, education programs and more rapid access to services in the NMH and the Community, this will continue to grow. 	Implemented July 2020 – ongoing



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
TRUST: Women expressed confidence and trust in healthcare professionals caring for them during labour and birth.	<ul style="list-style-type: none"> The Birth Satisfaction Survey was carried out for 2 months in 2019 (an international recognised tool) with a total response rate of 308 women. The findings of this report will be published shortly; however, there were very positive findings such as over 98% of women agreed with this statement “I felt supported by staff during my labour”. 	Evaluated 2019
	<ul style="list-style-type: none"> A labour and delivery evaluation form is given to every woman who experiences labour. 	Implemented 2005
	<ul style="list-style-type: none"> The NMH implemented a mandatory training programme called TeamSTEPPS (TEAM Strategies and Tools to Enhance Performance and Patient Safety). TeamSTEPPS is an evidence-based framework focusing on the specific skills to support the following key best practice Team performance concepts: <ul style="list-style-type: none"> – Team development – Team behavioural methods – Human factors – Cultural change. 	Implemented October 2018 – ongoing
	<ul style="list-style-type: none"> Each of these concepts is designed to continuously improve healthcare quality and patient safety through 4 x key team skills of leadership, communications, mutual support and situation monitoring. To date (August 2020) 96% of staff have been trained. 	Implemented May 2019 – ongoing
<ul style="list-style-type: none"> As a result of this training, the Safety Huddle has been implemented in the NMH since May 2019. A safety huddle is a short multidisciplinary briefing, held at a predictable time and place, and focused on the patients most at risk. 		



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<p>TRUST: Women expressed confidence and trust in healthcare professionals caring for them during labour and birth.</p>	<p>WHAT THIS MEANS FOR WOMEN</p>	
	<ul style="list-style-type: none"> Effective safety huddles involve agreed actions, are informed by visual feedback of data and provide the opportunity to celebrate success in reducing harm. The safety huddle is held in the delivery ward twice a day, 7-days a week. 	<p>Implemented May 2018 – ongoing</p>
	<ul style="list-style-type: none"> The labour evaluation form allows women to provide feedback in real-time on their labour and birth experience. It offers the woman the opportunity to seek further discussion. 	<p>Implemented 2005 – ongoing</p>
	<p>COMMUNICATION: The need to improve healthcare communication and involvement in decision making during labour and birth.</p>	<ul style="list-style-type: none"> The NMH is implementing a quality improvement initiative to improve women’s experience of labour and birth to promote best practice in communication skills and shared decision making with women.
<ul style="list-style-type: none"> NMH staff shall continue to participate in the National Healthcare Communication Programme which commenced in February 2020 and key staff from the Labour Ward shall undertake training to join the current team of Trainers. This training aims to improve the experience of women by supporting staff to take a skilled, sensitive and patient-centred approach in all conversations. 		<p>Implemented February 2020 – ongoing</p>
<ul style="list-style-type: none"> Women are encouraged to discuss any fears and anxieties about labour and birth in the antenatal period. The NMH is one of four maternity sites which uses the electronic patient record. This electronic patient record allows for timely referral by any healthcare professional to the labour ward manager. In turn, a 1:1 discussion can be arranged for the woman with a senior labour ward midwife. 		<p>Implemented January 2018 – ongoing</p>
<p>WHAT THIS MEANS FOR WOMEN</p>		
	<ul style="list-style-type: none"> Involves the woman in decision making in preparation for labour and birth, as a result, she will feel empowered and better prepared for her labour and birth experience. 	<p>Ongoing</p>
	<ul style="list-style-type: none"> Individualises the woman’s care. 	
	<ul style="list-style-type: none"> Enhances communication between the woman, her midwife and all healthcare professionals providing care. 	



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>PAIN RELIEF: The need to improve pain relief during labour and birth.</p>	<p>The NMH offers a wide variety of pain relief options to meet the needs of all women who present in labour.</p>	
	<p>Non-pharmacological methods:</p> <ul style="list-style-type: none"> • 1:1 care between a woman and a named midwife in the labour ward. • Birthing balls, peanut balls and birthing stools are available in all labour rooms. The use of these aids is encouraged to support women at different stages of their labour. • Labour Hopscotch is embedded in care of labouring women at the NMH. • Labour hopscotch station promoting mobility and active birth. 	<p>Embedded in practice</p>
	<p>Hydrotherapy:</p> <ul style="list-style-type: none"> • Hydrotherapy in labour has been proven to have numerous benefits for labouring women. There is very strong evidence that water immersion during the first stage of labour reduces the use of analgesia and reported maternal pain, without adverse outcomes on labour duration, operative delivery or neonatal outcomes. • During normal physiological birth, stress and tension can cause contractions to become erratic. The relaxing effect of water can help keep the contractions in rhythm so that labour progresses at a steady pace while also supporting mobility and tranquillity. • The Labour ward is currently undergoing renovations to include a birthing pool which will be used for hydrotherapy in labour. • The labour ward will have a total of 12 en-suite rooms with shower facilities. 	<p>In progress – completion Q4 2020</p>
	<p>Pharmacological methods:</p> <ul style="list-style-type: none"> • Pain relief is available in all labour and birth rooms. • Pain relief in the form of piped Entonox will be available in 5 of the new ensuite rooms to encourage mobility in labour. • 24-hour anaesthetic cover which facilitates epidural requests. • Remifentanyl infusion IV is available as a pain relief option for women who have underlying health conditions and are not suitable to have an epidural. 	<p>In progress – completion Q4 2020</p> <p>Embedded commenced 2017</p>
	<p>WHAT THIS MEANS FOR WOMEN</p>	
	<ul style="list-style-type: none"> • Women will be supported and encouraged to be more involved in decision-making about their care. The provision of one-to-one support provided in the Labour ward will ensure healthcare professionals seek women's views and preferences to provide the best care through shared decision making and partnership. 	<p>Embedded</p>
	<ul style="list-style-type: none"> • Women will be able to avail of various methods of pain relief including hydrotherapy, non-pharmalogical and pharmacological methods according to individual preferences. 	<p>Ongoing – completion Q4 2020</p>
<ul style="list-style-type: none"> • Regardless of which care pathway a woman experiences during their antenatal care, there is a pain relief option available to every woman. 	<p>Ongoing</p>	



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE	
<p>INFORMATION: Women expressed satisfaction that they were told who to contact after discharge if they had any worries about their own or their infant's health.</p>	<ul style="list-style-type: none"> The Early Transfer Home Programme (ETHP) was established in the NMH since 2002. This aims to allow mothers who have delivered recently the opportunity to return home early (up to day 2 post vaginal delivery and up to day 4 post-Caesarean Section) and have midwifery-led care in the privacy of their own home. Women who opt for this service are visited by a Community Midwife (CMW) daily until day 5 postnatal. Within this time the CMW establishes the health and well-being of both mother and infant and offers advice and support on all aspects of postnatal care. If a woman requires further visits these can be arranged or referred to the appropriate health care professional as need. 	Implemented 2002 – ongoing	
	<ul style="list-style-type: none"> The NMH has recently developed a new Postnatal Information Sheet with comprehensive information, links to the NMH website and contact details for ease of access should women need to contact the hospital after they have been discharged. 	Implementation End Q3 2020	
	<ul style="list-style-type: none"> New notice boards shall be placed in each Postnatal Ward containing information relating to online support, community support groups, the NMH Patient Experience Survey, how to provide feedback and discharge times. 	Implemented Aug. 2020 – ongoing	
	<ul style="list-style-type: none"> An NMH Patient Experience Survey has been developed to capture how women view the care they received and can make suggestions on how we can improve the care they receive. This survey is accessible through a QR code or links on the NMH website (as per the previous item, new notice boards in Postnatal Wards shall provide a poster with this information). 	End Q3 2020	
	<p>WHAT THIS MEANS FOR WOMEN</p>		
	<ul style="list-style-type: none"> Women will be provided with comprehensive health information on discharge through consultation and distribution of the new discharge information sheet. 	Q4 2020	
	<ul style="list-style-type: none"> Women will be encouraged to give feedback to help improve the patient experience. 	Implementation end Q3 2020	
<ul style="list-style-type: none"> The 'My Child: 0 to 2 years' book shall be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. 	Provided by the PHN		
<p>DEBRIEFING: Women said that they would like the opportunity to discuss labour and birth afterwards.</p>	<ul style="list-style-type: none"> All Postnatal women shall be encouraged to discuss their labour and birth with their Midwife before discharge. This will provide them with an opportunity to discuss any worries or fears they may be experiencing in an informal setting. 	Q4 2020	
	<ul style="list-style-type: none"> A care pathway has been developed to refer to women who have experienced a difficult or unexpected birth experience. 240 women have been seen by the Labour Ward Manager in their postnatal ward following referral to date. Women who experience an emergency caesarean section or instrumental delivery are also reviewed by a doctor before discharge. 	Implemented 2008	
	<ul style="list-style-type: none"> Any women who require a full debrief (ie. a scheduled meeting with a Consultant Obstetrician and Senior Midwifery Manager) will be referred to the appropriate Clinicians and will have an appointment sent out to them once discharged home. To date, 309 women have had labour and birth debrief since this initiative began. 	Implemented 2015 – ongoing	
	<p>WHAT THIS MEANS FOR WOMEN</p>		
	<ul style="list-style-type: none"> Women will have an opportunity to discuss their labour and birth with a midwife or doctor (following caesarean section or instrumental). 	Ongoing	
<ul style="list-style-type: none"> Women can be referred for a Scheduled Debrief with a Consultant Obstetrician and Senior Midwifery Manager should they require a more detailed discussion surrounding their birthing experience. 	Embedded ongoing		



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WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>ACCESS TO A HEALTH PROFESSIONAL: Women said that they did not have a healthcare professional that they could talk to about their worries and fears.</p>	<ul style="list-style-type: none"> The NMH recognises that pregnancy is not only a major physical challenge for women but also a major psychological one. An awareness of this is key for staff and all women attending the hospital. Women shall be encouraged to talk to their midwives about any worries or fears they may have during their postnatal stay. 	Implementation ongoing
	<p>WHAT THIS MEANS FOR WOMEN</p>	
	<ul style="list-style-type: none"> A proactive campaign of support informing women that they can discuss any worries or concerns that they may have after the birth of their baby will be promoted. 	Q4 2020
	<ul style="list-style-type: none"> Women are encouraged to voice concerns and to ask questions that they may have about themselves or their infant. Women will have the opportunity to discuss any worries and fears before they leave the hospital with health care professionals. 	
<p>MENTAL HEALTH: Women said that they did not receive information when going home about the changes that they might experience with their mental health.</p>	<ul style="list-style-type: none"> There shall be a proactive campaign to ensure that staff are aware of, and promote, community support programmes for women who would benefit from this, for example: <ul style="list-style-type: none"> Local mother and baby groups Services for young mothers (eg. Jigsaw) 'Mellow Bumps' Support services for mothers with addiction problems. <p>The Social Work team, the Specialist Perinatal Mental Health team (SPMHT), Community Midwives, Public Health Nurses and others are aware of the many services available.</p>	Implementation ongoing
	<ul style="list-style-type: none"> An updated list of the broad range of such services is being developed. Online information sources are also rapidly increasing along with guidance regarding reliable and realistically informed sources. 	Q4 2020
	<ul style="list-style-type: none"> For women with more significant mental health needs, the National Specialist Perinatal Mental Health Program, has very comprehensive information available online, including how mothers can access appropriate services nationwide. 	Ongoing
	<p>WHAT THIS MEANS FOR WOMEN</p>	
	<ul style="list-style-type: none"> A proactive campaign of support informing women that they can discuss any worries or concerns that they may have after the birth of their baby will be promoted, encouraging women to voice concerns to ask questions that they may have about their labour and birth of their baby. 	Implementation Q4 2020
	<ul style="list-style-type: none"> Women shall receive health information about health and well-being after birth including the mental health changes that occur in the postnatal phase. 	Implementation Q4 2020
	<ul style="list-style-type: none"> New health information leaflets about mental health during a pregnancy have been developed and will be provided to women when they first engage with maternity services. 	Implementation Q3 2020
	<ul style="list-style-type: none"> The mental health challenges for mothers and fathers do not stop at delivery. Specific information regarding the normal challenges of the postnatal period shall be made available. These shall include normalising and not pathologising the fact that 60% of mothers and families struggle in some way with their mental health after the birth of a baby, but also to be aware of appropriate supports, including referral to the specialist team, in the first six months after the birth (or loss) if necessary. 	Implementation ongoing



SUPPORT WITH FEEDING AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>FEEDING: Women said that they require more support and help with feeding their baby.</p>	<p>The NMH strongly advocates breastfeeding as an optimum source of nutrition for the newborn. Women are encouraged to perform skin-to-skin with their infant immediately following birth and most women surveyed had this opportunity to do so.</p> <p>The NMH has one of the highest rates of breastfeeding nationally for women discharged from postnatal wards. In June 2020 this was recorded at 72%. However, of the women surveyed, 42.4% claimed to both breast and formula feed their infants. Educate and support women around how to formula feed their baby, care for breasts and guidance on choosing milk.</p>	<p>Embedded</p>
	<ul style="list-style-type: none"> To support women further with infant feeding the NMH is implementing QI initiatives including: Inform women that all Midwives can help with breastfeeding and Lactation Consultants are available for when problems arise (Lactation Specialists are available 6 days per week). Development of an information sheet for Midwives to refer to which shall include the 3 positions for breastfeeding, information on nipples, expressing breastmilk and FAQ's normally asked by breastfeeding women. <ul style="list-style-type: none"> Consistent advice to be provided to breastfeeding women: <ul style="list-style-type: none"> Help from your Midwife on the postnatal ward. Lactation consultation when required. Follow plan from lactation for discharge home. Ensure feeding plan is completed for each woman to show to PHN (thus ensuring continuity in the community). <p>Assure breastfeeding women are aware of, and use, the e-learning hub which has been fully redesigned and includes webinars which can accommodate 150 attendees with the plan to increase webinars from 1 to 2 sessions per month.</p>	<p>Implementation Q3 2020 – ongoing</p>
	<p>WHAT THIS MEANS FOR WOMEN</p>	
	<ul style="list-style-type: none"> The role of all Midwives in supporting women to breastfeed shall be actively promoted to increase support for women requiring breastfeeding assistance or with related concerns. 	<p>Ongoing</p>
	<ul style="list-style-type: none"> Lactation Midwife Specialists shall be available to women with more complex needs or who require additional support with breastfeeding. 	
<ul style="list-style-type: none"> Health information shall be provided to women about feeding support available to them in the NMH and the Community, including the role of local PHNs. 		
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<ul style="list-style-type: none"> The HSE <i>mychild.ie</i> website shall be promoted as the trusted source of information for parents, in particular, the breastfeeding support section including the 'Ask our Expert' service. 	<p>Implementation Q3 2020</p>	



SPECIALISED CARE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>EMOTIONAL SUPPORT: Women identified the need to have someone to talk to and to provide emotional support during this difficult time of their newborn baby being in the Neonatal care unit.</p>	<p>The NMH is currently implementing QI initiatives to address the emotional support needs of women and their partners whilst their babies are in the specialist care unit. The following initiatives are in place:</p> <ul style="list-style-type: none"> • During the COVID-19 visiting restrictions, electronic diaries were created for each infant so that parents could experience their infants' journey through the Neonatal Intensive Care Unit (NICU). • With the addition of 2 'Angel Eye' cameras, the NICU can provide live streaming of a baby to parents and extended family with consent. This QI has provided comfort to parents at a particularly stressful and vulnerable time in their transition to parenthood and has helped to address the feelings of isolation as their infant receives intensive care in the NICU. • The role of NICU Administrator has evolved to include making contact with parents to schedule 'angel eye' viewing and provide pictures of babies which were crucial during visiting restrictions related to COVID-19 pandemic. Additionally, Doctors have been making telephone calls to parents to discuss their infant's progress 2/3 times per week. Support is also provided by Dietitians who contact parents weekly to discuss their infant's feeding regime and growth. 	<p>Implemented April 2020 – ongoing</p>
	<ul style="list-style-type: none"> • With the change over of NCHDs the NMH are developing 'Support Bubbles' for each infant <32 weeks gestation or those who require additional support. The Support Bubble will comprise of a named CMM1, a Neonatal Nurse and a Registrar in addition to the named Neonatologist responsible for the infants care. The Support Bubble aims to ensure parents can ask questions on any given day from Staff who are familiar with their infants' journey through the NICU. A member of the Support Bubble shall call parents weekly to ensure they feel their concerns are heard. 	<p>Q3 2020</p>
	<ul style="list-style-type: none"> • Parental attendance at Ward Rounds shall be scheduled twice weekly on Tuesday and Friday. This shall be Registrar-led with Consultant support and shall allow parents to act as an advocate for their child without large numbers on Ward Round. The aim is also to improve communication between parent and caregivers. 	<p>Q3 2020</p>
	<ul style="list-style-type: none"> • 'Baby Milestone Cards' shall be introduced to celebrate the key milestones reached by 'NICU graduates'. 	<p>Q4 2020</p>
	<ul style="list-style-type: none"> • A new, bespoke NICU Parents Experience Survey shall be launched to assist with the improvement of the experience of parents whose infants require care in the NICU. This shall include specific questions relating to NICU experience on NMES to monitor progress. 	<p>Q4 2020</p>
	<ul style="list-style-type: none"> • A task force shall be established to review emotional support for teenage mums who have specific needs and supports; the NICU is a particularly intimidating environment for a young mum and the NMH aim is to ensure they have parental support irrespective of potential visiting restrictions. A Medical Social Worker shall also be involved (<i>pending locum appointment</i>). 	<p>Q4 2020</p>
	<p>WHAT THIS MEANS FOR WOMEN</p>	
	<ul style="list-style-type: none"> • Women will know where they can access emotional support during a difficult time when their new infant baby is in the NICU. 	<p>Ongoing</p>
	<ul style="list-style-type: none"> • Social support networks and community supports such as the Irish Neonatal Alliance shall also be shared with all women and families as is appropriate. 	<p>Implementation Q3 2020</p>



OVERALL EXPERIENCE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE	
<p>CULTURE: Women identified the need to build on a healthy culture of care and advocacy.</p> <ul style="list-style-type: none"> • Dignity and respect • Organisational culture • Advocacy for Women in Maternity Care. 	<p>The NMH is implementing QI initiatives to improve women’s overall experience of maternity care including:</p> <ul style="list-style-type: none"> • A new NMH ‘<i>Patient Experience Survey</i>’ has been launched to encourage women to provide feedback on an ongoing basis. A NICU-specific ‘<i>Parents Experience Survey</i>’ is also in development and focussing on the experience of parents with infants requiring specialist care. 	<p>Implementation Q3 and Q4 2020</p>	
	<ul style="list-style-type: none"> • The NMH ‘<i>Patient Voice Group</i>’ is actively promoted and open to any patient to join. The Group consists of Service Users, Clinical and Administration staff and aims to improve patient experience through engagement, consultation and collaboration. The Group meets every 2 months. 	<p>Implemented 2015 – ongoing</p>	
	<ul style="list-style-type: none"> • All NMH Quality Department Team Members have successfully completed the HSE Patient Safety Complaints Advocacy educational programme which is designed to build staff competency and skills in responding to healthcare complaints and advocacy related issues. 	<p>Implemented 2019 – 2020</p>	
	<ul style="list-style-type: none"> • The new independent Patient Advocacy Service (PAS) is being promoted in the NMH with women informed of the support available to them through the PAS if they wish to make a complaint or address an advocacy-related issue. 	<p>Implemented 2020 – ongoing</p>	
	<ul style="list-style-type: none"> • Workshops in ‘<i>Managing Complaints</i>’ have been delivered to Clinical Midwifery Managers (66 trained to date) to assist with the proactive, timely and sensitive management of complaints to ensure women are listened to whilst in the hospital. 	<p>Implemented 2019 – 2020</p>	
	<ul style="list-style-type: none"> • The findings from the National Maternity Experience Survey 2020 and quality improvement plans shall be communicated to staff in the NMH. Annual suitable and adequate evaluation of the initiatives indicated herein shall also take place. 	<p>Implementation Q3 2020 – ongoing</p>	
	<p>WHAT THIS MEANS FOR WOMEN</p>		
	<ul style="list-style-type: none"> • Women shall be provided with better information to support feedback about their NMH experiences. 	<p>Ongoing</p>	
	<ul style="list-style-type: none"> • Women shall be aware of the new Independent Patient Advocacy Service and how to make a complaint or seek patient advocacy. 	<p>Launched 2020 – ongoing</p>	
	<ul style="list-style-type: none"> • Women shall understand that their feedback makes a difference and that the NMH is listening, responding and improving maternity care services for women. 	<p>Ongoing</p>	