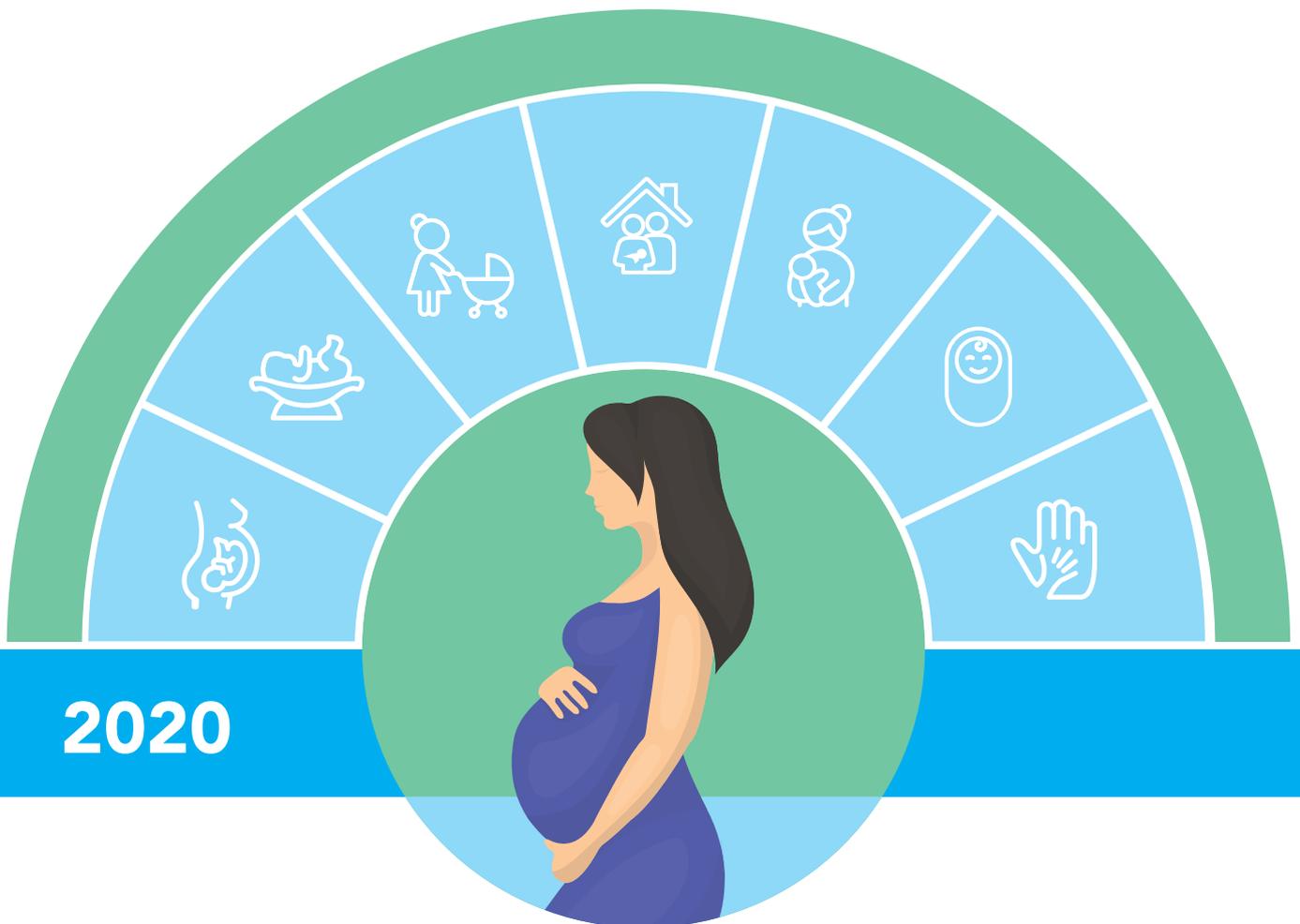




Listening, Responding and Improving

The HSE response to the findings of the National Maternity Experience Survey



2020

Building a
Better Health
Service

Seirbhís Sláinte
Níos Fearr
á Forbairt

Thank you

Thank you to all of the women who participated in the National Maternity Experience Survey 2020 (NMES 2020) and to their families. Without your support, this survey would not have been possible.

The findings of NMES 2020 identifies what matters to women and the important improvements that can be made to improve Maternity Care across Ireland.

Thank you to all of the staff of the participating Maternity Hospitals, the Public Health Nurses across Community Care, and the GPs and Practice Nurses in Primary Care for encouraging women to participate in the survey, and for their participation in the discussions and review of the feedback received and the development of the quality improvement response which is presented in this paper.

The survey was overseen by a National Steering Group, a Project Team and a Project Board. We acknowledge the direction and guidance provided by the members of these groups.

The Quality Improvement Response presented in this paper was developed by an Oversight Group for the National Care Experience Programme together with staff and managers from each of the participating Maternity Hospital and Community Healthcare Organisations (CHOs).

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Foreword

from CEO of the HSE

The National Maternity Experience Survey (NMES) 2020 will be published on October 1st 2020. It provides us with important insights into women's perspectives of their maternity care across both hospital and community services in Ireland. It identifies areas for improvements and strengths that we can build on.

There are many aspects of health and social care services in Ireland that we can be very proud of. Our healthcare staff are consistently praised for their hard work and empathy and the National Maternity Experience Survey is no different. In responding to the Survey the majority of women reported that they were treated with respect and dignity, and had confidence and trust in the staff who cared for them. While also describing areas where further attention is required, 85% of women who responded to the survey expressed that they had an overall positive experience with the services that they received.

Learning is a core component of delivering safe and effective healthcare. Learning is achieved by, amongst other things, 'listening, responding and improving' – which are the areas of focus of this HSE report. We are constantly working to improve healthcare services and the experience that women have of maternity care. This report has been developed in direct response to what women have told us. It includes many examples of improvement initiatives that are already in place and lays out our plans for ongoing quality improvement. Repetition of the National Maternity Experience Survey in future years will allow us to track our progress and continue to evolve our response.

During 2020, our healthcare services have been severely impacted by COVID-19. I know that this has been felt acutely by the women who we care for within our maternity services, in particular with regards to measures to reduce footfall into maternity units and the restricted attendance of partners at appointments. Although carried out before the COVID-19 pandemic, this survey has shown us that women want more information and someone to talk to about their concerns at every stage of their maternity journey. This is amplified when a woman must attend appointments on her own and we must bear this in mind in the care that we provide during this pandemic, which will likely be with us for some time. Our healthcare staff have demonstrated an unwavering commitment to patients through the response to COVID-19 and I want to take this opportunity to thank all those working in our maternity services, which have remained operational throughout these difficult times.

On behalf of the HSE, I wish to acknowledge and thank the women and families for their generosity in completing the survey which will be used as a learning platform for improvement in future years. I also thank the Oversight Group for Improving Patient Experience, together with staff and managers from each participating hospital and CHO for developing this response, designed to improve women's experience across all maternity services in Ireland.

Finally, I would like to acknowledge the initiative and collaboration of colleagues in the Health Information and Quality Authority and the Department of Health for partnering with us in the development of the National Care Experience Programme – a partnership which will flourish in the years ahead to the benefit of patients and our health services.

Mr Paul Reid
Chief Executive Officer, Health Service Executive (HSE)

Introduction

As maternity services evolve and the population of women served also changes, there is a continuing need to effectively measure the experiences of women and to use such findings to improve maternity care across Ireland.

For many women, the birth of a child is considered a major life event, particularly for those whom it marks the transition to parenthood. The experiences of being pregnant, giving birth, and the early days with their baby create memories that are likely to stay with them for a lifetime. Positive experiences during this time can be looked back upon fondly, empowering the woman in her role as a mother, and strengthening her emotionally during her transition to motherhood.

For women, being treated with dignity and respect and being fully involved and treated as shared experts in the decision making about their maternity care, being fully informed about physical and mental health changes that occur during pregnancy, having someone to talk to about their worries and fears are key factors for a positive experience. A true partnership between a woman and a healthcare professional means that women's values and preferences are understood and respected. Healthcare professionals learn so much about improving maternity care by listening to women.

In particular, we know from the National Maternity Experience Survey 2020 findings that women want to be informed and they value the opportunity for choice. It has been shown that caring and respectful relationships with healthcare providers can significantly contribute to the overall birth experience. The quality of staff relationships, the strength of communication and the extent of continuity of care are other key elements that positively impact on women's overall experiences. Support with feeding, respect for preferences and consistent messages build confidence and trust in healthcare providers.

Improving experience of healthcare services for all is a key priority in the day-to-day life of individual hospitals, community care services and the Corporate HSE. This requires commitment, leadership and a plan which informs us whether or not we are making an actual measurable difference. We have established a team in the HSE, whose role it is to actively engage with the findings, review each and every story received from women and support hospitals, Hospital Groups and Community Healthcare Organisations (CHOs) to develop their respective QIPs published in this report.

As National Directors of Acute Operations and Community Operations, we are committed to ensuring that:

- a. the findings of the National Maternity Experience Survey 2020 are used systematically to inform quality improvements priorities, at every level of the organisation;
- b. leadership and support is provided for the implementation and resourcing of improvement initiatives across both hospital and community care;
- c. the priorities of the NPES are aligned with workstreams at a corporate level.

We welcome this opportunity to meaningfully engage with findings of the National Maternity Experience Survey 2020. We are committed to building real and meaningful partnerships with all those who use and engage with our services and we fully support the implementation of a programme of work designed to improve women's experience of maternity care. An action plan and a reporting structure supporting its implementation will give us at the corporate management team level the assurance required that we are making a real difference for women across Ireland.

Liam Woods
National Director, Acute Operations, HSE

Yvonne O'Neill
National Director, Community Operations, HSE

Improving Womens Experience of Maternity Care

Organisations that have improved patient experience demonstrate that there is no single path to success. Since the implementation of the National In-patient Experience Survey in 2017, some common underlying elements can be seen across all hospitals that have made significant improvement. These elements include leadership, engagement and communication staff across the system about the survey findings, advocacy and engagement with patients and family members, and a strong focus on organisational culture and staff empowerment and adequate resources and evaluation.

Leadership: strong, committed senior leadership involvement in the National Care Experience Programme has been integral to its success from the outset. HSE Acute Operations established an Oversight Group in 2017 to:

1. Review the findings of the National Care Experience Programme.
2. Develop a systematic plan for improving Patient Experience across all health care services.
3. Oversee implementation of quality improvement initiatives and evaluate the impact of the NCEP across the system.

Engagement and communication with staff and managers about the survey findings and development of Quality Improvement Plans: In 2020, workshops and meetings were facilitated across Hospital groups, Hospitals and CHOs inviting staff, managers to discuss the findings of the National Maternity Experience Survey 2020, to share examples of best practice across the system and to develop and QIPs. Support for staff to develop QIPs was provided in an empowering rather than a directive way. The appointment of nominated leads at hospital and community care level was central to the success of NMEP 2020. Nominated leads promoted the survey at local level and co-ordinate the Quality Improvement Plans published in this report.

Advocacy and engagement of women and families: The Association for the Improvement of Maternity Services, played an instrumental role in promoting the NMES 2020 through their social media platforms and networks. The input and leadership provided by AIMs Ireland and Lay Representatives engaged in the process was imperative to the overall success of the NMEP.

The introduction of the new independent Patient Advocacy Service across the HSE in 2019 and the delivery of an educational programme for staff across maternity services in Patient Safety Complaints Advocacy, demonstrates the commitment of the HSE to meaningfully engage with women and their families and to improve women's experience of maternity care.

A strong focus on our workforce including a focus on staff culture: staff well-being and work environment are intrinsically related to women's experience of maternity care. Investing and prioritising staff well-being, reducing organisational stress and understanding the impact that burn-out has on staff well-being and in turn patient experience is paramount to making a difference. The HSE is supporting the implementation of the Values in Action Programme and the National Healthcare Communication Programme, designed to build the capacity of healthcare staff and to promote a healthy workplace environment for all.

Adequate resourcing, together with continuous measurement and incorporation of patient experience as a critical component of quality and patient safety will lead to sustained changes and improvement. Ensuring that the Quality Improvement Plans, developed by each service are implemented, supported and evaluated is central to the success of improving women's experience of care.

Governance and Accountability for the National Care Experience Programmes HSE

Embracing a culture which promotes the importance of women's experience of maternity care and women as partners in their care, requires a deliberate and focused effort by management and leadership. Driving patient experience as a key priority into the day-to-day life of individual health care services and the Corporate HSE requires a commitment and oversight which informs us whether or not we are making an actual measurable difference for women.

An Oversight Group, chaired by the Director of Acute Operations and sponsored by the National Director for Quality, Verification and Assurance has been established, the Group includes representatives across the system who play a critical role in responding to the findings of the NCEP 2020.

The purpose of the Oversight Group is:

1. Share the findings of the NMES 2020 and each of the NCEPs across the system and with all key stakeholders;
2. Oversee the development of the agreed Quality Improvement Plans designed to improve patients/women's experience of care;
3. Share learning on the evidence of best practice across hospital and community services;
4. Identify policy and capacity requirements for improvement.

Membership of the HSE Oversight Group National Maternity Experience Programme	
Hospital Group Representatives x 6	Quality Assurance and Verification
CHO Representaives x 9	Health and Well-being Division
National Women and Infants Health Programme	Quality Improvement Division
The National Healthy Childhood Programme	Clinical Programmes and Strategy
Human Resources Division	Lay or Advocate representatives x 2

We welcome this opportunity to meaningfully engage with findings of the NMES 2020. We are delighted to present the coordinated response to the findings of the NMES 2020, an action plan which highlights the engagement of all key stakeholders and a commitment for all involved to make a real and meaningful difference to women's experience of maternity care across Ireland.

Angela Fitzgerald
Deputy Director Acute Operations

Patrick Lynch
National Director, Quality Assurance and Verification

The National Women and Infants Health Programme – HSE

A dedicated National Women and Infants Health Programme (NWIHP) was established in 2017 by the Health Service Executive to lead and manage the implementation of the National Maternity Strategy 2016 – 2016, Creating a Better Future Together. NWIHP very much welcomes the National Maternity Experience, the first of its kind, and were heavily involved and committed to its development, promotion and roll out.

In developing and delivering on its work programmes to date, the NWIHP is fortunate that there is rich clinical and quantitative data available concerning the provision of maternity services in Ireland. The results of the National Maternity Experience now provide the Programme with tangible evidence and valuable qualitative information about what matters to women and their partners as they journey through our maternity services and identifies from their perspective, what areas require further focus and improvement.

NWIHP is very encouraged by the feedback from the National Maternity Survey and the overall high rates of satisfaction. The Model of Care that underpins the Maternity Strategy is about providing women with informed choice, and supporting and enabling women to choose one of three care pathways – supported, assisted and specialist – depending on their clinical needs.

Significant progress has been made to-date in implementing this Model of Care for maternity services and developing the recommended governance structures for maternity services as set out in the Strategy.

Achievements to date in this regard include:

- The development of maternity networks across the six Hospital Groups supported by quality and patient safety resources;
- Expansion in specialist medical services using additional consultants in the areas of obstetrics and gynaecology, perinatal pathology, anaesthetists and psychiatry;
- Significant investment in additional midwifery resources to drive and enable the development of midwifery provided supported care pathways across all maternity services with upwards of 30% of women nationally now availing of midwifery care in the community near their homes;
- The continued implementation of home-away-from-home delivery suites across services, with 13 of our 19 maternity services having or in the process of deploying such a facility;
- Implementation of a hub and spoke model of perinatal mental health services;
- Development of specialist midwifery bereavement services in all maternity sites;
- Increased access to support and ancillary services required by pregnant women using investment in allied health professional services including dietetics and social work;
- Development and investment in advanced midwifery practitioners posts across all maternity services; *and*
- Targeted investment in scanning service, with all women, now being offered a dating scan and an anatomy scan.

Work is also actively underway in a large number of additional areas including breastfeeding, smoking cessation, workforce planning and clinical guideline development and review.

The profession of midwifery has been central to leading and driving the significant changes in our maternity services and is central to preparing women and their families for the delivery of their new baby and are a vital presence during all stage of a woman's pregnancy, labour and the early postnatal period.

In addition to implementing the Model of Care, NWIHP has a strong focus on quality and safety including management

and review of maternity-related adverse events and utilisation and review of quality and risk data. NWHIP has supported the establishment of maternity-specific Serious Incident Management Forum in each of the maternity networks, with an emphasis on the quality of the review processes and the sharing of learning at a network and national basis as appropriate.

A national Neonatal Encephalopathy (NE) Action Group has also been established, the purpose of which is to reduce avoidable instances of neonatal encephalopathy through the identification of causes and risk factors and drive initiatives to eliminate or mitigate these factors throughout our maternity services.

Going forward, the results of the National Maternity Experience will inform and underpin NWHIP's work across a range of current and future projects and programmes. In relation to the positive aspects of women's experiences, most women said they were treated with respect and dignity, and had confidence and trust in the staff that cared for them both in community care settings and in maternity units and hospitals. Participants made thousands of positive comments about their experiences with midwives and other members of staff.

Nevertheless, there several areas where women identified opportunities for improvement in their maternity care pathways. These areas included availability of good quality information, communication processes with healthcare professionals and the level of support provided to women during labour and birth.



Pictured from left: Angela Dunne, National Lead Midwife, NWHIP; Dr Peter Mc Kenna, National Clinical Director, NWHIP; and Kilian McGrane, National Programme Manager, NWHIP

Responding to these findings, NWIHP working with its key partners and stakeholders, is building these findings into its work to proactively respond to and address the gaps and shortcomings as identified by women. Examples include:

- Working with The Nurture Infant Health & Well-being Programme, and building on the recently developed 'My Pregnancy' Book, to ensure that women have ready and timely access to the range of information they require along every step of their care pathway, with the development of a specific Pregnancy App being reviewed;
- Development of posters and information leaflets to explain and promote the pathways of care available in maternity services in Ireland and support them in their choices;
- Development of a National Maternity Healthcare Charter to outline what women can expect when using maternity services in Ireland, and what they can do to help Irish health services to deliver more effective and safe services;
- Implementation of a plan to promote empowerment advocacy for women across maternity care services;
- Delivery of a maternity-specific National Healthcare Communication Programme in all maternity services, the design of which has been informed by the findings of the Survey in the area of communication;
- Implementation of the National Antenatal Education Standards thereby ensuring that women and their partners are prepared for birth and the care of their baby and have access to evidence-based information;
- Working with the HSE's National Breastfeeding Programme to drive implementation of the National Breastfeeding Guidelines and the National Breastfeeding Standards; and
- Working closely with public health nurses to develop a National Standardised Postnatal Record which will assist good communication and provide a better postnatal experience for women and their babies.

The NWIHP remains committed to ensuring that the vision in the National Maternity Strategy is realised. Whilst overall significant work has been undertaken, the National Programme is very aware that there is further work to be done before all women have access to the type of maternity services envisaged in the National Strategy and identified by women as required in the National Maternity Survey.

The Programme will continue to work closely and collaboratively with all its key partners in this regard, including the Department of Health and HIQA, and will continue to advocate for the additional investment in maternity services required to deliver the high standard and quality of care that women expect and deserve of our maternity services.

Kilian McGrane
National Programme Manager, NWHIP

Angela Dunne
National Lead Midwife, NWHIP

Dr Peter McKenna
National Clinical Director, NWHIP

The Irish College of General Practitioners



ICGP Response to the National Maternity Experience Survey 2020

ICGP welcomes the report of the National Maternity Experience Survey and thank the many women who contributed their feedback in the survey. ICGP is very encouraged by both the honest feedback in the survey and the generally high levels of satisfaction with maternity care provided by GPs. On the other hand, there are areas for improvement where some women have indicated that their experience of care in general practice has been less than satisfactory. It is at the core of ICGP and our members to address all feedback and learn to do better in providing care to all our patients.

ICGP is committed to making a difference to the care and wellbeing of women and their families. The results of this survey will inform and enhance ongoing work to continually improve care provision. ICGP will provide a range of measures to address the specific themes in the feedback that are relevant to General Practice. These measures include education and training open to all GPs and, where appropriate, to practice nurses. In addition, we will work in collaboration with the Nurture programme to enable consistency of messages promoted across the health system. We will enable GPs to help women in their care by signposting to social support networks in the community, facilitating women to access local resources for a diverse range of emotional support needs. Ultimately, this means that we can collectively ensure that women will continue to have access to evidence-based health care.

There is a list of ten areas where improvements can be made as evidenced in the survey responses and the top three recurring themes centre on (1) communication skills, (2) mental health enquiry and support and (3) ensuring that a comprehensive six-week check includes both baby AND mother.

The other areas that need to be addressed include provision of vaccination advice; avoiding rushed or incomplete examinations; better communication between the GP and hospital; signposting and assisting with breastfeeding supports; provision of comprehensive contraception advice; the two-week check and the division of tasks between GP and Practice Nurse within the GP Clinic.

Integral to quality care is the need to give time to the women attending their GP throughout antenatal care and particularly in the early days of postnatal care.

As a first step in addressing the survey findings, ICGP has worked with GPs nationally to raise awareness of the survey and report. For example, over 1,000 GPs attended a webinar on the evening of Wednesday 23rd September 2020 on the topic of Good Maternity Care. GP and hospital Consultant speakers addressed the context of shared care for pregnant women including postnatal care. Hospital colleagues indicated how they are exploring the use of narrative as a very helpful tool in their teaching and learning and how much they themselves learn from the women and their experiences. This approach was very much welcomed by the GP audience.

The national survey findings and the report were also discussed at this ICGP webinar including the need to continue good practice and to take steps to address the indicated areas for improvement when caring for pregnant women and new mothers. The webinar audience was also advised of the wide range of excellent supports and online resources available including the National Healthy Childhood programme; mychild.ie; the National Standards for Antenatal Education in Ireland 2020; The Newborn Clinical Examination Handbook and the range of elearning modules available in HSELand.

A poll of the webinar audience indicated the following:

- Maternity care is provided in approximately 80% of general practices while 1.2% estimate that they deliver more than 60% of maternity care as part of their practice. Approximately 5% of the GP audience at this webinar do not provide maternity care in their practices.
- In addition to requests for more clinical updates on the topics of good maternity care, more than half of GPs indicated a need for more time per consultation. This need was often paired with a desire to learn about signposting to mental health supports for patients and to improve their communication skills.
- While large numbers of GPs use a range of pregnancy related online resources, a small percentage of GPs ~5.5% use the Nurture programme online resource.

These poll results while preliminary give us rich data from which to continue our work in providing quality, safe pregnancy care to women. ICGP is committed to using this information as well as the results of the survey to develop continuing education and training that will provide evidence-based supports to women during their antenatal and postnatal care. This holistic approach will build on the standards of practice to sustain quality care that places the patient at the centre.

The ICGP national network of small groups for Continuing Medical Education (CME) will be a key means of delivering some of this education. A first education pack is currently being developed in collaboration with the HSE National Lead in Patient and Service User Feedback. This education pack will be presented to the CME tutor network in February 2021 and, from there, will be rolled out to all CME groups throughout 2021. An emphasis on enhancing communication skills and reflecting on practice will be integral elements of this education pack.

Maternity care is a key part of the curriculum for GPs in training and where relevant the results from this National Maternity Experience Survey will be incorporated into updates to GP training. In addition, the many ICGP educational activities in development and updated through the year will reflect a response to the survey findings. In this way, we hope to continue improving maternity care in General Practice.

Dr Margaret O’Riordan

President, Irish College of General Practitioners (ICGP)

Messages of Support

The National Clinical Programme for Neonatology

We welcome the publication of the National Maternity Experience Survey 2020. The findings of this survey help us to progress the Neonatal Model of Care and shape Neonatal services nationally into the future. We are encouraged that of the 18% of women and infants who required special care services, 90% of respondents rated their NICU experience as 'good' or 'very good'. There have been significant advancements in Neonatology in the past 25 years. More premature babies are now surviving. By working together with medical, nursing, allied health care professionals and parents are contributing to improvements in outcomes.

It is widely recognised that having a newborn baby admitted into the Neonatal Intensive Care Unit (NICU) is an extremely stressful life event for parents of newborn infants. Health Professionals working in the NICU environment are wholly cognisant of this fact and seek to deliver high-quality care which is underpinned by a Family Centred Care (FCC) approach. However, it would be remiss not to acknowledge that 46% of respondents in this survey commented that 'they did not always receive enough emotional support from health care professionals'.

The NICU can be an intimidating environment for parents. It is acknowledged that parents require appropriate methods of communication-based on their infant's acuity and thereafter as their infant progresses through their journey of hospitalisation. Communication with parents in the Intensive Care Unit (ICU) is different from what is required in the High Dependency Unit (HDU) and so on in the Special Care Baby Unit (SCBU). Staffs working in these areas need to be aware of this fact and seek to build a partnership of care with parents so that they are involved in their babies' care (attending to their babies' individual needs, feeding their babies, kangaroo care) in each stage of the NICU journey. Involvement of parents in the decision-making processes relating to the care of their baby should be encouraged in the ICU, HDU and SCBU. It is hoped that a concentrated effort by healthcare providers to adopt these measures of open disclosure communication, partnerships in care and shared decision making in everyday practice may help parents feel more supported throughout their ICU, HDU and SCBU journey.

In response to the National Maternity Strategy Experience Survey, 2020 staff working in Neonatal services nationally will be encouraged to undertake the HSE communication skills workshops available online. We will also continue to work with key stakeholders and partners in the delivery of neonatal services to ensure parents and infants have a positive NICU experience. Additionally, work is currently underway to update the Neonatal Model of Care which seeks to document and thereafter address the delivery of neonatal services in Ireland. Embedded within this model of care is the understanding of the key values of a well-functioning NICU.

The key values which we will again seek to progress during the update of the neonatal model of care is that of:

1. High-Quality Clinical Care	6. Being approachable
2. Good Governance	7. Open disclosure with parents and a commitment to adapting the FCC approach in our NICUs whereby health care professionals work alongside parents and infants during their inpatient stay.
3. A stable effective Workforce	
4. A culture of teaching and training	
5. Succession Planning	

Ireland is in a unique position as we gather national data on all Very Low Birth Weight Infants (VLBW) and all infants who undergo Neonatal Therapeutic Hypothermia (TH). The National Perinatal Epidemiology Centre (NPEC), the NWIHP and the National Clinical Programme for Neonatology (NCPPN) have collaborated to ensure this national data is collected, analysed and reported upon on an annual basis. The data from these two reports coupled with the findings of mothers lived experiences from the National Maternity Survey 2020 will be utilised going forward as we seek to further develop out Neonatal services.

Prof John Murphy
National Clinical Lead, Neonatology

Message of Support

The Role of the Independent Advocacy Service

The Patient Advocacy Service welcomes the HSE's response to the findings of the National Maternity Experience Survey 2020. It is important for the improvement of the health system that the voices and experiences of patients are heard.

Our service was commissioned by the National Patient Safety Office in the Department of Health following a recommendation in the Health Information and Quality Authority's (HIQA) 2015 report on the Investigation into Maternity Care in Midland Regional Hospital Portlaoise. Since our launch in November 2019, we have developed the Patient Advocacy Service, supporting patients through the YSYS and Incident Management Framework processes. This includes supporting patients who wish to make a complaint about the maternity care they have received.

The HIQA Portlaoise 2015 report recognised the need for patient's reported experiences to be recorded, listened to and learned from. It acknowledged the need for such learning to be shared between hospitals, within hospital groups, and nationally through the wider health system.

Therefore, we are delighted our service is being actively promoted by Maternity services as a key action in the Quality Improvement Plans of all participating hospitals and community care areas.

We welcome collaborative working with Maternity services and recognise that this opportunity to engage with the Hospital Groups will greatly enhance the experience of patients receiving Maternity care and enhance shared learning. Promotion of our service will also support and enhance best practice in how healthcare staff engage with women throughout their maternity care.

A key finding of the NMES 2020 is that women would like to understand their pregnancy and be actively involved in the decision-making process during labour and birth. The NMES 2020 also found that women were not given the opportunity to ask questions or be involved in the decisions regarding their care after birth, and they did not receive sufficient physical and emotional support.

As a fifth of our current caseload is in relation to maternity care, the Patient Advocacy Service has experience and understanding of the added value of a fully independent advocacy service to support patients. We recognise the need for an empathetic and professional approach to advocacy support, given the difficulties experienced by some women during labour, during birth and after birth.

The Patient Advocacy Service is delighted for the opportunity to improve support for women and to engage with the Hospital Groups. We look forward to sharing learning and enhancing the experiences of women receiving maternity care.

Louise Loughlin

National Manager, National Advocacy Service for People with Disabilities (including the Patient Advocacy Service)



Message of Support

Association for the Improvement of Maternity Services in Ireland (AIMS)

It has been my pleasure to sit on the Board of the National Maternity Experience Programme. In conjunction with my colleague, Edel Quirke, I was able to bring a unique service user's perspective to the design of the survey and to highlight areas of critical importance to service users in evaluating their maternity care experience in the Irish Maternity Service. I am very grateful to HIQA for affording me this opportunity, and I am sure that the survey design and content has benefited from the input of service user perspectives.

The Association for the Improvements in the Maternity Services Ireland, (AIMS Ireland), has been campaigning for improvements in the Irish Maternity Care Service since 2007. We were key stakeholders in the National Maternity Strategy Steering Committee, in the Specialist Perinatal Mental Health Strategy and the Standards for Better Safer Maternity Care. We offer confidential support to those using the Irish Maternity services, evidence-based information on maternity care and representative functions within the Irish Maternity Service at National level and also in local Boards and Committees within Maternity Units and Maternity Hospitals. AIMS Ireland welcomes the undertaking and publication of the Maternity Care Experience Survey. The inclusion of service user's viewpoints and opinions in evaluating a service always offers a perspective on care that cannot be obtained from any other source and which should always form the basis for any evaluation and improvement of service provision. We are also pleased to already see issues raised by service users featuring in newly drafted Quality Improvement Plans from many maternity units.

Service users also offer a holistic perspective on their maternity care, as their experience is made up of the cumulative contributions of many different areas of maternity care provision. For example, antenatal care in the community, giving birth in hospital and postnatal care at home; all of which are provided by different health care providers in different settings many months apart. The cumulative experience of all these providers and settings is what will determine how a mother feels about her birth and how she approaches the early days of motherhood. This cumulative experience is rarely understood or acknowledged within maternity care provision because the different strands of care provision fall within different departments, sections and budgets. So this is a unique opportunity to view and learn from the totality of service user experience and we hope that politicians and managers will act on the high quality of information this survey provides.

Another feature this survey offers is that it will be repeated, so we will have a barometer to assess whether improvements and lessons learned have been implemented and are making a difference.

One of the key issues this survey has highlighted is that women need to be active partners in their maternity care. Maternity care is probably the only area of medicine in which the person receiving the care is actually not 'unwell'. Instead, women are going through a normal physiological process, in which they are as much of an expert in their own pregnancy as those supporting them. Physical, emotional and perinatal mental health outputs are always better when women are treated as shared experts in the decision making of their care at each point of their pregnancy and childbirth journey and the results of this survey clearly highlights this aspect of care.

Ideally leadership within the maternity services is based on partnership and equity, enabling pregnant people to feel an integral part of the decision making process. Now that the pregnant people have spoken, it's up to those who are in positions of leadership within the Irish Maternity Services to be the change-makers and champions that pregnant people and their families desperately need.



Dr Kyrzia Lynch

Chair of Association for the Improvement of Maternity Services (AIMS) in Ireland

The HSE: Listening, Responding & Improving

Healthcare teams, working across the HSE have reviewed in detail the findings of the National Maternity Experience Survey 2020. Managers and staff in each of the 19 maternity hospitals, together with Public Health Nursing Services across Ireland have shared the findings of the NMES 2020 with their wider teams, and have developed comprehensive quality improvement plans in response. Implementation of the quality improvement initiatives will be evaluated on an ongoing basis through the work of the National Women and Infants Health Programme, a follow-up survey will be conducted as part of the NCEP in 2022 to measure the impact of this work and how women's experience of maternity care has improved over time. The Quality Improvement Plans in this report outline priority areas for improvement and the key actions identified at service-level to improve women's experience of maternity care over time.

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING
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 CARE WHILE PREGNANT (Antenatal Care)	
Experiences of care during their pregnancy, the type of maternity care offered and chosen, information provided and communication with healthcare professionals in the antenatal care period.	<ul style="list-style-type: none"> • Antenatal educational standards • The Healthy Childhood Programme • The 'My Pregnancy' book • The Model of Care for Perinatal Mental Health • Promoting choice of maternity care options

 LABOUR AND BIRTH	
Experiences of labour and birth, of interactions with healthcare professionals, pain management and involvement in decisions making during labour and birth.	<ul style="list-style-type: none"> • The National Healthcare Communication Programme • Prompts to promote shared decision-making and consent in healthcare • Birth plans • One-to-one care • Examples of best practice

 CARE AFTER BIRTH	
Experience of Care in hospital after the birth their baby. The support and assistance provided by staff, and information provided on care and recovery.	<ul style="list-style-type: none"> • Improved communication and support at the point of care • Someone to talk to about your worries and fears



SUPPORT WITH FEEDING AFTER BIRTH

Experiences of receiving information and support from healthcare professionals on feeding the baby.

- The National Strategy on Breastfeeding Standards
- Adequate support with feeding baby
- Baby-friendly hospital



SPECIALISED CARE

Experience of specialised care. Experiences of support in the neonatal unit, and overall ratings of the care received by the baby while in the unit.

- Emotional support in the neonatal unit
- Examples of best practice
- Model of care for neonatal care



CARE IN THE HOME AFTER BIRTH

Experience of care in the home, such as support and help with feeding their baby after they have been discharged from hospital and health information on health and well-being including mental health.

- The National Healthy Childhood Programme
- Holistic Health Information - 'My Child: 0-2 years' book
- Social Support and parenting groups in the community
- Engagement with GPs



OVERALL EXPERIENCE

Overall experience of care and whether women knew how to give feedback or make a complaint about their experience.

- Promotion of the Patient Advocacy Service
- Open Disclosure
- Cultural improvement initiatives
- Values in Action
- Schwartz Rounds



Care while Pregnant

Women experiences of care during their pregnancy, identified the need to promote maternity care choices, improve information provided and communication with healthcare professionals during the antenatal care period.

Maternity care choices



The majority of women (60%) said that they were offered a choice of which type of maternity care they would like. The majority of women (65%) chose public maternity care.

Information and care



81% of women said that they were always treated with respect and dignity during their pregnancy. 32% said that they had not received sufficient information about changes to their mental health during pregnancy.

Women experiences of care during their pregnancy identified the need to promote maternity care choices, improve the information provided and communication with healthcare professionals during the antenatal care period. Quality improvement initiatives have been developed at a National Level and are currently being implemented across both hospital and community services to improve women's experience of antenatal care, addressing the following issues:

- Promoting maternity care choices;
- Improving information provided and communication with healthcare professionals in the antenatal care period;
- Improving antenatal education;
- Improving mental health support and providing access to specialist perinatal mental health services.

Registered Advanced Midwife Practitioner Sligo University Hospital (SUH)

The Registered Advanced Midwife Practitioner (RAMP) service was introduced into Sligo University Hospital (SUH) in January 2017. The service provides continuity of care, offers a choice of care pathway and normalizes pregnancy and birth for a locally agreed cohort of medium risk women. These are women from 16-45 years of age, raised body mass index (BMI), locally agreed medical conditions, diet-controlled gestational diabetes mellitus (GDM), one previous caesarean section, as well as referrals from the midwives clinic for postdates pregnancy care planning.

The Registered Advanced Midwife Practitioner service in Sligo is the first one to be developed with this caseload of women, within the unit and the Saolta hospital group.

In the recent National Maternity Patient Experience, the service was rated favourably by many of the respondents. The key principles outlined by the Nursing, Midwifery Board of Ireland for Advanced Midwifery practice were visible throughout the feedback concerning dignity, quality of practice, trust and collaboration. Women liked having the time to talk, discuss and explore issues and the clear explanations they received. Women felt listened to, heard and were involved in decision making around their care and management plans. They enjoyed their appointments and felt at ease and able to ask questions.

Midwifery-Led Care

The Midwifery-Led Care is provided in the Midwifery-Led Unit (MLU). The MLU is a separate unit located within the Maternity Department at Cavan General Hospital. The unit is made up of a small team of midwives who provide care for women throughout their pregnancy, during labour and in the postnatal period. The findings of the NMES 2020, highlighted that the MLU in Cavan received very positive feedback from women about their experience of care.

The MLU in Cavan offers:

- A homely, family-friendly environment;
- Flexible appointments with minimal waiting times;
- The option of having antenatal appointments in St Davnet's Hospital, Monaghan home visits by a midwife after the baby is born;
- The opportunity for a women's partner to stay overnight with the women in the hospital;
- No restrictions on visiting;
- A supportive backup service from the Consultant-Led Unit if required.

The MLU midwives perceive childbirth as a normal, natural and life-changing event and aim to provide a welcoming, supportive and caring environment for women planning to give birth in this 'home-from-home' setting. They aim to ensure that all women they care for feel safe, respected, confident and totally involved in all aspects of their care, which will be given regardless of culture, background or religious belief. They are highly skilled in the art of midwifery and normal childbirth and are committed to this philosophy of care. Midwifery-led care is suitable for all healthy low-risk pregnant women without any major medical or gynaecological history.

Improving Health Information for Women during pregnancy

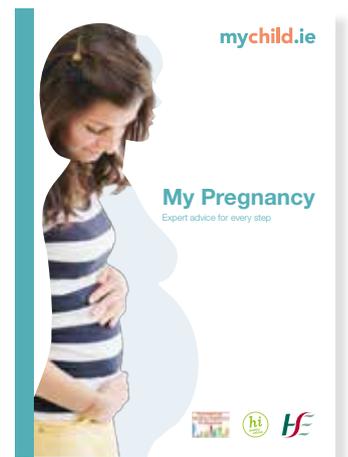
The findings of the NMES 2020, highlight the need to improve access to health information for women about their mental health and well-being throughout pregnancy. The HSE's National Health Childhood Programme is implementing a range of quality improvement programmes in child health services. The Nurture Infant Health and Wellbeing Programme is a key enabler of this work. Nurture's Antenatal to Postnatal Implementation Team has developed the 'My Pregnancy' book. *My Pregnancy* has information for mothers and parents to be. It is filled with expert advice from health professionals including doctors, midwives, nurses, physiotherapists, dieticians, psychologists and many more. The team consulted with parents-to-be to ensure that the book was designed to meet their needs. The book was published at the end of 2018 and is now available free of charge to all pregnant women in Ireland.

What women and parents-to-be said was that they what information that would help them most during pregnancy, including:

1. common sense information and tips on pregnancy;
2. advice on what to do if they had a problem;
3. details of which people and services to get in touch with for more help and support.

They said that they wanted this information to be available online and in a printed version to keep at home. This book is available in each of the Maternity Hospitals, it is promoted during antenatal educational programmes and available online: <https://bit.ly/2RNrABP>

Quality Improvement Plans developed by each of the hospitals and CHOs reference the promotion and use of this resource as a trusted source of health information for women and parents to be during pregnancy.



Mr Paul Reid, CEO, HSE together with Mr Phelim Quinn, CEO, HIQA visit the National Maternity Hospital to promote the National Maternity Experience Survey.

EXAMPLE OF BEST PRACTICE

National Healthcare Communication Programme



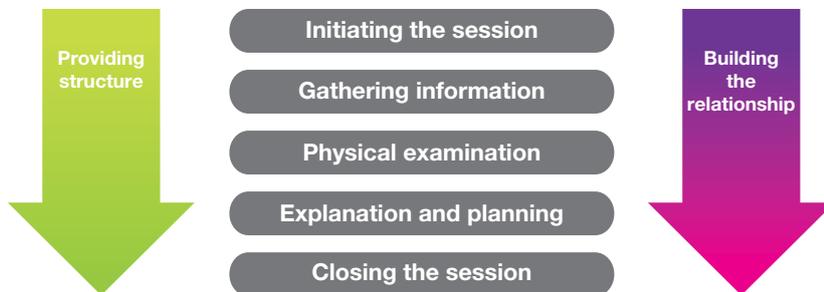
Communication

Good communication is central to a positive experience for women in maternity care and to promoting shared decision-making at each point of their journey. During their professional careers, clinicians will conduct over 200,000 consultations with patients (*Silverman et al., 2008*). Using a consultation model that helps staff to fully address the patient's agenda leads to reports of higher levels of patient satisfaction with the consultation (*Carter & Berlin, 2007*). Communication has also been shown to have a positive impact on healthcare outcomes such as clinical effectiveness, safety and improved adherence to care and treatment. Communication skills are consequently core strands of healthcare professional training, postgraduate assessment, and ongoing professional development.

National Healthcare Communication Programme

The National Care Experience Programmes (NCEPs), first conducted in 2017, highlighted poor communication between patients and healthcare providers as one of its main findings. The Health Service Executive's response to the opportunities for improvement highlighted in the NPES was to establish the National Healthcare Communication Programme (NHCP) and to adopt the Calgary-Cambridge Guide as the evidence-based method of communication skills training across the Irish healthcare service. The NHCP has been developed in partnership with EACH, the International Association for Communication in Healthcare.

Calgary-Cambridge Guide



National Maternity Experience Survey

The NHCP undertook a review of the questions and women's comments in the National Maternity Experience Survey (NMES), September 2020. The goal of the review was to inform the ongoing development of NHCP guidance for healthcare staff on effective communication in healthcare, with a particular focus on communication skills for maternity services.

Key themes

Key themes that emerge from this review include the importance of creating a safe and supportive atmosphere for women by making a personal connection, demonstrating empathy and building trust and confidence. Building a good relationship with women facilitates optimum achievement of the goals of the clinical encounter. Therefore it is very important that every opportunity is taken to use good communication skills to build a relationship with women, making them aware of names, roles and responsibilities of healthcare staff, demonstrating empathy, making them feel involved by attending to their comfort, sharing our thinking and using good non-verbal communication skills such as smiling, eye-contact and gestures. Empathy is of particular importance in effective person-centred communication. The ability of healthcare staff to recognise women's empathic opportunities and respond to a woman empathically, communicating a desire to understand, can help yield benefits to both women and staff in terms of care experience and healthcare outcomes.

Opportunities for improvement

Other areas for improvement include communication skills demonstrating preparation for the healthcare encounter, skills for active listening and providing the correct amount and type of information, particularly in areas like mental health, physical health and breastfeeding. Working in partnership with women involves understanding their perspective and keeping them fully informed about their care and treatment options. Women engaging with healthcare services have different levels of healthcare knowledge and experience and different expectations regarding what and how much more they want to know. This requires staff to use good communication skills to adopt the right approach to each healthcare encounter.

Next steps

While most of the women who responded to the survey had a positive experience of maternity care, the number of comments relating to skills for building the relationship (demonstrating empathy) and providing information and planning (shared decision making) indicates that these are particular areas requiring further staff support. The NHCP will work with maternity staff and EACH to develop further training to support staff to enhance their communication skills in these areas.

Training videos are available on our webpage: www.hse.ie/nhcprogramme



Improving health information and communication for women and parents-to-be through antenatal education

Women stated in the survey that they required better health information and communication during the antenatal stage of care. Participation in antenatal education helps to equip pregnant women and their partners with the knowledge and skills to negotiate their journey through pregnancy and to prepare them for childbirth and parenthood.

The HSE has developed a comprehensive antenatal education programme with an explicit parent-led focus. The purpose of this work is to standardise antenatal education throughout Ireland and to respond to the needs of women and their families by delivering these programmes in a more participative and engaging way.

Quality Improvement plans for both hospitals and CHOs reference the implementation of these standards. The National Standards for Antenatal Education aim to enhance the current provision of antenatal education services in Ireland through the identification of key components that should be included in all antenatal education programmes, as well as ensuring the delivery of consistent messages to pregnant women and their partners.

These Standards are based on HIQA's framework *National Standards for Safer Better Healthcare* and draw on eight themes that focus on providing a high quality, safe and accountable service that is evidence-informed, resource-efficient and provided by a workforce with the necessary education, skills and competencies.



EXAMPLE OF BEST PRACTICE

Introduction of Virtual Antenatal Classes

University Hospital Galway

COVID-19 has introduced opportunities for both staff and women to engage in a Virtual Antenatal Classes. The Parent Education Department University Hospital Galway delivered parent education virtually since March 2020.

The Parent Education Department had to redesign their services to meet the needs of the Mothers and their families. The first online virtual class was facilitated on the 24th of March 2020. In light of the rapidly changing guidelines relating to COVID-19 nationally and internationally, our existing processes had to be re-evaluated and re-designed. With the help of the multidisciplinary team, the changes necessary to provide our service on a virtual platform were implemented.

How?

We were fortunate to have a web-based multidisciplinary Maternity Information Portal www.uhgmaternity.com. We had just completed our virtual tour of the Unit.

The IT Dept were supportive and the following was added to the Homepage of the Information Portal:

- A link to the HSE/Coronavirus page;
- Our Virtual tour of the Unit;
- A hypnobirthing Script;
- Instructions on the new process of how to link to our virtual platform.

Communication – The next step was to inform our Community Partners

- **GPS** – A letter was sent via the GP liaison Office in Merlin Park to cascade to all GP's in Galway, Mayo and Roscommon. It included the information on the redesigned services and how to access the antenatal and postnatal classes via the virtual platform.
- **Expectant Mothers** – A letter was written to all our mothers and their families to explain all our newly designed services. This letter was distributed in all antenatal clinics by both the Midwifery and Clerical staff.
- **Maternity Clinical Areas** – An algorithm was designed and distributed to all clinical areas informing staff on the revised pathway to our virtual classes.
- **Information Portal** – The algorithm was available to the women on the Portal.
- **Weekly Updates** of activities/challenges at our CMM meetings.
- **Twitter** – The Communications Department filmed a one to one session with a postnatal mother, and shared it on social media platforms.

Training

The IT Department trained the team in the use of the virtual platform and how to facilitate classes. This was two hours duration. We changed our teaching strategies to meet the visual needs of women using a virtual platform.

- **Checklist** – Virtual platform Etiquette/Security/Governance/Records of Meeting/GDPR guidelines.
- New Powerpoints for all classes.
- More visual aids required.
- New language – Screen breaks!
- Local signage (Virtual class in progress).

Submitted by: Ms Carmel Connolly, CMMII

EXAMPLE OF BEST PRACTICE

Working in partnership with women to improve maternity services

St Luke's General Hospital Kilkenny

The Maternity team at St Luke's General Hospital Kilkenny are proud to work in partnership with the women who attend their service. Over the past 2 years, there have been many improvement initiatives introduced which were developed in partnership with women including the following:

- The launch of the Integrated Community Midwifery Service (ICMS) which provides midwifery-led service to women who meet specific criteria, through their pregnancy journey, delivery of their baby, and postnatally.
- The establishment of a detailed anomaly scan for every woman attending the service.
- Following a quality improvement project in the Antenatal Clinics, changes were made to improve the woman's journey through the service. The improvements include ensuring women are seen on the most appropriate pathway of care, reduction in waiting times and maximise the use of resources. There are further events planned for the maternity services.
- The Early Transfer Home Service following delivery is provided by Obstetricians and members of the ICMS to women who may not have been eligible for midwifery-led care during their pregnancy but can be discharged home under the care of the midwife.
- Infrastructure changes within the Special Care Baby Unit (SCBU) will be completed in 2020 to allow more facilities for Paediatricians and Nurses as well as the parents of babies being cared for in SCBU
- Virtual Antenatal Classes and virtual Breastfeeding Classes have been introduced during the COVID-19 pandemic.
- Development of a St Luke's Maternity specific section on the hospital website is in progress. This will have links to general information and also provide local maternity-related details.



Staff at St Lukes General Hospital Kilkenny engaging with women about their experience of maternity care

Improving mental health support and providing access to specialist perinatal mental health services

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

Whilst the focus of this specialist service is on women with moderate to severe mental illness, it also ensures women with milder mental health problems are both identified and receive appropriate help from skilled staff within maternity services. This is done through the development of the role of the mental health midwife nationally and plays a central role in educating and training all involved in the delivery of services to women during the antenatal and postnatal periods. The specific circumstances of pregnancy, birth and early mother/infant bonding requires staff that is knowledgeable, skilled, sensitive and experienced in responding to mental health issues in the perinatal period.

Specialist perinatal services are vital because of the very negative consequences of perinatal mental health disorders for the mother, the baby, their relationship and that with the partner and other children. The specialist teams and mental health midwives work jointly to ensure that all women attending the maternity service will have information on positive mental health. Standard questions on mental health as well as physical health should be routinely asked of each woman attending both booking and review clinics. The Specialist Perinatal Mental Health Service has the responsibility for women with moderate to serious mental illnesses.

Whilst the focus of the Model of Care (MOC) was on the specialist component of a perinatal mental health strategy, it is hoped and expected that this will act as the catalyst for all relevant service areas in the HSE to come together to implement a comprehensive mental health strategy. For this reason, the MOC also included a section on the clinical pathway for a complete perinatal mental health response.

During 2019 the National Programme for the implementation of Specialist Perinatal Mental Health Services focused on the recruitment of multidisciplinary teams in the 6 sites, that is the three large maternity hospitals in Dublin as well as the maternity units/hospitals in Cork University Maternity Hospital, University Maternity Hospital Limerick and Galway University Hospital. Bespoke panels were created for positions such as Senior Psychologists, Senior Mental Health Social Workers and CNSMH nursing staff. The recruitment of mental health midwives in all sites in Ireland also continued with several national recruitment campaigns.

Staff were provided with specific induction and training including training from Dr Liz McDonald, Honorary Consultant in Perinatal Psychiatry, Clinical Lead for Perinatal Workforce Development at the Royal College of Psychiatry in London. Specialist Perinatal MDT staff attending training at the University of Limerick, December 2019.



Specialist Perinatal MDT staff attending training at the University of Limerick, Dec. 2019

The Perinatal Mental Health App for Healthcare Staff

The Specialist Perinatal Healthcare App for healthcare staff was developed in 2019 and is designed to provide the latest information to assist all frontline staff in their roles, providing information on how to access services for women seeking information, advice and support for mental health problems in pregnancy and the first year post-partum. The app has now been downloaded by approximately 1,000 frontline healthcare staff who work in areas such as midwifery, public health nursing, psychology, community mental health teams as well as GPs and practice nurses.

For staff, it hosts all the latest education and training information on Perinatal Mental Health available in an easily accessible format. The app is regularly updated with new content, weekly MCQ questions and information on news and events related to perinatal mental health services. Available at: <https://PMH.healthcarestaff.app>.



Planning for Ireland's first Perinatal Mental Health Mother and Baby Unit

The Specialist Perinatal Mental Health Model of Care is based on maternity networks as recommended in the National Maternity Strategy. This aligned specialist services to maternity hospitals/units in a hub and spoke format in 19 different sites (6 hubs and 13 spoke sites). During 2019 the Rotunda Hospital provided the expanding perinatal mental health team with two modular units on site. The Coombe hospital also plans to provide 2 units and the National Maternity Hospital has provided additional accommodation in line with additional perinatal mental health staff appointments. The three hub sites outside Dublin are currently working on accommodation solutions for their new perinatal mental health teams, in terms of both office accommodation and outpatient clinics in which to see patients with mental health problems in pregnancy. This must be based in the maternity hospital hub sites to ensure maximum accessibility and a seamless service for women.

The Model of Care set out three components of specialist perinatal mental health services, these are:

1. Specialist mental health service to maternity units/hospitals;
2. Mental health midwife component;
3. Specialist inpatient mother and baby unit.

Planning for Ireland's first Mother and Baby Unit is currently underway and a joint business case is being developed between Mental Health Services in HSE CHO 6, St Vincent's Hospital, Dublin and the National Maternity Hospital. Given the documented adverse effects of separating mothers from their babies, the provision of a mother and baby unit as a national tertiary unit is vital and it is hoped that a submission to HSE National Estates Management will take place during 2020.

Feedback from women about the Perinatal Mental Health Service University Maternity Hospital Limerick

The December 2019 issue of Health Matters featured the Specialist Perinatal Mental Health Service at the University Maternity Hospital Limerick.

It reported that two years after its launch, women across the country have spoken about the transformative effects the Specialist Perinatal Mental Health model of care has had on their pregnancies and beyond. The article also covered how the Specialist Perinatal Mental Health Service is constantly striving to develop and improve the service at University Maternity Hospital Limerick by holding an innovative workshop event where women provided staff with vital feedback on their experiences to help inform future delivery of the service.



Health Information for Women on mental health and well-being

During 2019 a project was initiated to develop a range of health information leaflets for Specialist Perinatal Mental Health Services. These will cover a wide range of topics including perinatal mental health tips, mental health problems in pregnancy, health and supports available, information for women with existing mental health problems, postnatal depression information, Perinatal OCD, Lithium in pregnancy, Valproate in women and girls who could get pregnant, Postpartum Psychosis, as well as Information for carers. The information leaflets were made available in early 2020. These will provide much-needed advice to the public and support the awareness and importance of perinatal mental health for women and their families.



Post Natal-Depression Ireland

Providing Social Support in the community

Previously known as the Post Natal Distress Support Group, Post Natal Depression Ireland was founded in Cork, Ireland in 1992, it aims to provide support, help and friendship to those suffering from Post Natal Depression. PND Ireland, it is part-funded by the HSE. PND Ireland provides information, help and advice from women who have gone through similar experiences, peer to peer social support.

Coffee Mornings and Support Meetings

As well as providing an online support service, PND Ireland host Coffee Mornings & support group meetings where all are welcome. The meetings are facilitated through Zoom during COVID-19.

PND Ireland welcomes feedback from women, discussion forums are also facilitated where women can share their experiences with other sufferers, past and present. The support group was set up by Madge Fogarty, Chairperson, PND.

HSE Community-based Social Support

Postnatal depression in North Kerry

Peer-to-peer support is effective and complementary to other medical and social supports a family require when affected by postnatal depression. An important HSE Social Support service for women living in rural areas and local towns in North Kerry, and offers them support and assures families that they are not alone when dealing with postnatal depression.

The aim of the Primary Healthcare Team in North Kerry is to develop a multidisciplinary response to postnatal depression in the community. The teamwork in partnership with the local Family Resource Centre in Listowel, raise awareness among health and social care professionals and the wider community on signs and symptoms of postnatal depression and provide a range of supports to families affected by postnatal depression.

The health care team in North Kerry decided to build a support programme for women based on their needs and to support families in the area. The group liaised with Post-Natal Depression Ireland, who has an office based in Cork University Hospital and looked at best practice in establishing supports in the North Kerry area. The group is voluntary and confidential, it has been operating for three years. It is facilitated by staff from HSE Community Work, Public Health Nursing and Mental Health Community Services.

Women can self refer but many referrals have come from PHN's, Community Mental Health Nurse's, Psychiatrists and GP's in the area. Awareness days now take place annually, with support from Mental Health, Physiotherapy, Dieticians, HSE and Post-Natal Depression Ireland. The group has a list of resources and contacts available for women at every meeting.

KERRY POST-NATAL DEPRESSION SUPPORT GROUP

Are the Baby Blues not going away?

Are you?

- Finding it difficult to cope - that everything is an effort?
- Feeling anxious, angry, confused?
- Not enjoying your time with your baby as much as you anticipated?
- Not able to sleep/feeling exhausted?

SUPPORT IS AVAILABLE

Post Natal Depression Support Group
First Wednesday every month @ 8pm
Individual one-to-one support available

All welcome

This is a partnership initiative between Listowel FRC and HSE
In an emergency contact your GP/South Doc or attend the emergency department at University Hospital Kerry.

For further information www.pnd.ie



Fund raising for support networks -
Post Natal Depression Ireland

EXAMPLE OF BEST PRACTICE

Minding Me: Supporting Expectant and New Mothers

Kildare West Wicklow – CHO 7

Niamh Crudden – CHO 7



Minding Me

Supporting Expectant and New Mothers in Kildare West Wicklow

Minding Me: Supporting Expectant and New Mothers in Kildare and West Wicklow is an interagency partnership to enhance perinatal mental health across the region. Several organisations articulated the need for a more integrated approach to supporting women within their communities, and the group was convened by the HSE in early 2019. The partnership includes representatives from statutory and community services (full list below) who have a role in supporting women in the perinatal period.

The objectives are to:

- Develop strategies to promote awareness of mental health difficulties in the perinatal period and reduce the associated stigma.
- Enhance information provision and signposting.
- Provide clarity concerning care pathways.
- Enhance community-based supports if needed.
- Promote integrated service provision by linking the Specialist Perinatal Mental Health Service in the Coombe, local HSE services, other statutory services, and community/voluntary services.
- Provide resources to help women look after their mental health before, during and after pregnancy.
- Facilitate women in looking for more specialist intervention and support if needed.
- Empower women to share their experiences and have their voices heard.

While the partnership is relatively new, it has already sparked a vibrant interagency dialogue about perinatal mental health and led to new working relationships between services in this area. This is a positive outcome in itself. The unique challenges faced by women during the COVID-19 pandemic have highlighted the importance of a clear and integrated approach to perinatal care.

This partnership also lays a foundation for the development of new interdisciplinary projects to support women. The first of these is a wellness week to raise awareness of perinatal mental health, engage mothers with local services and outline pathways to care.

Several sessions will be hosted virtually including:

- Prenatal and postnatal yoga.
- Physiotherapy for expectant and new mothers.
- Mental health during pregnancy and beyond.
- Hypnobirthing.
- The importance of play.
- Conversations about the joys and challenges of becoming a mother.

Other components of the initiative will include:

- Buggy Buddies and Buggy Fit, exercise classes for women taking place in parks across the region, which will be run by Kildare Sports Partnership and Wicklow Sports Partnership.
- Radio interviews with mental health professionals and articles in print media to raise awareness of perinatal mental health, reduce stigma, and promote other events.
- Production of a video about perinatal mental health and pathways to care in conjunction with the Specialist Perinatal Mental Health Service in the Coombe Hospital. This short video will be shared across social media before and during the week, at the start of each online session, and will be used in the future for information awareness and signposting.
- Distribution of a leaflet on perinatal mental health with information local to Kildare West Wicklow to share with women who cannot access online sessions because of digital divide/poverty.

The wide range of issues covered relate to physical, emotional and psychological well-being in pregnancy and post-birth and will hopefully inspire women to get involved. Once we have reached our target audience, we will be able to communicate our core messages widely and effectively.

The Minding Me partnership is HSE-led and includes representation from the Resource Officer for Suicide Prevention, Public Health Nursing, the Coombe Specialist Perinatal Mental Health Service, Kildare Children and Young Persons Services Committee, Wicklow Children and Young Persons Services Committee, HSE Primary Care Psychology, HSE Adult Mental Health, HSE Primary Care, HSE Health and Well-being, KYS Naas Child and Family Project, KYS Faim Project, and TUSLA.

EXAMPLE OF BEST PRACTICE

Emotional well-being of 'mums-to-be'

South Tipperary General Hospital

In 2018, South Tipperary General Hospital maternity services introduced a new mental health programme called 'Mums-to-Be Well-being.' On evaluation, we learned that while our mums-to-be felt it was of benefit to explore stress reduction and relapse prevention, they also wanted to "find out more about the baby", with a particular emphasis on building a relationship with their baby. As a result, we spent some time exploring different programmes that would marry together the concept of self-care for mums-to-be, and attachment and bonding with the unborn infant.

We subsequently discovered Mellow Bumps. Mellow Bumps (MB) was developed by Mellow Parenting, Scotland (www.mellowparenting.org). This six-session programme aims to reduce maternal stress/anxiety, increase knowledge of child development and promote the bonding process between mother and unborn baby.

Each two-hour session incorporates one topic related to maternal well-being and one topic related to the infant. There is a guided relaxation at the end of each session, along with homework set for the week.

STGH maternity services. The first MB programme was facilitated by Medical Social Work and Community Mental Health, Primary Care in May 2019. We received 15 referrals from a range of sources, including GPs, an antenatal clinic, a lactation consultant and self-referrals through poster advertisements.

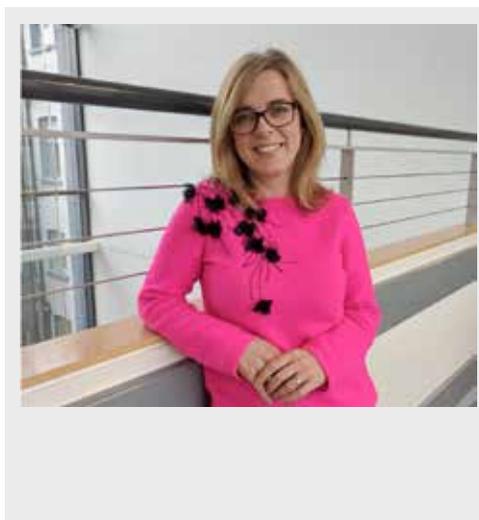
The timing of the group (within working hours) meant several women could not attend, resulting in six participants in total (optimum participants 6-8). All six mums-to-be fully completed the programme and feedback was positive. As recommended by Mellow Parenting Scotland, the Adult Well-being Scale (AWS) was used as part of our evaluation with five mums-to-be taking part. Four out of five mums-to-be reported improved scores for overall well-being with one reporting no change. Some participants were referred for further support in terms of their emotional well-being, as required.

Both facilitators were accredited by Mellow Bumps Scotland and we now aim to offer the MB programme biannually. This was a most enjoyable piece of work and I welcome contact from anyone interested in hearing more about it, contact: Emmal.moloney@hse.ie

“

I have loved taking part in the group! I was not in a good place for a long time of my pregnancy and I wish I had had a chance to join this group earlier. Especially the films and tips on how to connect with the bump and how to interact with the baby in the early stages after birth has been helpful for me. I am really looking forward to meeting my baby now. Thanks!

*Feedback from one of our satisfied mums-to-be
Mellow Bumps Participant, May 2019*



Health information and support for women concerning Smoking Cessation in Pregnancy

The findings of the National Maternity Experience Survey 2020 highlight the need to provide information and support to women concerning smoking cessation, during pregnancy. Many Quality Improvement Plans developed in response to the NMES 2020, highlight continued work concerning promoting health and well-being, and ensuring that every contact with women is an opportunity to support them to make healthy choices and maintain their health throughout pregnancy, smoking cessation is an example of an important well-being priority addressed at every stage of care.

Smoking in Pregnancy

During pregnancy, there is a heightened awareness/motivation among women to change risky health behaviours for the benefit of their health and future health of their baby. However, approximately 10% of pregnant women in Ireland reported that they continued to smoke at the time of their first antenatal visit in 2015 (14% in 2011) and internationally, this rate of 10% is considered high. Smoking cessation in the first half of pregnancy is optimal to improve outcomes, and quitting prior to conception when more treatment options are available and therapy is more likely to succeed is ideal, however, it is important that women are supported to stop smoking at all stages during pregnancy, and in the postnatal period. There is little or no benefit to the outcome of the pregnancy, if the mother chooses to reduce (cut-down) the number of cigarettes smoked per day; often, the mother then smokes the reduced number of cigarettes with increased intensity and consumes similar levels of nicotine, carbon monoxide, as previously.

Tobacco Cessation – Best Practice

The Tobacco-Free Ireland (TFI) programme is leading the development of national stop smoking clinical guidelines. The work is well-advanced and we plan to submit the draft guideline to the National Clinical Effectiveness Committee, Department of Health for Ministerial endorsement before year-end.

The final guideline will be published in early 2021. The new stop smoking guidelines will have three target populations:

- general adults (aged 18+ years);
- pregnant women; and
- persons admitted to secondary mental health settings.

The guideline aims to enable healthcare professionals to identify people who smoke, to offer them advice to quit and to then offer/arrange the recommended evidence-based support to/for them. The evidence underpinning the new guidelines were adapted from other international guidelines from the US, New Zealand, Canada, the WHO and the HIQA HTA on smoking cessation. These improvements in care in maternity are also supported by the National Maternity Strategy – Creating a Better Future Together 2016-2026 and the Tobacco Free Ireland Strategy 2013-2025.

Tobacco-in Maternity Care

A key additional piece to delivering brief intervention for smoking in the maternity setting is using carbon monoxide (CO) testing as a routine part of a consultation with patients. Exposure to CO is especially dangerous during pregnancy. It deprives the baby of oxygen, slows its growth and development and increases the risk of miscarriage, stillbirth and sudden infant death.

At the first antenatal visit, we will ask midwives to:

- invite women to complete a breath test for carbon monoxide
- discuss the results
- deliver a brief intervention by explaining the dangers of smoking and make a referral to stop smoking services.

COz testing during the first antenatal visit raises awareness of COz exposure and allows the midwife to introduce key information to discuss smoking and how to quit if appropriate to the woman. This supports a healthier pregnancy. The test takes just a couple of minutes to do and results are available immediately.

Studies from other countries show that COz testing with opt-out referral to stop smoking services has:

- Improved care needs are identified;
- Increased the use of supports to stop smoking;
 - Increased quit rates and improved outcomes for women and babies;
 - Been well received by pregnant women and healthcare professionals.

New Resources developed for maternity care services in Ireland:

- A new video is been developed to demonstrate the skills in the practice of a midwife talking to a patient at her first antenatal appointment about carbon monoxide testing, completing the test and discussing the results.
- The TFI programme is developing a patient information leaflet for pregnant women explaining carbon monoxide testing and the importance of testing during pregnancy. The leaflet has been edited and reviewed by NALA for plain English mark.
- The TFI programme is developing an information leaflet for Health Care Professionals introducing carbon monoxide breath testing for pregnant women and information on the new care pathway.

The rollout of new services across Maternity Care in Ireland 2021:

In 2021, the newly-published stop smoking guidelines will include an implementation plan for the establishment of new stop smoking services in maternity hospitals in Ireland including the training of relevant staff in Making Every Contact Count – “Enhancing your brief intervention skills for maternity services”.

In 2020, The TFI programme was successful in a bid for Sláintecare funding to establish a stop-smoking service in both CUMH and Holles Street hospitals – these projects were delayed given COVID, but the programme is now working to establish these services over the coming months. Healthcare professionals in these two sites will be the first to receive this newly adapted MECC training, with stop smoking services provided at these sites from Q4 2020. An evaluation of the overall project will be completed in 2021.

EXAMPLE OF BEST PRACTICE

Introduction of Routine Carbon Monoxide Testing

Maternity Unit of Our Lady of Lourdes Hospital, Drogheda, Co Louth

The Maternity Services in Our Lady of Lourdes Hospital has been working with Healthy Ireland in their Tobacco-Free Campus initiative since its inception in 2012. The staff in the antenatal clinic lead-out on these standards within the unit. The training was provided to assist staff to discuss tobacco use with the pregnant women attending our services and encourage them to deliver brief interventions in smoking cessation. After discussions, the staff then offered a referral to smoking cessation services. Once referred, women were then contacted by the Clinical Nurse Specialist (CNS) in Smoking Cessation who supported them on their journey to quit smoking.

Carbon Monoxide Testing was introduced for all pregnant teenage mothers in 2014. The initiative saw a 4.1 % smoking quit rate in the first year, which incrementally increased to 23.8%, 35% and 40% in 2015, 2016 and 2017 respectively. Following the successful implementation of carbon monoxide testing in the teenage parent population, a decision was made in 2019 to extend carbon monoxide testing to all Antenatal Clinics within the Maternity Unit. In preparation to expand the service, staff completed the '*Making Every Contact Count*' education programme and were fully equipped to deliver brief interventions at the booking clinics.

On 1st January 2019, carbon monoxide testing was introduced at the antenatal booking visit on all women who smoked at the time of the visit, or who had stopped in the previous two weeks. All women were referred to smoking cessation services and statistics were collected by a designated midwife in the antenatal clinic and by the Clinical Nurse Specialist (CNS) in Smoking Cessation. This initiative aims to reduce the risks associated with smoking to mother and baby during pregnancy. It also aims to raise awareness associated with certain behaviours and to equip people with the skills to change, incorporating the principles of the '*Making Every Contact Count*' Initiative. These include compassionate person-centred culture, service user empowerment, staff engagement, innovation and evaluation.

Before commencing Carbon Monoxide Testing 58 referrals were made to the Smoking Cessation CNS in 2018. Post-implementation of routine carbon monoxide testing on 1st January 2019, the number of referrals increased to 347 by year-end. For the first 6 months of 2019, 216 women were referred to the CNS and of these 200 made contact with smoking cessation. 45 attended for a one to one appointment with the CNS and 19 had completely quit smoking before that contact. A further 120 women had completely quit smoking after the second contact at 6 months, representing a 69.5% quit rate.

The Maternity Unit at Our Lady of Lourdes Hospital was the first maternity unit in the country to implement routine carbon monoxide testing during pregnancy and the positive outcomes as outlined above demonstrate the health benefits in reducing the risk of serious complications associated with the toxic components of a cigarette such as miscarriage, premature birth, stillbirth, low-birth weight and sudden unexpected death in infancy.

The initiative has empowered women to make a change in their behaviour and has made them aware of the risks associated with carbon monoxide exposure and equipped them with the skills to change. It enables the midwife to support mothers and families to improve their own health and well-being. It also has a significant impact on giving each baby the best start in life.



Labour and Birth

The National Maternity Experience survey asked women about their experience of labour and birth, women were asked to describe the birth of their baby and whether they were left alone at any point.

The highest-scoring question for this stage of care related to the involvement of a partner or companion.

10%

95%

On the lowest-scoring question for this stage, 10% of women said that they were not involved in decisions about their care during labour and birth. 95% of the women who answered this question said that their partner or companion was as involved as they wanted them to be.

Quality Improvement Plans highlight ways in which individual maternity hospitals are implementing improvements to promote shared decision making with women during labour and birth, improved communication skills amongst the healthcare team and policy at a local level to promote partnership in care and decision making. Initiatives such as the National Healthcare Communications Programme has developed specific training to promote the importance of shared decision making in healthcare, adopting a partnership approach to delivering healthcare.

Examples of best practice designed to improve women's experience of labour and birth gathered from maternity units across Ireland are also featured in this report, Labour Hopscotch in the National Maternity Hospital, Holles Street, Dublin and Hypnobirthing: A practice to improve women's experience in labour and to assist in normalising labour in University Hospital Galway together with the Midwife-Led Birth after Caesarean Section clinic and birth plans promoting involvement in decision making during labour and birth.

Birth plans

Portiuncula University Hospital

Birth plans are used to support women to highlight particular requests that they may have concerning their labour and birth. Examples of birth plans are highlighted below and feature in QIPs published in response to the NPES 2020.

Birth Plan Preferences Saolta Health

The following is an example of a birth plan/ preferences checklist. We hope that this list will help you think about your labour and birth. Please complete the checklist and add any additional birth preferences you may have. Detach and bring checklist with you to your next antenatal visit so you can discuss your birth preferences with your midwife/ obstetrician.

Name: _____

Estimated Date of Delivery: _____

Labour Companions: _____

Labour Environment

Dim Lighting Quiet

Play my own Music/ Hypnobirthing tracks

Aromatherapy

Mobility

I would prefer to be able to remain mobile

I would prefer to sit out of bed and use birthing ball/ yoga mat.

Fetal Monitoring in Labour

I would prefer if possible for my baby to be monitored intermittently

I would prefer my baby to be monitored continuously in labour

Hydration and Nourishment

I would like to eat light snacks and drink clear fluids whenever possible during labour.

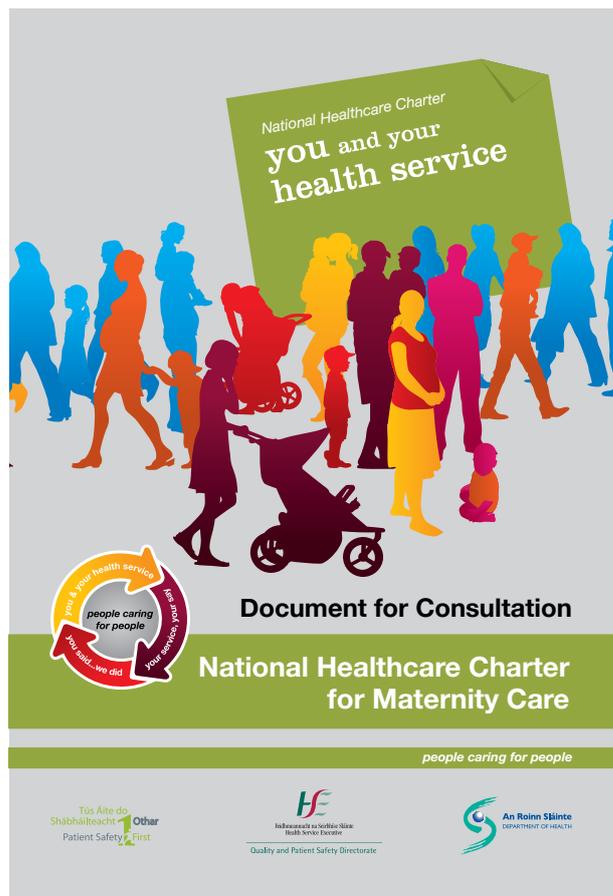
Portiuncula University Hospital
Ballinasloe, Co. Galway, H53 T971
Phone: (090) 964 8200

Promoting shared decision making at every point of care in pregnancy, in particular during labour and birth

South Tipperary General Hospital

South Tipperary General Hospital is implementing quality improvement initiatives to improve healthcare communication and increased involvement for pregnant ladies with decision making during labour and birth.

1. STGH will develop 'STGH Policy on Attitude, Behaviour and Communication' for all staff in the Maternity Services. This Policy aims to clarify the expected standards laid down in the five promises for attitude, behaviour and communication and what support is available for staff to achieve them. This policy will be completed by November 2020.
2. National Healthcare Communication Programme training will commence in STGH for all Maternity Staff. This will promote best practice in communication skills and improved experience for women throughout their journey and promote shared decision making at each point of care, in particular during labour and birth. This incorporates interactive training sessions with staff Midwives/Consultants and non-consultant hospital doctors and prompts in Healthcare Communication Skills.
3. Ongoing Promotion of the Values in Action, Care, Compassion and Commitment, will continue throughout the year.
4. Birth plans are actively promoted with women supported and reviewed antenatally continuously by STGH Maternity Team
5. Prompts encouraging women to ask questions about their care plans and supporting women to be treated as partners in their care will be actively promoted at each stage of women's maternity care.



Labour Hopscotch

The National Maternity Hospital

The Labour Hopscotch Framework was designed and created by Sinead Thompson, Community Midwife (2016) in response to concerns by Senior Midwifery Management regarding rising intervention rates in the National Maternity Hospital (NMH) and Ireland.

The framework offers women and their partners' practical steps to take for a physiological birth and a reduction in childbirth interventions.

The Labour Hopscotch Framework (LHF) research project was funded by Nursing and Midwifery Planning and Development Unit (NMPDU), researched and published in December 2019.

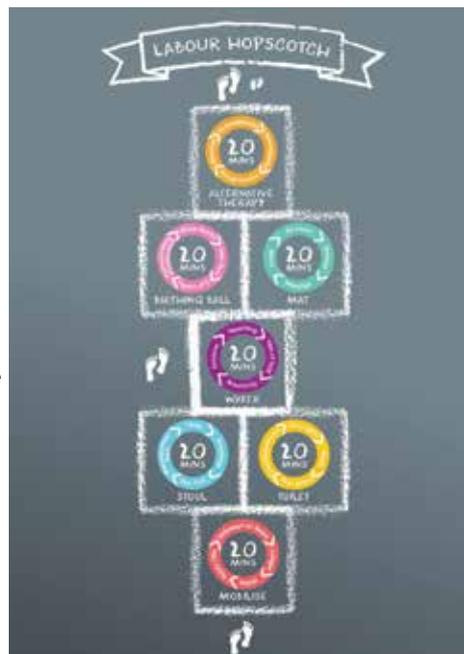
The findings were found to be extremely positive for Maternity services and it quickly was requested by National Women and Infants Health Programme (NWHIP) to run as a National Programme in all 19 maternity units in Ireland (pre-COVID-19).

LHF research shows a Caesarean Section rate of 9% – which was considerably lower than the 29% in the NMH at the time – as well as favourable compared to the national average of 31.9% (Health pricing Office, 2018). The epidural rate was also evidenced to be lower @ 39% compared to 57%.

Service User satisfaction rate was very high with 94% of users expressing that they found it useful and empowering offering them greater choices and more control during childbirth. Birth partners too supported the framework with 79% feeling involved in the birth process, recommending the LHF as assured greater involvement in the birth experience as well as increased the intimacy of their relationship with their partner.

The LHF has changed how women, birth partners and policymakers and professionals think about physiological childbirth and pain relief. It trains women for the physicality of labour and gives them ownership and responsibility for the birth experience.

The LHF also enhances the Midwife/women relationship through trust and confidence promoting shared-decision making and thereby empowering women and Midwives alike.



Hypnobirthing

University Hospital Galway

P Reilly CMM2, on behalf of Labour Ward, GUH

There is a wide acknowledgement of the importance of preparation for childbirth, and many parents-to-be will attend antenatal classes, do extensive research and seek information during pregnancy. As midwives, we are in a pivotal position to educate and reassure the birthing woman of her capabilities to birth her baby. Bearing this in mind a group of midwives from labour ward UHG attended a hypnobirthing workshop in March 2019 and have used it in our midwifery practice ever since.

Hypnobirthing is using hypnosis techniques to assist the birthing mother and her partner to have a calm gentle, positive, natural birth. It can be described as a way of managing surges during labour and childbirth using previously practised self-hypnosis, positive thinking, visualisation and controlled breathing techniques. The birthing mother remains calm and in control throughout her birth. Her birthing partner supported by the midwife assists her to maintain the hypnotic state. This can be done by reading from a practised script, encouraging her to use breathing techniques and massaging her at different times, creating a positive atmosphere so that the woman can be confident in her ability to give birth.

Hypnobirthing is seen as a successful method of birth preparation acknowledging the intrinsic connection between the mind and body. Giving birth is seen to be so physical but yet it is so psychological at the same time. It works by using the ability to put one's mind into a trance-like state, enhanced by mental and physical relaxation in which our subconscious can communicate without the conscious mind. To encourage the subconscious to become open to positive suggestions for change the midwife must induce the woman into a state of deep relaxation or deep absorption. Once the conscious mind relaxes the sub-conscious mind will open up and be more susceptible to positive suggestions. Thus, changing the woman's perception of childbirth and the pain associated with it. Hypnobirthing should be a positive safe pleasant experience.

As intrapartum midwives, we are ideally positioned to support and encourage the woman during the birthing process helping her with positive thinking, breathing techniques, self-hypnosis and visualisation techniques already learned. The language used must be positive there-by encouraging the woman to visualise the birth as a positive and not a fearful experience. This enhances her belief that she can achieve a calm birth.

The midwife can also improve the environment in which the woman is birthing by ensuring dim lighting, calm music, aromas of choice and as little disturbance or distractions as possible. This has therefore led us to our new project; the designing of a new home-from-home room. A comfortable room situated away from the labour ward environment, which will help us to ensure that the atmosphere in which the woman is birthing is conducive to aid a gentle birth. This would be a significant quality improvement for women using our service.

Midwife-Led Birth after Caesarean Section Clinic

The increase in caesarean sections over the past couple of decades has impacted all areas of maternity care and the reduction of this rate is a topic high on the agenda of all maternity hospitals across Ireland. During 2019 in UHG, 36% of women birthed their babies by caesarean section, this number also represents 36.7% of first-time births ending in caesarean section. This has long term consequences for the woman's reproductive journey. Women are now faced with the dilemma of choosing between Vaginal Birth after Caesarean section (VBAC) and Elective Repeat Caesarean Section (ERCS).

The Robson Caesarean section classification identifies Group 5 – Previous caesarean section as the biggest contributor to the overall caesarean section rate. Having a history of previous caesarean section is the leading indication reported for either elective or emergency CS. All the major governing bodies (RCOG, RCPI, ACOG, RANZCOG) recommend women with 1 previous CS (without medical/obstetric complication) should be supported to have a vaginal birth after appropriate counselling. Success rates for an attempted vaginal birth after caesarean section are between 72-75% (RCOG 2015). Despite these recommendations and success rates, VBAC rates remain low.

One strategy to improve VBAC rates is implementing a birth after caesarean (BAC) antenatal clinic designed to counsel and support women deciding on the mode of birth for their next pregnancy. Once such clinic increased VBAC rates from 17 to 27% (Gardner et al 2014).

Through the work of the Advanced Midwife Practitioner in midwifery care, the Birth After Caesarean Section (BAC) clinic was set up at UHG. This clinic allows the woman and her partner to explore her options for her next pregnancy and birth. A review of her previous labour and birth allows the opportunity to answer questions and clarify the reasons for the primary caesarean birth. It demystifies such myths as “once a caesarean, always a caesarean!”

The risks and benefits of the potential outcomes of delivery are discussed and explored. Plan for future pregnancies is an important topic for discussion concerning compounding the risk factors associated with Elective Repeat Caesarean Section (ERCS) on future pregnancies.

Feedback from women is positive, they appreciate the time to consider information received at the booking visit with their obstetrician. The BAC clinic is an open meeting, non-judgemental and non-directional, but research-based information session. I have found when women have been giving them time to explore their feelings about their past and impending births they feel positive and fear is reduced.

The BAC clinic also presents opportunities to discuss approaches to maximise the chance of vaginal birth including one-to-one midwifery care, a supportive birth partner, mobilising during labour, pain management strategies and avoiding unnecessary medical intervention. All with the aim to enhance the birth experience for the woman and her partner.

Cork Birthing Suite transformed

A determined and dedicated team of midwives and their colleagues in Cork University Maternity Hospital (CUMH) have transformed the birthing suite rooms and the experiences of the expectant mums using them.

The project was part of a wider initiative called the CUMH Ideas Forum, which aimed to generate and implement ideas among staff on how to improve the experiences of patients and staff. It was led out by Dr Noirin Russell and supported by Prof John R. Higgins, Clinical Director.

The ‘Birthing Suite Working Group’ was formed as an action group in September 2018. Its aim was to transform the birthing rooms into flexible, adaptable and positive spaces to improve patient experience by creating a safe, satisfying birth space in which women are more likely to feel secure and relaxed during labour and childbirth.



They were a multidisciplinary group chaired by Denise Malone, A/Midwifery Manager CMM2 in QPS, working with Emma Cummins, CMM2, Labour Ward; Martina Dillon, CMM 2 in Midwife-Led Care; Dr Keelin O'Donoghue, Obstetrician; and a number of midwives who work on the birthing suite including Mags Higgins, Olga O'Brien, Ger O'Mahony, and Orla Baldwin. The project was rubberstamped by the CUMH Executive Management Committee (EMC) and assigned a project chair, CUMH Business Manager Miriam Lyon, in April 2019.

"It was decided to pilot one birthing room initially. This was to be a 'soft focus' room with a dual purpose of facilitating birth for low-risk pregnancies as well as being the room suitable for pregnancy loss. In addition, we sought to revamp the corridor leading to the birthing suite itself," explained Denise.

"We met Thursday mornings and set up a WhatsApp group to share ideas and updates. We sought many opinions including those from a clinical lead who had previously visited all birthing units in Ireland as well as a number of birth centres internationally."

Among the changes made were the relocation of medical gases from a central position in the mural to a side wall, moving of wall based signage containing medicalised language from the mother's eyeline, and the addition of frosted glass to the door for privacy. A large mural featuring a woodland theme was also added. The mural was selected by birthing suite staff based on a shortlist of three photos.

The group also installed mood lighting in the room, both coloured and dimmable, bought a new birth mat and bean bag for adoption of different positions in labour, installed a blackout blind to create a darker environment to promote oxytocin release, put in soft bedding bedspread and provided a recliner chair for birth partners to sleep in the event of a long labour.

"As a group, this project has had a 12-month time span from formation, presentation and actioning the project. This process has required regular liaising with midwifery management and input from the local hospital management. It remains an ongoing project. We have gained and lost some members along the way, there has even been a baby born within the time span of our group. The process of change has proved enlightening and challenging but we remain committed to keeping the central focus as the mothers and babies that use our Birthing Suite," said Denise.

This initiative has positively impacted on women's experience of care in the CUMH.



Pictured in the new birthing suite are (l to r): Olga O'Brien, Midwife; Michelle Gillick, Midwife; Martina Dillon, Clinical Midwife Manager 2; Michelle Hennessy (seated), Midwife; Siobhan Kennedy; Healthcare Assistant; Denise Malone, Clinical Midwife Manager.



Care after Birth

Experience of care that women received in hospital after the birth of their baby.

The support and assistance provided by staff, and information provided on care and recovery.

Contact information

89%

The highest-scoring question for this stage of care related to provision of contact information prior to discharge, 89% of women were told who to contact if they were worried about their health or their baby's health.

Debriefing

30%

The lowest-scoring question for this stage related to 'debriefing', with 30% saying that they did not have the opportunity to ask questions about the labour and birth after their baby was born.

The areas for improvement identified in the NMES 2020, related to the period shortly after birth. Some women were not given the opportunity to ask questions nor were as involved as they wanted to be in decisions about their care after birth. Some did not receive sufficient physical and emotional support when they needed it while in hospital after birth. When asked to describe their experiences in their own words, several women said that hospital staff were very busy, and not always able to assist them when they needed it. Additionally, many women felt they did not receive sufficient information and support for their mental health, not just in the period after birth, but also during their pregnancy.

The QIPs published for each hospital outline their respective plans for improving support for women after the birth of their new babies, including key actions concerning 'debriefing'. National initiatives concerning supporting services to implement improvements in this area are outlined below including; the introduction of the new independent Patient Advocacy Service, the introduction of the National Healthcare Communications Programme and work underway to address staffing levels. Examples of best practice such as birth reflections a QIP implemented in Women and Infants Coombe University Hospital to provide are described. Examples of best practice such as birth reflections a QIP implemented in Women and Infants Coombe University Hospital to provide are described.

EXAMPLE OF BEST PRACTICE

Birth Reflections

The Coombe Women & Infants University Hospital.

The areas for improvement identified in the NMES 2020, related to the period shortly after birth. Some women were not given the opportunity to ask questions nor were as involved as they wanted to be in decisions about their care after birth. An example of best practice named '*Birth Reflections*' in the Coombe Women & Infants University Hospital, is described.

The birth reflection service is a listening service for women who have given birth or are planning to give birth at The Coombe.

For women and their partner events around a baby's birth may be confusing, unexpected and not have been what they had hoped for. Birth Reflections aims to give women a chance to explore their birth experience and ask questions that they may not have previously asked.

Birth Reflections is a listening service for women who have given birth or are planning to give birth at the Coombe Women & Infants University Hospital.

For women and their partners, events around a baby's birth may be confusing, unexpected and not have been what they had planned or hoped for. Birth Reflections aims to give women the chance to explore their birth experience and ask questions that they may not have previously asked. Birth Reflections is not a complaint or counselling service.

Labour and birth may have been different to expectations and plans made during pregnancy. There may have been a need for intervention, or even an obstetric emergency. Such events can be difficult to understand without information 'to fill the gaps', have questions answered, or to understand the obstetric assessment and decision-making process in labour.

Women may contact this service by using a designated phone line or email address. The Birth Reflections midwife will then contact her to arrange a meeting at the hospital at a time and date that is mutually suitable to them both, in an atmosphere of trust and safety. Partners may also attend.

During the session, which lasts for approximately an hour, the midwife will read through the woman's notes with her. There may be a discussion about their memories, feelings and thoughts surrounding their pregnancy and birth. Previously unasked questions may be answered. This process may be very beneficial to a mother or couple who are finding it difficult to understand or perhaps come to terms with the events. It may also be very useful and important in helping to better prepare for the next pregnancy, labour and birth.

The Birth Reflections Service may be accessed by contacting the Birth Reflections Midwife, Ann Fergus.
Email: birthreflections@coombe.ie



Support with Feeding

The findings of the NMES 2020 highlighted the need to improve support provided to mothers after the birth of their babies both in hospital and in the home after discharge from hospital.

Discussed feeding options

8%

The majority of women said that health care professionals had discussed their options for feeding their baby, with 8% saying they had not.

Respect their choice

75%

75% said that their decisions about how they wanted to feed their baby were always respected by their health care professionals.

Support

15%

The lowest-scoring question for this stage of care related to the support and encouragement women received with feeding while they were in hospital, with 15% saying they were not supported.

The key area for improvement during this stage of care related to the support and encouragement women received with feeding while they were in hospital. The actions highlighted in both hospital and CHO, Quality Improvement Plans are presented in detail below.

The HSE has developed a Breastfeeding Action Plan through the implementation of initiatives in the following areas:

1. Improved governance and health service structures for the promotion of breast feeding across both hospitals and CHOs;
2. Training and education for healthcare professionals in breastfeeding;
3. Health service policies and practices to promote breastfeeding;
4. Support at all stages of the breastfeeding continuum through social marketing, support and advocacy, promoting the importance of breastfeeding in the community;
5. Research, monitoring and evaluation of all work to ensure that it is making a difference to women and in-turn young infants.

The following is a brief update on the main actions of the Breastfeeding Action Plan relating to maternity services that were undertaken in 2019.

Improved Governance and Health Service Structures

The National Women and Infants Health Programme is overseeing the development of a revised model for the Baby-Friendly Initiative (BFI) in Ireland. In July, The national BFI standards project group concluded a National Infant Feeding Audit with 17 maternity hospitals/units. The findings from this audit report will inform the implementation phase of the programme of work.



Through the national estimates process, funding for 3 additional infant feeding specialist posts was secured in 2019. It is expected that these posts will be filled by the end of 2020.

A report outlining recommendations for the governance and operation of community and hospital breastfeeding/infant feeding committees was published in September. This report was developed following a survey with 21 infant feeding committees in Ireland. It is envisaged that these recommendations will enable consistency in how committees operate and share best practices.

Breastfeeding training for healthcare professionals

Breastfeeding training and education seminars were facilitated by many maternity services throughout 2019. The Nurture Programme is funding the development of a blended learning training programme for healthcare professionals. The eLearning modules are available to all healthcare professionals on HSElanD.

Health Service Policies and Practices

The National Infant Feeding Policies for Maternity and Neonatal Services for Primary Care Teams and Community Services were updated and published in March 2020. These policies were developed with lactation consultant advisors input and following consultation with key staff groups.

The HSE Code of Marketing of Breast Milk Substitutes and Breastfeeding in the Workplace Policy for Staff Working in the Public Health Service were both progressed and are at a final stage of development at the end of 2019. Implementation of both policies is expected to begin by Q2 2020.

Supports at all stages of Breastfeeding Continuum through Social marketing, Support and Advocacy

The National Breastfeeding Implementation Group is partnering with the Nurture program to develop supports for mothers at all stages of the breastfeeding continuum. The new *mychild.ie* website is now home to the HSE's information on breastfeeding for families. The popular Ask our Breastfeeding Expert live chat and email information and advice service runs 7 days a week, with live chat available from 10-3 Mon-Fri. This service delivered over 3,000 contacts in 2019.

The HSE's publication Breastfeeding – A good start in Life was updated and published in April. This booklet is available to all new families and can also be ordered from www.healthpromotion.ie.

This revised edition includes tips and advice on establishing breastfeeding, the importance of exclusive breastfeeding, where to find support with breastfeeding, maximising breast milk and managing some common challenges.



National Breastfeeding Week

National Breastfeeding Week was celebrated and promoted by *MyChild.ie* from 1-7 October 2019. The Chairperson of the National Breastfeeding Implementation Group, Carmel Brennan, said "This year's campaign is one of our most successful. We received huge support from consultants, midwives and public health nurses to help promote our message of the importance of skin-to-skin contact for all babies". The week was also supported by a social media plan across Twitter, Facebook and Instagram with a potential reach of 1.3m. There were over 100 events with extensive print, radio and TV coverage of features supporting breastfeeding in the weeks surrounding National Breastfeeding Week.

Research, Monitoring and Evaluation

The NWIHP through partnering with the work of the Irish Maternity Indicator System (IMIS) has enabled the collection of national breastfeeding data from maternity hospitals/units in a timely manner.

The following metrics are now gathered to measure the effectiveness of interventions to promote breastfeeding across the healthcare system:

- Breastfeeding Initiation;
- Breastfeeding on discharge (exclusive and non-exclusive).

Data for these metrics will be available in the 2019 annual report. Having access to timely national data will be a huge benefit in monitoring progress and understanding breastfeeding trends in Ireland.



Key priorities identified for 2020:

Implementation of HSE Policy on the Marketing of Breast milk substitutes & Breastfeeding in the Workplace Policy for Staff Working in the Public Health Service.

Progress the Baby Friendly Initiative, including implementation of findings from National Infant Feeding Audit and publish revised BFI standards.

Continue to develop the blended learning training programme:

- Promote the eLearning breastfeeding training for healthcare professionals;
- Develop the skills-based breastfeeding training for healthcare professionals.

Continue to advocate for resources, through the estimates process to provide additional breastfeeding supports in maternity hospital/unit and in primary care. Without funding key actions cannot be progressed. Funding is required to support key action areas including the appointment of Lactation Consultants in maternity hospitals/units and CHO areas, for the provision of breast pumps for mothers of preterm and sick infants and to facilitate effective implementation of policies.

Establish a Breastfeeding Stakeholder Forum.

Available data from community key performance indicators show some areas have made great progress in improving breastfeeding rates. However, national data shows the considerable progress that we need to make if we are to achieve the targets of the HSE Breastfeeding Action Plan (2016-2021). Breastfeeding at the first PHN visit is 55.8 % (2018, exclusive and non-exclusive) and 40.1% at 3 months (2018 – exclusive and non-exclusive).

Thank you for your ongoing support in promoting, supporting and protecting breastfeeding. It is clear that a concerted effort is required across all areas if we are to achieve the targets set out in our Breastfeeding Action Plan.

EXAMPLE OF BEST PRACTICE

Public Health Nurses Supporting Breastfeeding in County Kerry

Feedback from women about the support they received for feeding baby in the home from Public Health Nursing services in Kerry was very positive, the Director of PHN in Kerry describes their approach to promoting Breastfeeding in the County.

Breastfeeding is the most natural thing in the world but in Ireland, it is not always viewed as the first choice or routine practice. It is the vision of the Breastfeeding Action Plan 2016 – 2021 to change this and to achieve a society where breastfeeding is the norm for individuals, families and communities in Ireland.

This is an admirable goal this is only achievable with extensive changes across many different sectors at all levels of society including policy and government level management. But like all great things, it can only start at a micro-level. The philosophy of every breastfeeds making a difference, being the cornerstone of the achievement is this goal. In order to change a practice into a norm in society necessitates making that practice appear to be, or to actually be the easy choice or the most attractive choice.

To make it an easy choice requires support from all involved. Supporting breastfeeding has always been a priority for health care professionals in Kerry. The idea that every contact with mothers and families across the breastfeeding continuum from the antenatal period right up to 6 months and beyond is an opportunity to promote and encourage breastfeeding is one that is integral to everybody's daily practice across the health sector in the county – at hospital and community level.

Breastfeeding support groups in the LMO are available to mothers in local areas in locations in the county. These are PHN facilitated breastfeeding groups that provide a combination of peer support and expert professional support. This two-sided approach to assisting mothers with breastfeeding can aid in the normalization of breastfeeding (Creedon 2013). At different stages of breastfeeding, mothers value the support from their peers more than from their PHN. In the early stages of breastfeeding mothers value the professional input most (Nolan et al 2017). However, as time goes on, they may prefer peer support. The local breastfeeding group's ethos in Kerry caters to both these needs for mother support. The value of the local group is also unique in that the same professional i.e. the PHN usually facilitates the group, has also provided support and assistance with breastfeeding to the same mother in the very early days post-hospital discharge in the home setting. This continuity of care and consistent advice can only be beneficial to mothers in supporting breastfeeding.

To provide breastfeeding support necessitates education for staff. In Kerry education of PHN's has always been encouraged and facilitated from a management perspective. Again, these decisions reflect the value and importance placed on breastfeeding by the decision-makers at policy levels. PHN's are required to update their knowledge of lactation and breastfeeding regularly and are actively encouraged to train as lactation consultants in tandem with their practice and especially if involved in running a local breastfeeding support group.

The involvement of the wider multidisciplinary team is also something that assists in the supporting of mothers with breastfeeding. This includes education and updating of all health care staff e.g. GP's, OT's, Physio, Mental Health team, Home support workers, Community nurses etc. The subsequent involvement at the local breastfeeding groups then provides a multidisciplinary approach to supporting mothers and families envisage breastfeeding as the 'norm' or routine practice. EG the local phn facilitating the group in the area invites the community dietician or Physio to attend and provide information to the women attending that is relevant and appropriate to their wishes and needs.

A PHN initiative titled '*Make Every Contact Count*' was very successful in working collaboratively with the local Maternity Hospital staff to encourage women to initiate skin-to-skin contact immediately after the birth of their baby and educated Midwives, Consultants, medical and nursing staff to support women to try one breastfeed soon after birth so the baby would benefit from the valuable colostrum and know that even one breastfeed is valuable to their baby. The practice of skin-to-skin is maintained on the labour ward in University Hospital Kerry.

Close involvement and integration with voluntary groups in the area and their support networks is also an important feature. In this way, mothers have choices and support from different sources relevant to their needs. La Leche League and Cuidiú also offer support groups in local areas that again aid in this normalization of breastfeeding for families today. Celebrating or marking breastfeeding with a special coffee morning once a year where all the attendees at the group in that year are invited to meet and reconnect and also encourage the newer mothers with breastfeeding occurs in some local breastfeeding groups. It usually happens during National Breastfeeding Week. These are small steps that are part of the bigger picture of the aim of really making breastfeeding the first choice and the most normal method of feeding for women and families in Ireland today.

EXAMPLES OF BEST PRACTICE

Adapting to challenges

Breastfeeding support during COVID-19

Feedback from women about the support they received for feeding baby in the home from Public Health Nursing services in Dublin was very positive, the Director of PHN in Dublin North City and County describes their approach to promoting Breastfeeding.

Public health nurses understand that breastfeeding gives a child the optimum start in life. They focus on improving breastfeeding rates, as it is an important step in mitigating the burden and cost of chronic disease facing our organisation as we move forward. The PHN Service constantly strives to improve breastfeeding rates. All PHN'S have undertaken the Breastfeeding 22-hour course and each area have some PHN'S who have been supported to become Lactation Consultants.

The use of the Breast Feeding Observation Tool at the birth notification visit prompts the PHN to co-design a care plan with mothers to address identified breastfeeding issues. The provision of Breastfeeding support groups further supports mothers with their breastfeeding experience. Our involvement in National breastfeeding week provides opportunities for staff to engage with our local communities to promote breastfeeding.

The HSE National Breastfeeding Implementation Group was established to oversee the implementation of the *Breastfeeding in a Healthy Ireland - HSE Action Plan 2016-2021*. CHO 9 established a Breastfeeding/Infant feeding committee to provide leadership on protecting promoting and supporting breastfeeding in the area. The committee comprises of PHN'S, Community Medical Doctors (AMO's), Midwives from hospitals and community, voluntary agencies and mothers representatives. The Public Health Nursing service embraces a culture of inspiring and motivating Nursing teams and clients to achieve safe care, improved well-being and improved client and staff satisfaction. At every opportunity, PHN'S promote breastfeeding by Making Every Contact Count. *Your Service, Your Say* compliments are regularly received.

The sudden COVID-19 pandemic posed particular challenges for the PHN Service. This paradigm shift impacted upon all nursing staff including the challenge of completing birth notification visits and delivering breastfeeding supports in an environment where face to face interaction was limited to 15 minutes. The initial response to COVID-19 resulted in PHN'S communicating with new mothers via telephone to do the birth notification and discuss topics and issues of concern. Home visits were time-limited to 15 minutes which made it challenging for both the new mother and the PHN delivering the service. All Breastfeeding support groups were paused. Mothers expressed concern regarding their need for individual and group interactions around breastfeeding.

In response to this, the PHN service identified Telehealth as a technological solution to address these challenges particularly in the areas of breastfeeding support. Staff were identified and trained in the use of Telehealth. A pilot which involved individual consultations between PHN'S and new mothers began. Following feedback from those involved, the PHN service responded to this by commencing PHN lactation consultations via Telehealth. Initial reports from the breastfeeding mothers indicate that they like having an immediate response to their breastfeeding issues thus improving their overall breastfeeding experience and ability to breastfeed for a longer period of time. Being able to see the PHN during the consultation further enhanced the experience. Staff were supported to continue to work in a caring compassionate and collaborative way.

Our Service has demonstrated resilience by adapting, innovating, and responding in real-time to a rapidly changing environment. This was possible due to the strong emphasis on teamwork in which the HSE values in action were lived each day to deliver improved outcomes for staff and clients, However, PHN and clients both report that they miss the benefits of longer face to face contacts with PHN and the support of Breastfeeding groups.

The Public Health Nursing Service recognises that we are continuing a journey where we need to improve and innovate to re-establish the uptake of breastfeeding rates. Supported by the Breastfeeding/Infant feeding committee, we will work in teams to provide real and meaningful change to improve breastfeeding experiences and rates. To enable us to do this we are planning to carry out an Audit of the BOAT (Breastfeeding Observation Assessment Tool) in Autumn 2020. This will guide the actions we need to take to deliver a Quality Improvement Project. Participation by our PHN staff will energise our efforts to support breastfeeding and provide staff with the opportunities to respond to breastfeeding mother's needs. Given the effects of covid19, we reviewing how we can set up online breastfeeding groups for mothers.

The current challenges have led the PHN Service in CHO 9 to implement innovative forms of care, to continue providing a high level of support to breastfeeding mothers. Going forward, we will maintain this culture of innovation and improvement to support breastfeeding in the community.

Gonne Cait Barry, Director of Public Health Nursing, CHO 9

PHNs delivering antenatal classes and mother and toddler groups in the postnatal stage 'Baby Talk'

in Cork

Joanna McCarthy, Interim Dir Public Health Nursing, Cork

The PHNs in Cork deliver Antenatal Classes in the Community. The availability of these is communicated to the expectant mothers at the booking visit by staff in CUMH, GP's locally are also aware to inform expectant mothers of the classes. In the context to COVID, such classes were paused and a link was sent to expectant mothers with the content of these classes.

Public health Nurses in Cork are committed to the support and care of mother's in the postnatal period. PHNs visit every mother and newborn baby, within 48 hours of discharge from the maternity hospital. PHNs offer phone contact and at least 3 additional home visits to new mums after the primary visit.

Such supportive interventions are very important at this time. PHN hold 'drop-in clinics' at designated times where mothers can attend with their babies and get support/advice/encouragement including baby weight check. Babies are seen by PHN again at 3 months, 7-9 months.

Baby talk is a support group for mothers and babies in an area in Cork, it is held 3 times yearly. Mothers are informed of the group at the primary visit and once a date is agreed to commence the 6 weekly sessions, an invitation is sent to parents of children born within the previous 5 months in the respective areas. The group is facilitated by a PHN and held weekly for 6 weeks, support includes debriefing regarding the experience of labour and delivery if mother's wish, support with feeding, child development, weaning, additional presentations may include, physio, first aid including baby CPR, a dental hygienist.

In Cork we have an increasing number of babies born at home each year, such mothers receive their immediate postnatal care from the home midwife and thereafter from the PHN. Such mothers also receive an invitation to Babytalk.

In some areas of Cork, we have lactation consultants in post. Such staff provide support and advice to breastfeeding mothers who may have difficulties. Such support enhances the breastfeeding experience and prolongs the duration of breastfeeding. Breastfeeding support groups are facilitated by PHNs/Lactation consultants in all areas in Cork. These are great source fo peer and professional support ina group forum. The feedback from these is always positive.



Specialised Care

Experience of specialised care. Experiences of support in the neonatal unit, and overall ratings of the care received by the baby while in the unit.

561 women (18%) said that their baby received specialist care in a neonatal unit.

90%

90% rated their experience of the care their baby received in the neonatal unit as good or very good.

Emotional support

50%

27%

24%

Almost 50% said that they always received enough emotional support from health care professionals while their baby was in the neonatal unit. 27% sometimes receiving enough emotional support and 24% highlighted that they did not receiving enough emotional support.

Ways in which each hospital will improve emotional support for parents in neonatal units are addressed in respective QIPS. The HSEs model of Care for Neonatology also addresses the importance of providing emotional support for parents, examples of best practice are highlighted, below.

The Model of Care for Neonatology

This model of care for neonatology is the product of wide consultation with professional groups and parents who either provide or receive its services. The Programme met with neonatologists, paediatricians, neonatal nurses and health and social care professionals (HSCPs) who provide care to newborn babies. Discussions were held with parents whose babies receive care through the Irish Neonatal Health Alliance and the Irish Premature Babies Association. There have been significant advancements in Neonatology in the past 25 years. More premature babies are now surviving. By working together with medical, nursing, allied health care professionals and parents are contributing to improvements in outcomes.

It is widely recognised that having a newborn baby admitted into the Neonatal Intensive Care Unit (NICU) is an extremely stressful life event for parents of newborn infants. Health Professionals working in the NICU environment are wholly cognisant of this fact and seek to deliver high-quality care which is underpinned by a Family Centred Care (FCC) approach. However, it would be remiss not to acknowledge that 46% of respondents in this survey commented that 'they did not always receive enough emotional support from health care professionals'.

It is acknowledged that parents require appropriate methods of communication-based on their infant's acuity and thereafter as their infant progresses through their journey of hospitalisation. Communication with parents in the Intensive Care Unit (ICU) is different from what is required in the High Dependency Unit (HDU) and so on in the Special Care Baby Unit (SCBU). Staffs working in these areas need to be aware of this fact and seek to build a partnership of care with parents so that they are involved in their babies' care (attending to their babies' individual needs, feeding their babies, kangaroo care) in each stage of the NICU journey. Involvement of parents in the decision-making processes relating to the care of their baby should be encouraged in the ICU, HDU and SCBU. It is hoped that a concentrated effort by healthcare providers to adopt these measures of open disclosure communication, partnerships in care and shared decision making in everyday practice may help parents feel more supported throughout their ICU, HDU and SCBU journey.

In response to the National Maternity Strategy Experience Survey, 2020 staff working in Neonatal services nationally will be encouraged to undertake the HSE communication skills workshops available online. The National Clinical Programme on Neonatology will continue to work with key stakeholders and partners in the delivery of neonatal services to ensure parents and infants have a positive NICU experience and are engaged within a family-friendly and an emotionally supportive way.

Plan for improving emotional support for parents in the special care units

The Coombe University Women and Infants Hospital

Hospitals have outlined in their QIPS how they will improve emotional support for parents in their neonatal units. The Coombe University Women and Infants Hospital describes their approach. Our philosophy in our Neonatal Unit is family-centred care where we strive not to separate mother and baby. This resulted in the development of a role for a dedicated postnatal liaison nurse who reviews and endeavours to treat and manage late preterms, low birth weight babies, babies with feeding difficulties and at-risk babies on the postnatal wards with their mothers. This helps to instil confidence and competence in the mother. The Postnatal Liaison Nurse is also involved in caring for the babies with delayed transitioning to extrauterine life who require closer observation and assessment than is possible on the post-natal ward. This practice has fostered an earlier reuniting of mother and baby and in-turn reduces anxiety in both mother and baby enhancing emotional support in both.

The interdisciplinary neonatal team (nursing, medical, allied health professionals, supportive staff and pastoral care) strive to embody our philosophy of family centred, evidenced-based care, where each baby and their parents are treated and respected as individuals on their unique developmental trajectory. We recognise the importance of the parent-child relationship in attachment and bonding and try to foster and promote this. The following team members play a key role and purpose in building and sustaining the philosophy of family centred care and in-turn emotional support for parents.

1. Bedside nurse; the unique role that each neonatal nurse brings to all aspects of care, in particular her professional yet friendly approach which helps parents to express their fears and anxieties.
2. The leadership of Clinical Nurse Manager, a key link with parents and are an additional resource and support. There is a philosophy of openness.
3. The leadership of Advanced Neonatal Nurse Practitioners.
4. Dedicated Staff Nurse in Lactation support in the Neonatal Unit.
5. Clinical Nurse Manager, dedicated to the Special Care Baby Unit who provides a unique support.
6. Clinical Midwife Specialist involved in discharge planning and support in preparation for discharge, the link is maintained the following discharge via phone calls and home visits.
7. Medical Social Worker dedicated to the Neonatal Unit.
8. Neonatologists are always available, conducting twice-daily ward rounds and providing antenatal consultations for high-risk mothers.
9. Postnatal ward liaison role reduces the incidence of separation of mothers and babies.
10. Parents of babies less than 32/40 are given a parents handbook '*Caring for your Baby in the Neonatal Unit*'. It provides information that helps them to get to know their baby and how to care for them while in the hospital. Notably, it reiterates the importance of their role in the neonatal unit.

Our Neonatal Unit has a strong educational ethos and this also includes Family & Infant

Neurodevelopmental Education (FINE) an international programme. 60% of our staff have completed the FINE level I. While a small number have completed level II. This course aims to provide a comprehensive, evidence-based introduction to family-centred developmental care. The Coombe Women & Infants University Hospital is the Irish Hub for Family & Infant Neurodevelopmental Education (FINE).



Staff in the Coombe University Women and Infants Hospital promoting the National Maternity Experience Survey 2020.

Parents Support Group in the Neonatal Unit The Coombe University Women and Infants Hospital

The Coombe University Women and Infants Hospital are in the process of setting up a Parents Support Group. Entitled Parents Time Out (PTO), where parents of babies resident in the unit can meet twice monthly facilitated by Healthcare Professionals in neonatal care.

'Baby-Parent Face-Time', an initiative during COVID that facilitated mothers and fathers in isolation to interact with their baby and see his or her reaction to their voice has been developed. Siblings were also included. This initiative was made available to any parents who requested it.

A COVID initiative in the Neonatal Unit resulted in collaboration between the neonatal team and parents regarding visiting. This collaboration ensured that mothers did not suffer from imposed visiting restrictions. Mothers initiated a rota system in consultation with staff.

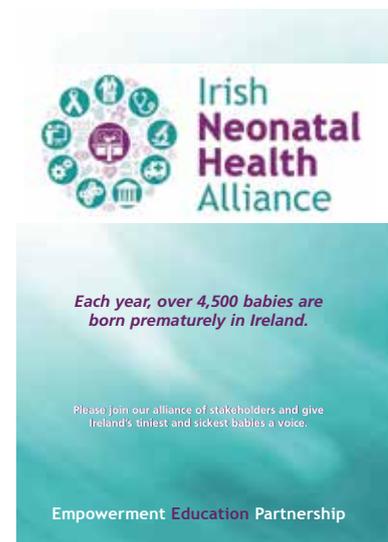
Staff reflective sessions were introduced twice monthly to enhance staff resilience and ultimately benefit the babies and their parents. A collaborative pilot project 'Situational Awareness For Everyone' (SAFE) which identifies patient safety issues and is improving communication was developed. The 'SHED' concept for expressing was added recently, where two mothers may use the facility for expressing. This allows for peer support for mothers on the unit at a sensitive time.

The introduction of a booklet for siblings 'Super Baby Sam', was designed to help siblings who are waiting patiently for their sister or brother to come home.

Social and Emotional Support Networks

The Irish Neonatal Health Alliance is Ireland's first collaborative platform and network to represent the interests of preterm infants, ill infants in the Neonatal Intensive Care Units (NICU) and their families. It comprises of families affected by a preterm birth, multi-disciplinary healthcare experts, educators, researchers, political decision-makers and industry partners who share the common goal of reducing the incidence of preterm birth in Ireland, supporting families with infants in the NICU and improving the long-term health of preterm infants by ensuring the optimum prevention, treatment, care and support.

The vision of INHA is to support and empower families affected by prematurity by advocating increased awareness, improved pre-conceptual, antenatal and postnatal education, equitable and standardised neonatal care and improved long-term care for both the premature baby and the family.



The INHA provide family support and empowerment they are promoted in every each NICU in Ireland, they:

- Provide pre-conceptual, antenatal and postnatal information and education.
- Support and mentor families affected by a premature birth and families with infants in the NICU.
- Empower families to become primary caregivers to their infants.
- Facilitate a platform to access developmental follow up care.



Care in the Home

Experience of care in the home, such as support and help with feeding their baby after they have been discharged from hospital. Women were asked about their experience of care with their local PHN Services and GP practice.

Mental health

29%

Most women said that they were always treated with respect and dignity while being cared for at home after the birth. The key area for improvement relates to the importance of support for mental health and well-being, 29% of women said that their GP or practice nurse/midwife did not spend enough time talking with them about their mental health at their postnatal check-up.

Check up

99%

85%

99% of women said that they had been visited at home by a public health nurse after their baby's birth, while 85% said that their baby had received a 2-week check-up with their general practitioner.

The Nurture Programme including the National Healthy Childhood Programme is currently being delivered across each CHO in Ireland in 2020. The programme is designed to support mothers in their early stages of motherhood, it addresses many of the issues identified in the NMES 2020 and it is a comprehensive and integral Quality Improvement initiative currently being implemented across Community Health Organisations in Ireland today. These significant programmes are referenced by the CHOs in their QIPS and in the QIP submitted by the ICGP across General Practice.

The Nurture Programme - Infant Health and Well-being

Infant Health and Well-being is enabling the development of the National Healthy Childhood Programme in respect of children from pregnancy through to age 3. The programme has been developed with the aim that every parent receives the best possible advice, information and support from conception to the child's third birthday so that each one of these babies gets the best possible start in life.

The programme is funded by Atlantic Philanthropies. The grant is managed by the Katharine Howard Foundation, the programme of work is delivered by the HSE and its related agencies and implementation support are provided by the Centre for Effective Services.



The National Healthy Childhood Programme

The National Healthy Childhood Programme ensures deliver of best practice in child health and well-being services to improve population health outcomes for children. This programme is being implemented as an integral Quality Improvement Initiative across Community Health Organisations in Ireland and it is referenced in each Quality Improvement Plan submitted by the CHOs.

The National Healthy Childhood Programme focus is on early intervention, prevention and promotion of health and well-being for children, providing the foundations for health over their lifetime. This encompasses pregnancy and post-natal care, the primary childhood immunisation programme, growth monitoring, child health screening, developmental surveillance, delivery of key health messages and supports to parents, and school vaccinations.

The Programme not only impacts the lives of the 60,000 babies born in Ireland every year but all children up to the first year in post primary school. The service, which includes immunisations, screening and child health reviews, is provided by a wide range of professionals.

- Maternity and midwifery services and GPs provide pregnancy and post-natal care (including two checks for the baby at two and six weeks) as part of the Maternity and Infant Scheme.
- GPs deliver the primary immunisation programme (up to 13-months) and monitor growth at two and five years as part of the Under 6's GP Contract. There is free GP care to all children under the age of six years.
- Public Health Nurses and Community Doctors deliver child health screening, developmental surveillance, key health messages and support to parents in addition to vaccinations to children from birth to the first year in second level school (school vaccinations).

As the community-based screening and surveillance service is usually the first, and often the only, service to see the baby in the home environment, it plays a central role in linking with other services, including child protection services, to ensure the needs of children and their families are met.

A team of staff support the Programme, whose role involves:

- Development of service models and standards for evidence-based services for children.
- Supporting the improvement of staff skills, competencies, and service quality/delivery.
- Leading the coordination and implementation of the National Breastfeeding Action Plan.
- Developing and delivering a Strategic Communications plan and a Research and Development plan.
- Governance for Child Health Screening Programmes.
- Coordination and collaboration with a significant number of stakeholders and partners, including the National Women and Infants Health Programme, the Paediatric Clinical Programme, Primary Care Operations, and the Chief Clinical Officer.

Initiative	Achievements to date	Actions	Benefits for parents & children
Parent consultation	<ul style="list-style-type: none"> Public survey with over 4,000 parents and focus groups with over 50 parents to inform the development of Nurture outputs. 	<ul style="list-style-type: none"> Embed parent engagement processes as a function of the National Healthy Childhood Programme. 	<ul style="list-style-type: none"> Improved data for responding to public needs and inform service quality improvements.
<i>mychild.ie</i> website	<ul style="list-style-type: none"> Building and publication of parenting and child health website with evidence-based information for parents and healthcare staff, www.mychild.ie, using best practice principles in website design. 	<ul style="list-style-type: none"> Continual development of new content and design in line with parent feedback and other emerging evidence. 	<ul style="list-style-type: none"> Parents have access to standardised, consistent information on child health and well-being.
Caring for Your Baby/ Child and Healthy Pregnancy books	<ul style="list-style-type: none"> Development of new 'My Pregnancy' book with standardised, evidence-based information for parents. Updating of 'My Child' books using subject matter experts to populate additional content and update existing content in line with emerging evidence-base. 	<ul style="list-style-type: none"> Agree distribution mechanism for the 'My Pregnancy' book. Ongoing coordination of the printing and distribution of the 'My Child' books to parents through frontline health services. Establish a process to review and respond to parent feedback periodically on content of the books. 	<ul style="list-style-type: none"> Parents more knowledgeable, confident and competent for pregnancy, birth and caring for their children. Parents have accurate information and are more reassured about their children's health and development.
Training Programme and Professional Development Supports	<ul style="list-style-type: none"> A comprehensive programme of core staff training has been developed, including new e-learning modules on nutrition, child safety, child emotional health and well-being, breastfeeding, and child development. Development of resources to support implementation of training programme. Establishment and development of links with third level institutions to embed training in professional postgraduate training. 	<ul style="list-style-type: none"> Development of infrastructure for face-to-face training, coaching and mentoring to support staff to develop skills and expertise in using new knowledge gained from e-learning in practice. Development of other resources to support frontline staff to use learning from training in their work with children and families, including a professional manual for PHN visits. Work with subject matter experts to continually update and development of training programme and resources based on training needs analysis and evidence. Secure process and budget for future development of content on e-learning and related material. 	<ul style="list-style-type: none"> All professionals/practitioners delivering child health and well-being services have common understanding of physical, social and emotional development of 0-3s. Integrated approach to staff training and service delivery. An environment of continuous learning is fostered. Improved child development outcomes. Improved parental well-being and parent-child relationships.

Initiative	Achievements to date	Actions	Benefits for parents & children
Antenatal Education Standards	<ul style="list-style-type: none"> Development of other resources to support frontline staff to use learning from training in their work with children and families, including a professional manual for PHN visits. 	<ul style="list-style-type: none"> Promotion and dissemination of the standards. Collaborate with key stakeholders such as the National Women and Infants Health Programme to support implementation of the standards across antenatal education settings. 	<ul style="list-style-type: none"> Parents have greater awareness of and are availing of antenatal care.
Child Safety Programme	<ul style="list-style-type: none"> Update of child safety programme. 	<ul style="list-style-type: none"> Monitor and manage distribution of materials and resources to ensure they are available and accessible across the country. Support national implementation of the programme. Continual update and development based on user feedback to best meet needs. 	<ul style="list-style-type: none"> Reduction in accidental child deaths and unintentional injuries.
Public information and staff resources	<ul style="list-style-type: none"> Development of public information and staff resources by subject matter experts, including a wall chart for PHNs, practice nurses, GPs, and Community Doctors on key messages for child health. 	<ul style="list-style-type: none"> Work with Subject Matter Experts to populate additional content and update existing content in line with the emerging evidence and feedback. Monitor and manage distribution to ensure resources are available and accessible across the country Formalise and maintain a panel of Subject Matter Experts. 	<ul style="list-style-type: none"> Key, consistent messages about healthy child development driving integrated service delivery
National Professional and parent-held Child Health Record	<ul style="list-style-type: none"> Development of national, standardised professional record to support data-driven service delivery. Evidence reviews and consultation on scaling of parent-held child health record. Securing of licence and development of PPPG and implementation guide for roll-out of the Ages and Stages Questionnaire (ASQ-3), a developmental screening tool. 	<ul style="list-style-type: none"> Roll-out of standardised paper-based professional record nationally. Decide on other standardised screening tools to be used by PHNs and CMDs at child health checks. Support integration of child health record into new electronic health record to ensure seamless transition from paper record and easy reporting of KPIs and metrics. Work with IT to build functionality for parent-accessible child health record. Establish governance and review structure for any updates to records. 	<ul style="list-style-type: none"> Consistent data to inform practice and service improvements. More timely and appropriate referral to other relevant services and agencies.

Initiative	Achievements to date	Actions	Benefits for parents & children
Child Health Programme Development Officer in each CHO area	<ul style="list-style-type: none"> • Securing of 9 Child Health Programme Development Officer posts for each CHO. 	<ul style="list-style-type: none"> • Develop structure for liaison between National Healthy Childhood Programme Office with post-holders and their line managers to ensure strategic focus. • Link post-holders to research and evaluation supports. 	<ul style="list-style-type: none"> • Improved co-ordination and quality of child health services.
Infant Mental Health	<ul style="list-style-type: none"> • Development of e-learning modules and accompanying resources on Infant Mental Health. • Development of infant mental health content for <i>mychild.ie</i> website and 'My Pregnancy' / 'My Child' books, covering topics like bonding, parent-child communications and supporting baby's early learning and development. 	<ul style="list-style-type: none"> • Maintain an inclusion of infant mental health in all aspects of delivery of the National Healthy Childhood Programme. • Secure ongoing training and resources to promote infant mental health and provide relevant resources with parents and practitioners. 	<ul style="list-style-type: none"> • Parents have greater understanding of their emerging relationships with their babies. • Improved parent-child relationships
Breastfeeding	<ul style="list-style-type: none"> • Development of evidence-based and parent-informed content on breastfeeding to be included in Nurture Programme outputs including <i>mychild.ie</i> website and 'My Pregnancy' book. • Supporting the development of breastfeeding standards as part of the Baby-Friendly Initiative. 	<ul style="list-style-type: none"> • Promote, disseminate, and support implementation of the breastfeeding standards in hospitals. • Secure resources to maximise implementation of the National Breastfeeding Action Plan. 	<ul style="list-style-type: none"> • Increase in breastfeeding rates. • Improved nutrition and infant mental health for babies.



Pictured left to right: Anne Pardy, Jacinta Egan, Brenda McCormack, Conor Owens, Dr Fiona McGuire, Sorcha Nic Mhathúna, Dr Phil Jennings, Sarah Hensey, Laura Smith, Carmel Lavin, Paul Marsden, Carly Cheevers, Carmel Brennan



Overall Experience

Women were asked two questions about their overall experience of maternity care. The first question asked if they knew how to give feedback or make a complaint. The second question asked women to rate their overall maternity care experience on a scale.

Feedback



950 women (29.8%) answered 'yes', while 1,509 (47.3%) answered 'no'. 732 (22.9%) said they did not wish to give feedback or make a complaint.

Experience of care



85% of women rated their experience of care as either good or very good.

The second question asked women to rate their overall maternity care experience on a scale from 0 to 10, with 0 indicating a very negative experience and 10 indicating a very positive experience. Nationally, the average overall rating of care was 8.2 out of 10. 1,637 women (51.6%) said that they had a very good experience of maternity care, 1,049 women (33.1%) rated their maternity care experience as good, whereas 487 women (15.3%) said that their maternity care experience was fair to poor.

The determinants of overall experience of care are multifactorial in nature, they are determined by organisational values, whether women are treated with dignity and respect and whether they have trust and confidence in those caring for them.

The findings of the National Maternity Experience Survey 2020, highlight the continued need for maternity services to promote a culture of person centredness and caring behaviours. Significant work is underway in 2020 to advance and support the implementation of this work across all healthcare services. Health service staff often work in complex, challenging and potentially distressing situations. Working in health care carries an increased risk of burnout in comparison to other professions, when burnout occurs staff can often deliver care in a depersonalised way. Evidence has shown that withdrawal from feelings or emotions can lead to a decrease in compassion and empathy which can decrease the ability to provide high quality care to all patients including women in maternity care.

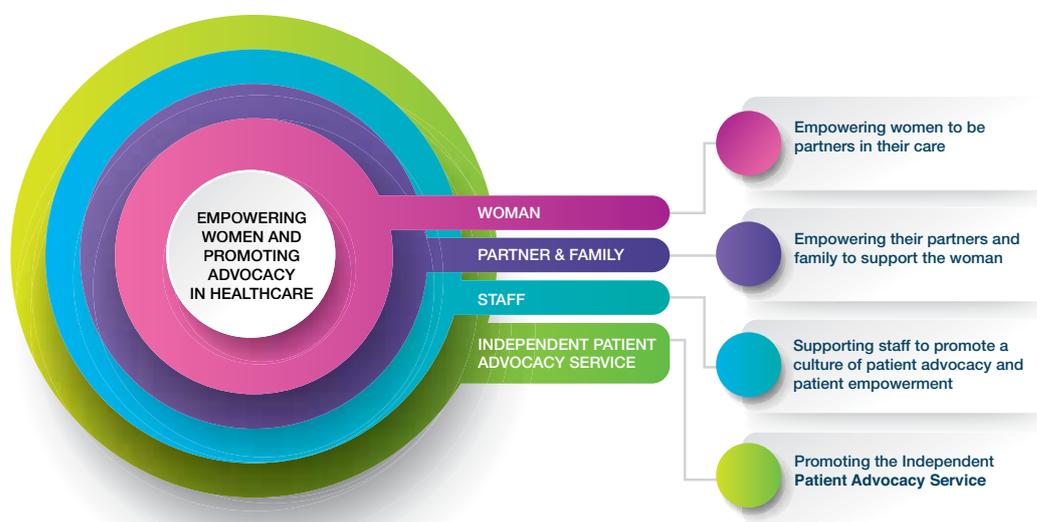
The HSE demonstrates its commitment to caring for staff and promoting compassionate leadership at every level of the organisation through the implementation and support for the following initiatives; the Caring Behaviours Assurance System; Values in Action; Cultures of Person-centeredness; Open Disclosure and Schwartz Rounds. Many of these initiatives are described in each of the Quality Improvement Plans submitted from hospitals and CHOs, there are also described here.

Women were also asked about whether they knew how to give feedback or to make a complaint. The results of the survey highlight the need to promote the National Independent Patient Advocacy Service across the system together with a holistic approach to partnering with women in maternity care. Quality Improvement Plans submitted from hospitals and community care services outline their plans to promote PAS and develop the capacity of their staff in this area. The HSE is implementing a Framework for Promoting Empowerment Advocacy across Maternity Services. In 2019-20 over one hundred staff and advocates participated in a training programme in Patient Safety Complaints Advocacy. This work will continue to be advanced in 2020-21.

A Framework for Promoting Empowerment Advocacy in Healthcare

The HSE together with the Department of Health, has developed a plan to provide training to staff and patient advocates on a competency based training programme in patient advocacy. This programme of work commenced in 2018 and was introduced across acute hospital services in 2019, providing clear sign-posting for women in relation to appropriate advocacy services in the community and the promotion of patient support services in local hospitals.

In 2019, the HSE welcomed the introduction of the new independent Patient Advocacy Service. The service was commissioned by the National Patient Safety Office in the Department of Health following a recommendation in the Health Information and Quality Authority's (HIQA) 2015 report on the Investigation into Maternity Care in Midland Regional Hospital Portlaoise.



WOMAN:

Empowering women to be partners in their care

The results of the National Maternity Experience Survey 2020 highlight that women want to be more involved in their healthcare and treated as full partners in their care. Health information designed to empower women to make informed decisions to be fully involved in the decision making about their health care will be further developed and promoted. This work will be advanced in partnership with women and advocacy services. The Safer to Ask series of patient leaflets encouraging patients to be actively involved in the decision making about their care are available across hospital sites on and the HSE website.



It's Safer to Ask leaflet series

A number of hospitals have implemented Quality Improvement Programmes designed to enable and support women to speak up about their care and to participate as full partners. The 'Safer to Ask' series highlighted here are examples of ways in which hospitals are inviting women to be involved. Training for staff in healthcare communication skills encourages both doctors, nurses and all healthcare professionals to listen more to women and to encourage them to own their solutions, care plans and be more involved as shared experts in the decision making about their care.

PARTNER & FAMILY:

Empowering and enabling partners and families to become more proactive care partners

Women's feedback about their experience highlight the need for their partners and family to be involved in the care. We are working in partnership with women and their families to promote the importance of shared decision making in healthcare and to build their skills and confidence so that they feel more empowered to become more proactive care partners.

STAFF:

Building the capacity of staff in patient safety complaints advocacy

A training programme for health care staff in patient safety complaints advocacy was developed in 2018. By 2020, over 100 advocates and health service employees will graduate with an accredited qualification (QQI level 7) as trained patient safety complaints advocates. This training programme addresses:

- Patients' rights in healthcare;
- Communication skills in healthcare;
- Resolving and learning from complaints; and
- Handling patient safety complaints and related issues.

The training programme it is designed to build the capacity healthcare staff and patient advocates to respond to patients and achieve better outcomes for patients.



Patient Safety Complaints Advocacy and National Healthcare Communication Programme promotional materials

INDEPENDENT PATIENT ADVOCACY SERVICE – commissioned by DoH

Welcoming and supporting the introduction of the new Independent Patient Advocacy Service

The Independent Patient Advocacy Service, enabled to support and empower patients to address their complaints or patient advocacy issues is welcomed by the HSE. Hospital managers and staff are actively engaging with the service and will promote the new Patient Advocacy Service to patients across all hospitals in Ireland. This new service will encourage patients to communicate with the health services first to resolve their complaint. The HSE will build positive relationships with the new independent Patient Advocacy Service, so that good communication is nurtured, and issues can be resolved efficiently for patients and so that lessons can be learned and services improved.

The commencement of the Patient Advocacy Service is an important development in designing and delivering a service around the needs of patients and service users.

The service is one a number of initiatives to empower patients; enhance the accountability of the health services to service users; and develop a constructive, learning approach to addressing and resolving mistakes and poor quality in the health service.

Open Disclosure

The HSE promotes and supports a culture of open, honest and transparent communication with patients (and their families/ relevant person(s), as appropriate) when things go wrong in relation to their healthcare. The HSE operates a policy on open disclosure and an extensive implementation and training programme is ongoing across all health and social care services. There are numerous resources available on the HSE website (www.hse.ie/opendisclosure) to support staff and services in relation to the implementation of the HSE's open disclosure policy and to support staff and patients when engaging in open disclosure discussions.

Open disclosure is the professional, ethical and humane response to patients involved in adverse events. It involves kindness, compassion and empathy towards all persons involved in/affected by adverse events in health care including patients, their families/relevant person(s) and staff.

The Civil Liability Amendment Act 2017 which commenced in September 2018 includes protective provisions for staff engaging in voluntary open disclosure discussions with patients and their families. The pending Patient Safety Bill provides for mandatory reporting and mandatory open disclosure of serious harm events. The open disclosure policy and related programme of support is being actively implemented across all HSE services, 31,000 staff have received this training to date.

The HSEs Team on Open Disclosure, provides training and support across the HSE to build organisational capacity on a culture of Open Disclosure across all healthcare settings.



Schwartz Rounds

Care: *Schwartz Rounds* care for staff, providing an opportunity for staff to reflect on the emotional aspects of their work. The focus is on the human dimension of care.

Compassion: *Schwartz Rounds* embody an ethos of compassionate care and are called after Kenneth Schwartz, a Boston based lawyer who died of lung cancer. Before Kenneth died he wrote about the positive impact receiving compassionate care had on his journey and how it 'made the unbearable bearable' and at the same time he recognised the emotional cost to staff. By creating safe spaces for reflection, *Schwartz Rounds* give staff the opportunity to share emotional & psychological aspects of their work that may otherwise build up, causing stress and anxiety, impeding their ability to provide compassionate care.

Trust: Confidentiality associated with *Schwartz Rounds* is vital, while staff are encouraged to discuss themes within rounds, confidentiality relating to panellists stories is paramount. Staff members' trust in the confidentiality of the Schwartz process is very important to its success.

Learning: *Schwartz Rounds* encourage participants to gain insight into their professional experiences through storytelling. It highlights the importance of having a safe place to share and learn from each other. Rounds provide an opportunity for staff to reflect on the emotional aspects of their work and learn from this reflection. *Schwartz Rounds* are truly multidisciplinary.

Research from the US and feedback received from participating hospitals in Ireland shows that staff who attend Schwartz Rounds on a regular basis feel more engaged in their work, more compassionate in the care they deliver and better equipped to deal with challenging non-clinical situations.

Values in Action

Values in Action is about achieving long-term and sustainable culture change that will improve the experience of those who use, and of those who work in, our health services.

Values in Action uses a peer to peer approach to shaping the culture in the health service and is led by champions, who have been nominated by their colleagues, drawn from all grades, disciplines and professions from the health service. They are creating a bottom-up, grassroots movement to improve the culture in their workplaces and across the health service.

The behaviours that underpin Values in Action were informed by a comprehensive review of feedback from staff, patient and service user surveys, direct engagements and complaints. The nine behaviours have been designed in response to the common themes identified, and have been tested with staff and patients, all of whom agreed that living the behaviours would improve the experience of staff and service users.

Values in Action has been underway in the Mid-West in the UL Hospital Group and in Mid-West Community Healthcare since mid-2016 and is already showing very promising results. In 2018 Values in Action was introduced amongst a cohort of Non-Consultant Hospital Doctors in 2018, promoting the importance of personal behaviours, behaviours with colleagues and with patients and service users.

In a short period of time it has gained significant traction and support across the system. The HSE has recently established a small team to bring this innovative approach to improving health service culture to other parts of the health service. Values in Action is mobilising staff and empowering them to lead the changes that we need to truly build a better health service. As one of the Values in Action Champion's puts it; "it's for ourselves and it's for our patients".

VALUES IN ACTION



[@HSEvalues](http://www.hse.ie/valuesinaction)



Promoting a culture of care, compassion and trust in the postnatal world

Whats working well - Public health nursing services Cavan/Monaghan

The results of the National Maternity Experience Survey highlighted that the highest overall scores for women's experience of community care were in County Monaghan. The Director of PHN in Cavan-Monaghan describes their approach to delivering excellence in care and support to mothers in the home. The Cavan and Monaghan Public Health Nursing Team are a dynamic, innovative team who strive daily to deliver the highest quality evidence-based nursing care to Clients within a mixed caseload across the lifespan. Their role to promote and sustain a culture of care, compassion, trust and learning is evident in their daily work. The recent results of the Maternity Experience Survey Programme revealed Co Monaghan receiving the highest score in the areas of Dignity, Respect and Overall Experience. Not only this but overall Women's experience of the support provided to them in the home with feeding their new babies was highest in Co Monaghan and Co Cavan scored third in the Country. So what has helped these counties achieve these results?

Public Health Nurses within the counties have received a high level of Education and Training and their practice adheres to BHC guidelines. Support from a good management team to promote leadership, education, and opportunities to the nurses is essential. The management (leadership) team strive to know their team's areas of interest and identify areas where staff are keen to develop their practice. Child health supervision is provided at staff meetings using the format of peer support learning; discussing unusual or difficult cases to promote a culture of openness and learning within and across the teams. Protected time is provided to each PHN to nurture ongoing professional development and individual interests. Monaghan has a high level of midwife PHNs who are very experienced nurses and are keen to share their knowledge within the wider nursing teams and mentor younger, newer qualified staff.

Throughout Cavan and Monaghan, the PHN service commits to delivering a high standard of nursing care. This requires evidence to support its practical delivery and the team in Cavan and Monaghan are delighted to have the support of a PHN Practice Development Co-ordinator. Thus ensuring we have a wide range of Postnatal care and Child Health PPG's which are there to assist staff in the care they provide. Training on new and emerging topics within the postnatal period is ongoing to staff and we are currently in the process of rolling out the National Healthy Childhood Programme.

These positive experiences by our Clients and results could not be achieved without the support network of staff. The PHN Staff are supported by a wider network of administration staff who work efficiently to ensure all maternity discharge information is transferred electronically to the Nurse to a shared folder in a timely manner to provide a smooth transfer of care from maternity hospital to the community setting. It is these combined efforts of teamwork that provide the stepping-stones for the PHNs to then build upon, bringing a smooth transition of care from the hospital to the community.

The PHN service recognises that the transition to parenthood whether it is for the first time or the addition of a second or subsequent child is a challenging and worrying time, therefore they are on hand to support families with their drop-in baby clinics within the first six weeks of life. Parents can discuss issues that they may have regarding the infant or the mother's health in this initial postnatal period. The PHN continues to be available to the family outside this period but by ensuring that these drop-in clinics are readily available the parent is free to attend to alleviate any concerns or fears they may have.

Breastfeeding and Nutritional support are regarded as a paramount service that the PHN team provides support to mothers with. The provision of a PHN-led breastfeeding support group within the county of Monaghan has been a welcome addition to our service. This initiative was rolled out by a PHN who wanted to support mothers with feeding whilst providing some social support and opportunities to network in a safe comfortable environment. Along with this, there are also several peer-led breastfeeding support groups across Cavan and Monaghan which are supported by the PHN Service.

Second level supports are also available within the county through the PHN lactation consultant. The PHN Lactation Consultant service has had a positive impact on raising the breastfeeding rates within the two counties. From 2018 to 2020 there was a 60% increase in referrals to this service. This demonstrates the commitment that PHNs want postnatal mothers to be supported to the highest standards. This service is available in the mother's homes, individualised clinics, peer clinics and with the recent COVID-19 pandemic, is still offered virtually. Turnaround time for these referrals is generally within 24 to 72 hours providing high-quality care in a timely manner. Initial support as a new parent is one thing but the knowledge that there will be continued support during their journey into parenthood plays a large part in the experience of reassuring new parents. The PHN service within Cavan and Monaghan recognise that parents need ongoing support with their child's development, therefore, parents are informed of initiatives at different stages during the postnatal experience. During the three-month developmental clinic assessment, the parents will receive information and booking details, if they would like to attend a PHN-led weaning clinic. During this clinic (held when the infant is approx. 5 months) the PHN will provide a presentation on weaning, it also allows the parents to see first-hand the different textures of food talked about with the different stages of weaning and see samples of portion sizes. The purpose of these clinics is to promote a healthier lifestyle for children by the introduction of home-cooked foods, reduce childhood obesity, as children are introduced to nutritious family meals and appropriate child development as parents are encouraged with the introduction of textured food and finger foods.

Working in partnership is a key component of the nursing teams in Cavan and Monaghan. Primary Care Teams are fully operational within the two Networks (counties) and the PHNs play an active role in their teams. These teams provide access to the wider multidisciplinary team and help to foster good communication links between health professionals which in turn provides a higher quality service to the clients. PHNs have worked hard to foster good cohesive working relationships with the Social Workers and fully embrace the Prevention, Partnership and Family Support Programme by TUSLA. To support parents in developing parenting skills we have several Public Health Nurses who are trained up in Parenting Plus and they use these skills within their practice or to facilitate group sessions with parents.



Close working relationships have been formed in Cavan and Monaghan between the Assistant Director of Public Health Nursing (ADPHNs) and children and Young People Services Committee (CYPSC), and this has improved communications with groups working with children and identifying needs and deficits within the counties. These relationships provide support for the Public Health Nurses and enable them to access additional supports for families such as food vouchers, cultural champions and knowing what is on and what those parents may be interested in. This relationship has assisted the PHNs to develop parenting leaflets and a WOW Monaghan booklet is sent out between the services – this is a 'What's on Where' booklet aimed at parents and children.

The PHN department in Cavan and Monaghan are encouraged to reflect on past practice to improve current practice. To learn from the past to aid the development of future models and ideas. To be innovators within their field and in doing this providing a commitment to themselves, the clients and the wider service to promote a culture of care, compassion and trust in the postnatal world.

Whats working well - Public Health Nursing services Midlands

The Public Health Nursing service in CHO 8 is committed to providing the best of care to mothers and infants in the early postnatal period. PHNs across the area were very encouraged by feedback generated by the National Maternity Experience Survey, particularly where parents expressed their satisfaction with the overall support they received from their PHN in those vital early days. PHNs across Ireland strive to provide a very unique service to parents and infants guided by the most up-to-date information available using the new standardised National Healthy Childhood Programme for child developmental screening. The Nurture Infant Health and Well-being Programme aim to improve the health and well-being for babies, young children and families, recent publications for example; Caring for your baby and Caring for your Child books given to every parent by the PHN at particular developmental stages are an invaluable resource. Access to the www.mychild.ie website is an excellent back up for parents and offers PHN reassurance that the parent can access reliable on-line information.

We all are well aware of the importance of early intervention, the First Five Whole Government Strategy for Babies, young children and their families 2018-2028 sets out clear guidance in a national plan to ensure that babies and young children in the words of Dr Katherine Zappone have a "strong and equal start", this echoes the voices of our PHNs reflecting their actions and interactions daily. 97% of new-born infants are visited by the PHN within 72-hours of discharge from the maternity service. Parents in Co Longford were very satisfied with the one-to-one care provided by the PHN; questions were answered in a way that was easily understood. Building good relationships with new parents is an opportunity valued by all PHNs, this is particularly evident in Co Westmeath where parents expressed confidence and trust in Community Care.

Parents in Co Offaly, similar to Co Meath remarked on the high quality of engagement by the PHN in providing information and advice about infant health and progress. According to DPHN, PHNs in Counties Laois and Offaly are motivated to provide a high-quality service that embraces the HSEs core values of Care Compassion and Commitment to influencing their work with new parents. PHNs in Co Meath appreciate feedback relating to traumatic birth experience highlighting the value of having the PHN available to help a mother with her experience and grow with her new baby. PHNs in Co Louth attribute the high overall satisfaction rates that they received with the fact that they make contact with new parents weekly up to 6 weeks and beyond as necessary. Though Co Louth scored higher than many other counties in offering feeding support it must be acknowledged that breastfeeding rates are among the lowest in the country with 29% exclusively breastfeeding on 1st visit in 2019 compared to 45% in Co Meath. This low level of breastfeeding concerns our PHNs in Co Louth who is actively advocating for the services of a Community-based Lactation Consultant to promote drive and lead out on a programme to increase rates.

Perinatal Mental Health is an area where parents in all counties felt that they were not as supported as they should be. While PHNs welcome the introduction of Perinatal Mental Health Midwives in hospital settings there is a recognition among PHNs in CHO 8 that we need to address this gap in the community. Mind Mothers Study (2017) reports that 40% of PHN and Midwives never received perinatal mental health training, consequently, DPHN CHO8 in conjunction with NMPDUs are facilitating PHNs to access the Certificate in Perinatal Mental Health at Dundalk Institute of Technology DkIT. <https://bit.ly/35WMXZT>

DPHN across CHO 8 are working together to address areas where improvements to care can happen and welcome the opportunity. PHNs in Co Louth and Co Meath for example, are in the process of engaging with midwife colleagues in Our Lady of Lourdes Hospital to explore how best to improve communication, ensure continuity in care and flow of relevant information. While Co Louth PHNs are in a good position to engage and work with midwives from the main provider of maternity services, it is important to acknowledge that PHNs in Co Meath are geographically challenged to engage with all three maternity hospitals in Dublin, Mullingar Maternity services and Our Lady of Lourdes Hospital, Drogheda.

It is important to be able to look at our service, identify and share good practice, equally recognising gaps allows us to make positive changes that impact the early lives of babies, young children and their families. The public health nursing team in CHO 8 welcome the opportunities generated by this study as highlighted by DPHN Co Meath:

"We have more learning to do, to enhance the experience for our new mothers, to ensure that every woman feels supported in her decisions and confident in her mothering".

This is the first year of the National Maternity Experience Survey (NMES), a national survey of women's experiences of their maternity care. It forms part of the National Care Experience Programme which is by now firmly established as a key driver of quality improvement across our hospitals in Ireland.

Women were asked to provide feedback about their experience of maternity care while pregnant, during labour and birth, their care after birth, support provided for breastfeeding, support provided in terms of specialised care and comments on their overall maternity experience.

Over 180 of our mothers who gave birth in University Maternity Hospital Limerick (UMHL) during the month of October 2019 took part in the inaugural survey, I would like to thank each and every one of them for sharing their experience with us, they have provided invaluable data and feedback which we will use to improve the quality and safety of our maternity services.

I also thank those patients who shared their positive feedback and comments with us on the excellent care provided by our doctors, midwives and staff at UMHL. We are particularly pleased to see the feedback on our Specialist Perinatal Mental Health Service which was the first of its kind to be launched outside of Dublin.

It is important that we pay particular attention to those areas where our patients were dissatisfied with our services, acknowledge these shortcomings and address them.

Slaintecare, the Government's 10-year plan for health service reform, advocates the use of standardised national patient surveys to inform improvements and where appropriate shape policy and we welcome this.

The NMES has given us the opportunity to drive new quality improvement initiatives locally and overleaf, you will read details of the quality improvement initiatives planned which will address areas specific areas of concern identified by our patients through the NMES.

At UMHL, we are committed to continuous quality improvement in line with the National Maternity Strategy. Our staff continue to take a keen interest in the results of surveys conducted through the National Care Experience Programme to help them improve the patient experience. Now with the addition of the National Maternity Experience survey results, staff can translate the feedback received into service improvements for those using our maternity services as well. We are looking forward to implementing these improvements in the months ahead.

Ms Colette Cowan

Chief Executive Officer, UL Hospitals Group



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>ANTENATAL CARE: Access to health information about the mental health changes that occur during pregnancy needs to be improved.</p>	<p>University Maternity Hospital Limerick (UMHL) in partnership with the National Perinatal Mental Health Team has implemented a Specialist Perinatal Mental Health Service for women during pregnancy. The programme aims to:</p>	<p>Work commenced in 2018 and will be advanced throughout 2020-21</p>
	<p>1. Provide health information about mental health changes that occur during pregnancy.</p>	
	<p>2. Ensure women have access to a multidisciplinary perinatal mental health team lead by Consultant.</p>	<p>Ongoing</p>
	<p>3. Ensure that women have the opportunity to discuss any worries or concerns that they may have when engaging with UMHL.</p>	
	<p>4. Promote community support programmes for women such as the initiative called 'Mellow Bumps', Community Mothers Programme and ABC Start Right for vulnerable parents.</p>	<p>Quarter 3 2020 & ongoing</p>
	<p>5. Build the capacity of staff and managers in UMHL to promote positive mental health during pregnancy and to signpost women to appropriate services when needed. 27 midwifery staff have completed a university education programme in Perinatal Mental Health.</p>	
	<p>6. Art and Music therapy has been introduced in the antenatal ward, and available as an outpatient programme. Protected times for mothers to work with an art therapist generated positive feedback.</p>	
	<p>WHAT THIS MEANS FOR WOMEN</p>	
	<ul style="list-style-type: none"> All women when making their first booking appointment in maternity services will be asked about their physical and mental health well-being. During this appointment if a woman is identified as requiring additional mental health support she is offered the services of the perinatal mental health midwife and if appropriate offered referral to the joint specialist perinatal mental health and obstetric team. 	
	<ul style="list-style-type: none"> New health information leaflets about mental health during a pregnancy have been developed and are provided to women when they first engage with maternity services and freely available in clinical areas UMHL. 	<p>Quarter 3 2020</p>
	<ul style="list-style-type: none"> Individual perinatal care pathways are provided by the perinatal mental health midwife and a bespoke pathway of care is developed, which includes a pre birthing planning with the multidisciplinary team for women with moderate/severe mental health difficulties. 	<p>Ongoing</p>
	<ul style="list-style-type: none"> Women are asked about their health status on each visit and individualised postnatal care plans address the emotional well-being of the mother. 	
	<ul style="list-style-type: none"> Community support groups such as 'Mellow Bumps', Community Mothers Programme and ABC Start Right are actively promoted to enable women and their partners to access social support networks in the community. Online access to 'Mellow Bumps' has been completed and will improve social support networks for women. 	<p>First online 'Mellow Bumps' Programme was completed in August 2020 with positive feedback.</p>
<ul style="list-style-type: none"> UMHL have established and delivered an Annual National Perinatal Mental Health Service conference attended by the multidisciplinary team. The delivery of the conference includes the involvement of a service user and their journey throughout maternity services. 	<p>Clinical Nurse Specialist Mental Health has joined Perinatal Mental Specialist Team August 2020.</p>	



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>University Maternity Hospital Limerick in partnership with community health teams and key stakeholders are working together to enhance the current provision of antenatal education services to provide physical and mental health services in UMHL and the Mid-west.</p>	<p>Commenced in 2020 following the launch of the National Standards in Antenatal Education</p>
	<p>WHAT THIS MEANS FOR WOMEN</p>	
	<ul style="list-style-type: none"> • Antenatal education will be made more accessible to women for Perinatal Mental Health, Diabetes, Counselling, Bereavement and loss and high-risk pregnancies through social media platforms adopting the recently launched National Standards for Antenatal Education encouraging the full engagement of women and their partners. 	<p>Commenced in 2020 following the launch of the National Standards in Antenatal Education</p>
	<ul style="list-style-type: none"> • Telehealth is more efficient for women by providing health information in a timely manner. 	
	<ul style="list-style-type: none"> • A pilot of antenatal education as a virtual programme has commenced. Use of social media platforms (Microsoft teams) currently been reviewed including required infrastructure. Funding has been approved for a project officer to scope out the format of our future antenatal classes in UMHL. 	<p>Quarter 4 2020</p>
<p>ANTENATAL OPTIONS: Promote choice of maternity care options during the antenatal care phase.</p>	<p>UMHL have introduced Community Midwifery Integrated Services, 5 step plan to provide more options and to promote choice of maternity care options for women in antenatal, intrapartum & postnatal care.</p>	<p>Ongoing</p>



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>COMMUNICATION: The need to improve healthcare communication and involvement in decision making during labour and birth.</p>	<p>University Limerick Maternity Hospital in partnership with National HR and UL Centre of Nurse & Midwifery Education is implementing the National Healthcare Communications Programme to promote best practice in communication skills and improved experience for women throughout their journey of labour and birth.</p>	<p>Work commenced in 2019-2021</p>
	<p>1. All multidisciplinary team in the UMHL will participate in the National Healthcare Communication Programme. Training has already commenced in May 2020, and 60 staff members have participated in the programme to date.</p>	<p>Ongoing</p>
<p>PAIN RELIEF: The need to improve pain relief during labour and birth.</p>	<p>Throughout pregnancy, women are encouraged to get involved in decision making regarding their pregnancy care and to voice any worries or concerns that they may have during their pregnancy care and birth. Birth plans which include pain relief/position in labour are incorporated into a careplan during the antenatal period.</p>	
	<p>1. An initiative to promote and remain active during labour, called Labour Hopscotch is currently being implemented across maternity services.</p>	<p>Q4 2020/Quarter 2021</p>
	<p>2. In response to feedback from our service users, UMHL have developed and delivered a study day 'antenatal care of women in Early Labour' to upskill the multidisciplinary team, to enhance the provision of care during all stages of labour, in the antenatal and Intrapartum period.</p>	<p>Ongoing</p>
	<p>3. PPPG's (policies/guidelines) in relation to a) spontaneous Labour Management b) Midwifery assessment presenting in labour have been reviewed and updated.</p>	<p>Ongoing</p>
	<p>4. A team of Midwifery staff are trained to provide hypnobirthing classes.</p>	
	<p>5. UMHL provides water immersion for pain relief during labour.</p>	
	<p>6. Birthing balls, peanut balls are available, in Labour Rooms and during the antenatal period on request.</p>	
	<p>7. 24-hour epidural service available in UMHL.</p>	
	<p>8. Gentle birthing available in Theatre Department.</p>	
	<p>9. Limerick Enhanced Recovery for Obstetrics Surgery, Quality Improvement Project commencing Q4 2020.</p>	<p>Q4 2021</p>
<p>WHAT THIS MEANS FOR WOMEN</p>		
<ul style="list-style-type: none"> Women will be supported, encouraged and empowered to be more involved in the decision making about their care, birth plans are available for women in partnership with the multidisciplinary team to make choices regarding their birth preferences and completion of birth journey. 		



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>DEBRIEFING: Women said that they would like the opportunity to discuss labour and birth afterwards.</p>	<p>University Limerick Maternity Hospital is implementing quality improvement initiatives to improve women's experience of care after birth; including:</p> <ol style="list-style-type: none"> 1. UMHL to commence a research study in 2020 on women's 'Birth experience' which includes delivery discussion and debriefing and follow up with appropriate healthcare professional. 	Q4 2020
<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> <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>	<ol style="list-style-type: none"> 2. University Limerick Maternity Hospital is implementing quality improvement initiatives to improve health information and communication upon discharge from hospital, creating smoother transitions of care between hospital and community care in the postnatal stage. <ul style="list-style-type: none"> • Women will be provided with comprehensive health information on discharge, specifically concerning perinatal mental health, including perinatal mental health information leaflets. • At UMHL the Community Midwifery Integrated Services provides improved health information at discharge. • Follow up visits by community midwives will be provided to women discharged early from the hospital in addition to further visits by community public health nurses services and GP's. • Postnatal perinatal mental health services are available in the community. • UMHL is currently developing an electronic discharge health summary to improve the transition of care to and from the hospital to the community for women. 	Work has commenced and will be 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 in a timely manner with health professionals. • Comprehensive health information will be available for all women prior to discharge from UMHL/Community Midwifery Integrated services. 	



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>Improving feeding support for women and their new born babies:</p> <ol style="list-style-type: none"> 1. Improved infant feeding support provided by 2 full time lactation consultants for women in the antenatal and postnatal period, that supports the mothers choice with regard to infant feeding including virtual clinics and teleconferencing. 2. In respond to growing demands for breastfeeding support, UMHL are providing training at ward level. The plan is to conduct a training needs analysis of the multidisciplinary team, which will inform the development of an education programme for staff and therefore better support for women whilst in hospital. 3. Women and infants in the Mid-West can also access community lactation consultants who provide feeding clinics throughout the Midwest. 4. UMHL is a Breastfeeding-Friendly Hospital, an accredited site. 10 steps to successful breastfeeding (www.baby-friendly.ie), supporting skin-to-skin contact and responsive feeding is actively promoted in UMHL by the multidisciplinary team to support women to access the best support for breastfeeding baby. 	<p>Work has commenced and will be ongoing throughout 2020-21</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • All multidisciplinary teams in UMHL support and actively promote breastfeeding. • Lactation consultant specialists are available to women with more complex health needs or who require additional support with breastfeeding. Breastfeeding workshops provided 'virtually' by Lactation consultant. • Health information is provided to women about feeding support available to them in hospital and in the community, including the role of their local PHN. • Community voluntary support groups such as La Leche League and Cuidiú are promoted so that women know how to access breastfeeding support in the community. • Women will have the opportunity to access support during their stay in UMHL. This provides more opportunity for personalised health information and advice. • Women will receive health information about health and well-being after birth including the perinatal mental health changes that occur in the postnatal phase. • As part of The National Healthy Childhood Programme, the 'My Child: 0 to 2 years' book is provided by PHN's as part of primary visit. 	



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>University Limerick Maternity Hospital is providing services to address women, and their partners, emotional support needs whilst their babies are in the Neonatal unit The following initiatives are in place:</p>	<p>Ongoing and will continue 2021</p>
	<p>1. Information is provided for women and their partners about what they can expect and how to cope when their newborn baby is admitted to the Neonatal Unit including parent information leaflet and Discharge Planning booklet.</p>	
	<p>2. UMHL has a care pathway developed for women who's babies are expected to be admitted to Neonatal Unit. This includes antenatal visits to the unit. Meeting with Consultant Neonatologists and Registered Advanced Nurse Practitioner.</p>	
	<p>3. Pastoral care services available on request.</p>	
	<p>4. Clinical Midwife Specialists in counselling are available to support and counsel families.</p>	
	<p>5. UMHL has identified parking spaces for parents of long-stay infants in nearby premises.</p>	
	<p>6. vCreate IT platform has been introduced to provide parents with virtual access to their baby.</p>	
	<p>7. For mothers who are unable to visit the neonatal unit, a baby journey diary is populated during the baby's time in the neonatal unit.</p>	
	<p>8. Social and community support networks are provided for families as appropriate.</p>	
	<p>9. Parent's room available within the Neonatal unit to facilitate parent to stay in Neonatal Unit overnight, and to support planning and preparation of infant discharge home.</p>	
	<p>10. New Neonatal modular unit, being developed at the UMHL. Services users/parent feedback suggestions are included in the development of this project to provide enhanced facilities for parent.</p>	<p>Q4 2020</p>
	<p>11. Meal voucher for UMHL Catering Department is available for mother attending neonatal unit.</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 Neonatal Unit. 	
	<ul style="list-style-type: none"> • Social support networks and community supports are shared with all women and families as appropriate. 	



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>University Maternity Hospital Limerick is implementing quality improvement initiatives to improve women's overall experience of maternity care:</p>	<p>Work has commenced and will be ongoing throughout 2020-21</p>
	<p>1. Patient council in UL Hospital and to introduce patient representative in UMHL.</p>	
	<p>2. Business Manager in UMHL has participated in the educational programme on Patient Safety Complaints Advocacy, designed to build staff competency and skills in responding to healthcare complaints and advocate related issues.</p>	
	<p>3. The Values in Action Programme is actively promoted in UMHL and will continue to be prioritised in 2020-21 as a way of promoting a healthy and helpful healthcare culture in maternity care for women and their families.</p>	<p>Ongoing</p>
	<p>4. 'Whose Shoes', a facilitated workshop designed to hear 'what matters to you' was hosted in 2018. Women and Service users/staff participated in the workshop which leads to the development of 40 pledges which we continue to progress and action.</p>	
	<p>5. A specific workshop for perinatal mental health service users was held in 2019. All feedback received from women at this forum was used to inform improvement priorities at the local level.</p>	
	<p>6. A communications plan, profiling how UMHL responded to the findings of the National Maternity Experience Survey 2020 will be promoted at the local level.</p>	
	<p>7. Women are encouraged to give feedback on an ongoing basis via monthly inpatient patient survey, and weekly Assistant Director of Midwifery patient story.</p>	
	<p>8. Caring behaviour Assurance System (CBAS) has been introduced in 2 clinical areas of UMHL to improve women-centred care and safety culture at ward level.</p>	
	<p>9. Mindfulness and stress management programmes for staff are available. To enhance a healthy culture of care to women and families.</p>	
	<p>10. UMHL plan to introduce Schwartz Rounds.</p>	
	<p>11. Monthly Obstetric & Midwifery Forum is held in UMHL with plans to include service user in Forum, to promote a culture of advocacy for women.</p>	
	<p>12. UMHL has adopted the initiative of providing name badges for all staff, so that service users can easily identify staff and understand what their role is. All staff are encouraged to introduce themselves 'Hello my name is'.</p>	
	<p>13. Evaluation of the initiatives outlined above will be conducted to measure progress annually through performance assurance framework.</p>	
	<p>WHAT THIS MEANS FOR WOMEN</p>	
	<ul style="list-style-type: none"> • Women will be provided with better information about how to provide feedback about their experience. 	
	<ul style="list-style-type: none"> • Women will understand that their feedback makes a difference and that UMHL is Listening, Responding and Improving Maternity Care Services for Women in the Mid-West. 	

Saolta University Health Care Group



Mayo University Hospital
Sligo University Hospital
University Hospital Galway
Portiuncula University Hospital
Letterkenny University Hospital

We are very grateful to all the women and their families across the Saolta University Health Care Group who participated in this, the first National Maternity Patient Experience Survey. I thank each of you for sharing your experience with us. You have provided us with a rich store of information and feedback which we will use to improve our maternity services.

A woman's experience of the care she receives while pregnant or giving birth can have significant implications for her health and wellbeing at that time and into the future. This is why it is so important that we learn from and respond to the various experiences of women who use our services. We want to improve and develop our maternity services on a continuous basis.

This survey and the direct feedback from women provide us with a unique perspective on what we are doing well and where there is room for improvement. It is an opportunity for us to look critically at what we are doing and how well we are meeting the needs of the women and families involved. The results of this survey demonstrate that over 80% of women reported a positive experience of maternity service in our hospital group for antenatal care, through labour and birth, to postnatal care.

This is reassuring and affirmative of the good work that is taking place. However, we are committed to engaging fully with the survey results, listen to what the women have told us, good and bad, and to respond accordingly. Service improvement is often complex and takes place over protracted periods of time. The National Maternity Patient Experience Survey will allow us to set targets for improvement in areas where an incremental approach is required.

I would like to thank our staff across the Saolta University Health Care Group for their hard work and dedication, particularly at this time when health services are very challenged. I would particularly like to thank our maternity staff who encouraged women to participate in this survey. In doing so you have demonstrated your own commitment to improving the services in which you work. You have shown your willingness to partner with the women who use our services to continuously improve everything you do.

Tony Canavan
Group CEO, Saolta University Health Care Group



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>HEALTH INFORMATION: Access to health information about the physical and mental health changes that occur during pregnancy needs to be improved.</p>	<p>Mayo University Hospital (MUH) in partnership with community health teams and key stakeholders are working together to enhance the current provision of antenatal education services to provide better health information and education for all women through out their maternity care in the west of Ireland. The following has been put in place:</p> <ul style="list-style-type: none"> • An assessment of antenatal educational programme has been conducted against best practice guidance as outlined in the HSE Nurture Programme. We have developed a co-ordinated programme run within Hospital/Community services to ensure consistency of information in line with National Standards for Antenatal education. • Access to health information through a digital platform: due to the restrictions of the recent COVID-19 pandemic, face to face contact has been reduced, in response a digital platform linked to Hospital website with education tools and websites for information regarding antenatal care in MUH has been developed. • A suite of short video clips regarding availability of services to enhance Mothers and Partners knowledge of pregnancy/labour and birth/and care after birth, followed by an interactive class via digital platform for questions and answers. The purpose of this initiative is to reach out to those across the community who cannot access antenatal classes in person and to improve access to health information about care during pregnancy and the services available to women. • Information linking services available within MUH and CHO area, sign-posting women and their families to what resources are available at a local and National level in their community and linked to local hospital and Community Health Office website has now improved. • The 'My Pregnancy' book, is a resource for mothers and their partners is now available to all. Interactive Education sessions with staff Midwives/Consultants and Junior Doctors regarding: <ul style="list-style-type: none"> – content of this book and enhancing information to mothers at each point of contact during pregnancy journey is promoted; and – communication/listening and what an interactive visit should include – promoting best practice on one to one consultations with women. 	<p>Work commenced in 2020 and ongoing</p>
<p>ANTENATAL OPTIONS: Promote choice of maternity care options during the antenatal care phase.</p>	<p>Mayo University Hospital-promoting choice in Maternity Care:</p> <ul style="list-style-type: none"> • In line with best practice women will be offered choice in pathways of maternity care. This approach will be monitored for effectiveness and safe outcomes. • An advanced Midwife Practitioner will be appointed who will oversee the implementation of midwifery-led care pathways and improved care overall for women and improved and informed choice to women. This is a recommendation of the National Maternity Strategy. • Each woman will be asked about their mental health and well-being when accessing maternity care services. • Literature for mothers attending for antenatal care around mental health changes in pregnancy and how to access care required will be provided to all. • Interactive Education sessions with staff Midwives/Consultants and junior doctors and prompts advising at each point of contact regarding mental health awareness with mothers -will be put in place to ensure consistency of messages and approach by the wider multi-disciplinary team. • Perinatal Mental Health Midwife will train in the 'Mellow Bumps' programme and Educate staff regarding this programme and we have a unit representative involved in the local programme. This work is designed to improve support networks for mothers in the community. • Introduction of consistent support in the area of Perinatal Mental Health will be put in place. A Perinatal Midwife will meet with inpatient mothers regarding Mental Health changes in pregnancy/post-delivery and referral to Liaison Mental Health team as appropriate. 	<p>Work commenced in 2020 and ongoing</p>



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>COMMUNICATION: The need to improve healthcare communication and involvement in decision making during labour and birth.</p>	<p>Mayo University Hospital in partnership with National HR is implementing the National Healthcare Communication Programme to promote best practice in communication skills and improved experience for women throughout their journey and to promote shared decision making at each point of care, in particular during labour and birth.</p> <ul style="list-style-type: none"> Interactive training sessions with staff Midwives/Consultants and Junior Doctors and prompts in Healthcare Communication Skills. Ongoing Promotion of the Values in Action, Care, Compassion and Commitment. As part of the training at Communication workshops, it will incorporate: <ul style="list-style-type: none"> Open Disclosure Debriefing Values in Action, Care, Compassion, Commitment. Leaflet to be developed for mothers advising what services are available in MUH and a prompt proforma for clinicians on what questions to ask the women and giving the mother time to ask questions and encourage them to ask for clarity/second opinion if not sure of what is being articulated or plan of care. Give time to discuss and agree on a plan of care and answering questions easily understood. Birth plans actively promoted with women and reviewed antenatally by Midwifery team. 	2020 to be rolled out ongoing training
<p>PAIN RELIEF: The need to improve pain relief during labour and birth.</p>	<ul style="list-style-type: none"> Health information will be developed for women about pain relief/coping with pain during birth and labour, detailing what methods/Use of Pharmacological and Non Pharmacological Methods to control pain eg. Hopscotch/Q2Mobility/CUB/TENS/Hypnobirthing/Entonox/Pethidine/Epidural/PCEA and discussed at each point of contact with the service and in early Labour. 	



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>DEBRIEFING: Women said that they would like the opportunity to discuss labour and birth afterwards.</p>	<p>Mayo University Hospital in partnership with National HR is implementing the National Healthcare Communication Programme to promote best practice in communication skills and improved experience for women throughout their journey and to promote shared decision making at each point of care, addressing debriefing after birth and improved health information about going home with a new baby.</p>	Q4 2020
<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> <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>	<p>Senior midwifery team will carry out a walk around handover during core working hours and meet with mothers requesting feedback and bring issues to Clinicians to be escalated/actioned. This will improve women's experience of care by ensuring that they receive more comprehensive information/feedback about their labour and birth and provide them with an opportunity to address any unanswered questions or concerns that they may have.</p> <ul style="list-style-type: none"> Literature development for mothers in postnatal period care and mental health well-being and how to access care required both in MUH and CHO areas will be provided to all women. Interactive Education sessions with staff Midwives/Consultants and Junior Doctors and prompts advising at each point of contact regarding mental health awareness with mothers and when and how to seek help and encourage women to discuss their worries and concerns. Review of Postnatal discharge advice checklist and develop literature with PHN services re postnatal follow up and when/how to seek help after discharge. 	Q4 2020



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>MUH will improve feeding support to mothers and their new babies, the following improvements are being advanced in Q4 2020:</p> <ul style="list-style-type: none"> • A plan to recruit a lactation specialist is being advanced. • Health information will be developed in conjunction with PHN services detailing Breastfeeding supports in MUH, Community Health Office and local and National groups. • Ongoing education programmes are being delivered to nurse specialists to ensure that consistent and up to date health information and support on breastfeeding and baby feeding are provided to women. • A digital platform linked to Hospital website with Education tools and websites for information regarding Breastfeeding for staff and Mothers with information about local/Supports Groups and National best practice is being developed. • Resume programme of work towards achieving the – ‘Ten steps to Baby-Friendly Hospital’ standard for the MUH is a priority for the hospital. 	Q4 2020 and ongoing



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>Mayo University Hospital, in partnership with improving parents experience of the Special Care Baby Unit, by implementing the following:</p> <ul style="list-style-type: none"> • Ongoing Education/Promotion of the Values in action Care, Compassion and Commitment within the service. • Review Leaflet for mothers advising regarding SCBU incorporating key people involved in babies care and information about the unit. • The person in charge of the unit to meet mothers daily and discuss Babies Plan of care and treatment plan this can be a Pediatrician or Unit staff. • Give the individual time to parents to discuss and agree on a plan of care and answering questions easily understood for parents. • Safety meeting held in department several times daily post this meeting, Mothers to be updated by Midwife regarding baby's plan of care. • Development of leaflet with PHN service detailing Resources available post-discharge and who to contact for advice ongoing care and contact details for Local/ National groups and links to the organisations. <p>The sanctioning and recruitment of the following staff will assist in addressing communication raised: Bereavement Specialist, Perinatal Mental Health, Lactation, Midwifery and Quality and Patient Safety Specialists.</p>	Q4 2020 and ongoing



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>HEALTH INFORMATION: Access to health information about the physical and mental health changes that occur during pregnancy needs to be improved.</p> <p>ANTENATAL OPTIONS: Promote choice of maternity care options during the antenatal care phase.</p>	<p>Sligo University Hospital (SUH) in partnership with community health teams and key stakeholders are working together to enhance the current provision of antenatal education services for women attending for Maternity Care in our service.</p> <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Antenatal education will be made more accessible to women through social media platforms and adopts the recently launched National Standards for Antenatal Education encouraging full engagement of women and their partners. Sligo University Hospital in collaboration with the community partners will be undertaking a needs analysis of where additional community classes are required and also expanding the range of classes provided to women attending for maternity care. • SUH has prepared a Virtual Tour of the Maternity and Neonatal service. Here to fore, this was available at the antenatal class. This Video is not available on the Saolta and <i>mychild.ie</i> website. • The 'My Pregnancy' book will continue to be provided to each woman when they first engage with antenatal services at Sligo University Hospital. This book provides 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 maternity care services in Ireland. The HSE <i>mychild.ie</i> website will also be promoted as the trusted source of information for parents. In particular, the breastfeeding support section and Nutrition during Pregnancy section will be promoted including the Ask our Expert service. • The 'My Child: 0 to 2 years' book will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. • Sligo University Hospital has appointed a Perinatal mental health midwife commencing September 2020. The Perinatal Mental Health Midwife will support staff education on risk assessing mental health during Pregnancy. • Have literature concerning mental health and illness available in hospital and PHNs. • Provide education and training for PHN/GP/Practice nurse and staff in the hospital on mental health and specific mental illness in pregnancy. • Use the national web site as a resource. • Information on pathways available for women will be sent in advance of their booking appointments so women can make an informed choice at their booking appointments. • Women will be afforded the opportunity to discuss this further when attending for their booking appointment. • More information on the pathways of care will be circulated to the GP's. • SUH has secured funding for a Low-Risk Delivery Suite (Home-from-home). Work on progressing this has commenced. 	<p>Work commenced and will be advanced throughout 2020-21</p>
<p>MENTAL HEALTH: Improving mental health support for women during pregnancy.</p>	<p>Sligo University Hospital in partnership with the National Perinatal Mental Health Team are implementing a Mental Health Promotion Programme for women during pregnancy. The programme aims to:</p> <ul style="list-style-type: none"> • Improving health information about mental health changes that occur during pregnancy for all women. • Provide access to perinatal/specific mental health care services 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 Maternity Unit, Sligo University Hospital. • Build the capacity of staff and managers Sligo University Hospital to promote positive mental health during pregnancy and to signpost women to appropriate services when needed: <ul style="list-style-type: none"> – Provide education and training for PHN/GP/Practice nurse and staff in the hospital on mental health and specific mental illness in pregnancy; – Use the National web site as a resource. 	<p>Work commenced in 2020 and will be advanced throughout 2020-21</p>



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>MENTAL HEALTH: Improving mental health support for women during pregnancy.</p>	<p>WHAT THIS MEANS FOR WOMEN</p> <p>Sligo University Hospital has appointed a Perinatal Health Midwife who will work with the Sligo/Leitrim Mental health team in providing a perinatal mental health service to women attending for maternity care in Sligo University Hospital.</p> <ul style="list-style-type: none"> All women when making their first booking appointment in maternity services will continue to be asked about their physical and mental health well-being. During this stage, if a woman is identified as requiring additional mental health support she is referred to the mental health midwife. All women will be provided with more accessible health information about the mental health changes that 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. Women who require support for milder mental health problems or who have more complex health needs in pregnancy will be referred to a mental health. The midwife who has been appointed as part of a specialist perinatal mental healthcare team. Women will be able to access specific perinatal mental health services through the mental health midwife or the women's GP if required. 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 Sligo University Hospital will be promoted. 	<p>Work commenced and will be advanced throughout 2020-21</p>



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>COMMUNICATION: The need to improve healthcare communication and involvement in decision making during labour and birth.</p> <p>PAIN RELIEF: The need to improve pain relief during labour and birth.</p>	<p>Sligo University Hospital is implementing quality improvement initiatives to improve women's experience of labour and birth to promote best practice in communication skills and shared decision making with women:</p> <ul style="list-style-type: none"> All key staff in the Sligo University Hospital will participate in a training programme in Healthcare Communication Skills. Training, which is due to commence in September 2020. We aim to have 25% of all staff trained by the end of Quarter 4 2020 and will continue training throughout 2021. Patient prompts will be designed to encourage women to become more involved in decision making about their pregnancy care and to voice any worries or concerns that they may have during their pregnancy care. An initiative to promote better pain relief during labour, called Hopscotch is planned to be implemented in Sligo University Hospital. Women will be encouraged to prepare their birth wishes with a Midwife during their antenatal care. SUH has prepared a video presentation by the Anesthetists this is currently shared at antenatal classes in SUH. SUH will expand the availability of this to all Antenatal Classes. SUH will also have an increase focus on pain relief in to antenatal education. 	<p>Work commenced in August 2020 and will be advanced in 2021</p>
<p>PARTNER PRESENT: They would like their partners/birth partners involved more in labour and birth.</p>	<ul style="list-style-type: none"> Women will be offered an opportunity to have their birthing partner included in the decision making for labour and delivery. 	
<p>SKIN-TO-SKIN: Opportunity to have skin-to-skin contact with their baby.</p>	<ol style="list-style-type: none"> Ensure all that women are given the opportunity (if they choose) to have skin-to-skin contact. If this is not possible straight after birth, as soon as possible. Education and training on breastfeeding for mothers and staff on the importance of skin-to-skin contact between mother and baby, to support and enable breastfeeding. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Women will be supported and encouraged to be more involved in the decision making about their care, patient prompts will be designed and available to women to invite women to ask questions about their birth plans and postnatal care. 	



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>Sligo University Hospital is implementing quality improvement initiatives to improve women's experience of care after birth; including:</p> <ul style="list-style-type: none"> • Better infant feeding support for women in the antenatal and postnatal period, that supports the mother's choice concerning infant feeding. • Including debriefing question on the daily postnatal examination for women : • Staff will participate in the breastfeeding blended learning programme developed by the HSE National Healthy Childhood Programme. • Improving health information at discharge and improving smoother transitions of care between hospital and community services, including who to contact if additional supports are required following discharge. • Promoting the role of all staff and their availability to address worries and concerns • Providing women with comprehensive health information on discharge, specifically concerning mental health. • Sligo University Hospital will seek funding for a lactation Consultant Midwife to support women with breastfeeding problems. • 10 steps to successful breastfeeding (www.baby-friendly.ie), supporting skin-to-skin contact and responsive feeding will be actively promoted. • Sligo University Hospital will be introducing parentcraft classes on the maternity ward to support all mothers in caring for their infant needs. • Sligo University Hospital will be promoting the breastfeeding drop-in clinic to support breastfeeding mothers. 	<p>Work will be commenced in Q4 2020 and ongoing through 2021</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • The role of all midwives in supporting women to breastfeed will be actively promoted, to increase support for women with breastfeeding. • A funding application for a Lactation Midwife will be submitted to support women with more complex health needs or who require additional support with breastfeeding. • Health information will be provided to women about feeding support available to them in hospital and the community, including the role of their local PHN. • Community support groups such as the breastfeeding Clinic, La Leche League will community. • Women will have the opportunity to participate in postnatal support forums whilst the hospital through telecare platforms thus providing more personalised health information and advice, an initiative which has been trialled during COVID-19 and will be advanced in 2020. • 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. • Women will receive health information about health and well-being after birth including the mental health changes that occur in the postnatal phase. • Women will receive the 'My Child: 0 to 2 years' book will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. 	



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>Sligo University Hospital is currently implementing quality improvement initiatives to address women and their partners' emotional support needs whilst their babies are in the specialist care unit. The following initiatives are in place:</p> <ul style="list-style-type: none"> • Health information will be provided for all women and their partners about what they can expect and how to cope when their newborn baby is admitted to the Neonatal Intensive Care Unit. • A proactive campaign of support informing women that they can discuss any worries or concerns that they may have whilst their baby is in the neonatal unit will be promoted. • Staff will be undertaking a communication module. • SUH will undertake a Baby Bliss Audit to identify ways in which the service can promote a culture of family friendly support and emotional support for parents. 	Ongoing
	<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 Neonatal or Specialised Care Unit. • Social support networks and community supports such as the Irish Neonatal Alliance will be shared with all women and families as appropriate. 	



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>Sligo University Hospital is implementing quality improvement initiatives to improve women's overall experience of maternity care:</p> <ul style="list-style-type: none"> • All feedback received from women at this forum was used to inform improvement priorities at a local level. • A communications plan, profiling how Sligo University Hospital responded to the findings of the National Maternity Experience Survey 2020 will be promoted at the local level. Women will be encouraged to give feedback on an ongoing basis. • Evaluation of the initiatives outlined above will be conducted to measure progress annually. 	Work has commenced and will be ongoing 2020-21
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be provided with better information about how to provide feedback about their experience. • Women will understand that their feedback makes a difference and that Sligo University Hospital is Listening, Responding and Improving Maternity Care Services for Women. 	



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>University Hospital Galway (UHG) in partnership with community health teams and key stakeholders are working together to enhance the current provision of antenatal education services in University Hospital Galway and neighbouring counties.</p> <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> The Parent Education Department will include social media platforms as well as face to face antenatal sessions to improve access for women and their support persons. The National Standards for Antenatal Education encourages the full engagement of women and their support persons. In University Hospital Galway Antenatal Education classes are done virtually in line with COVID-19 guidelines and regulations. Expectant mothers book classes online via www.uhgmaternity.com. Women are notified via text, phone or email with their login details. University Hospital Galway has a one-stop Information Portal on pregnancy, labour, and parenthood. In addition, an online booking system for antenatal classes and links to support groups in the Community and multidisciplinary blogs. 	<p>Commenced in 2020 following the launch of the National Standards in Antenatal Education</p>
<p>HEALTH INFORMATION: Access to health information about the physical and mental health changes that occur during pregnancy needs to be improved.</p>	<p>University Hospital Galway in partnership with the Perinatal Mental Health Team is implementing a Mental Health Promotion Programme for women during pregnancy. The programme aims to:</p> <ul style="list-style-type: none"> Improving health information about mental health changes that occur during pregnancy for all women. Provide access to perinatal/specific mental health care services for women with additional needs. Ensure that women have the opportunity to discuss any worries or concerns that they may have when engaging with University Hospital Galway. Promote community support programmes for women such as the initiative called 'Mellow Bumps' for vulnerable parents. Build the capacity of staff and managers in University Hospital Galway to promote positive mental health during pregnancy and to signpost women to appropriate services when needed. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> All women when making their first booking appointment in maternity services will be asked about their physical and mental health well-being. During this stage, if a woman is identified as requiring additional mental health support she is referred to the mental health midwife. All women will be provided with more accessible health information about the mental health changes that occur during pregnancy. New health information leaflets about mental health during a pregnancy have been developed and are being provided to women when they first engage with maternity services. Women who require support for milder mental health problems or who have more complex health needs in pregnancy will be referred to a mental health midwife who has been appointed as part of a specialist perinatal mental healthcare team. Women will be able to access specific perinatal mental health services through the mental health midwife or the Obstetric Team. University Hospital Galway has a weekly perinatal mental health clinic in the hospital with a specialist perinatal psychiatrist. University Hospital Galway is promoting a proactive campaign informing women of the mental health supports that are available and health promotion in the area of mental health well-being during the perinatal period. 'Mellow Bumps' will be actively promoted through the perinatal mental health team to enable women and their partners to access social supports and signposts to networks in the community. Ongoing promotion of staff education to improve mental health awareness and reduce the stigma associated with mental health in maternity. Perinatal mental health midwife is available to women who need support during their stay in hospital. The perinatal mental team offer support to women who have had a traumatic birth experience during the hospital stay. 	<p>Work commenced in 2019 and will be advanced throughout 2020-21</p>



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>ANTENATAL OPTIONS: Promote choice of maternity care options during the antenatal care phase.</p>	<ul style="list-style-type: none"> The 'My Pregnancy' book is provided to each woman when they first engage with antenatal services at University Hospital Galway, 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 will also be promoted as the trusted source of information for parents. In particular, the breastfeeding support section will be promoted including the Ask our Expert service. The 'My Child: 0 to 2 years' book will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. A virtual tour of University Hospital Galway Maternity Department provides parents with a guided tour of the Maternity Unit of UHG from arrival at the entrance to the Postnatal Ward. This tour also includes interviews with the multidisciplinary team. The tour walks the journey of the pregnant woman, from the initial booking, antenatal care, birth of their baby and the postnatal period. Women are made aware of the choices available to them when birthing their baby. The various birth positions are demonstrated and the birth plan is discussed. The postnatal discharge class is facilitated virtually Monday to Friday from their hospital bed or home post-discharge. This provides women with all the information they require for the transition to parenthood for both mother and baby. Information and advice are given concerning the role of the Public Health Nurse and GP. Information on local breastfeeding support groups is highlighted. The importance of awareness of signs and symptoms of postnatal depression and minding your mental health is discussed at length. Promotion of birth plans and having them discussed with the appropriate consultant, obstetrician, midwife with evidence-based information being used. To include a detailed individualised plan of care documented in the maternity notes to avoid confusion during labour and birth. The Midwifery team care has a dedicated clinic for birth after caesarean section. The Midwifery team care provides information and support to women who require individualised birth plans following a previous complicated birth. 	



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>COMMUNICATION: The need to improve healthcare communication and involvement in decision making during labour and birth.</p> <p>PAIN RELIEF: The need to improve pain relief during labour and birth.</p>	<p>University Hospital Galway is implementing quality improvement initiatives to improve women's experience of labour and birth to promote best practice in communication skills and shared decision making with women:</p> <ul style="list-style-type: none"> All key staff in University Hospital Galway will participate in a training programme in Healthcare Communication Skills. Training has already commenced and a number have participated in the programme. Patient prompts will be designed to encourage women to become more involved in decision making about their pregnancy care and to voice any worries or concerns that they may have during their pregnancy care. An initiative to promote better pain relief during labour, called Labour Hopscotch is currently being implemented through the National Women and Infants Health Programme. Birth plans are promoted and will be discussed by the appropriate HCP. Skin-to-skin contact between mother and baby and father and baby. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Women will be supported and encouraged to be more involved in the decision making about their care, patient prompts will be designed and available to women to invite women to ask questions about their birth plans and postnatal care. 	<p>Work commenced in 2019 ongoing</p>



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>COMMUNICATION: The need to improve healthcare communication and involvement in decision making during labour and birth.</p> <p>PAIN RELIEF: The need to improve pain relief during labour and birth.</p>	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women are encouraged to try alternative pain relief (Use of Bath/Shower/Tens Machine/Birthing balls/Cub, incorporating Labour Hopscotch. • Promotion of Hypnobirthing techniques on the labour ward. • Encouraging women to be more upright during labour and birth. • Women's choice of pain relief is supported. • In University Hospital Galway we are promoting and measuring our success in achieving 1:1 care for women in labour. • Aim to facilitate normal/natural birth within our labour ward environment by promoting a sense of calm and empowerment. 	



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>DEBRIEFING: Women said that they would like the opportunity to discuss labour and birth afterwards.</p> <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> <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>	<p>University Hospital Galway is implementing quality improvement initiatives to improve women's experience of care after birth; including:</p> <ul style="list-style-type: none"> • Improving health information at discharge and improving smoother transitions of care between hospital and community services. • Promoting the role of all staff and their availability to address worries and concerns. • Providing women with comprehensive health information on discharge, specifically concerning mental health. • Daily ward rounds by Consultant Obstetrician for debriefing purposes. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • In University Hospital Galway Women will get an opportunity to meet with their Consultant Obstetrician after delivery either whilst in Hospital or at their postnatal check in the hospital (or the obstetrician and midwife who cared for during labour). • 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. One of the opportunities midwives and health care professional will have an opportunity to do this when they are doing the Postnatal Check. • Perinatal mental health midwife is available to women who need support during their stay in hospital and are followed up in the community. • Women have the opportunity to participate in postnatal support forums via the postnatal and breastfeeding classes through zoom whilst in hospital and at home, thus providing more personalised health information and advice, an initiative which has been trialled during COVID-19 and will be advanced in 2020. • In University Hospital Galway women on the postnatal ward are encouraged to participate in the morning Breastfeeding and Postnatal virtual classes daily facilitated by the Lactation team and Parentcraft Team. • Women can also access these classes again following discharge from Hospital via Zoom. • Women receive health information about health and well-being after birth including the mental health changes that occur in the postnatal phase both in a written and verbal format. • Women will receive the 'My Child: 0 to 2 years' book will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. • Family integrated care programme. 	<p>Work commenced in 2020 and ongoing</p>



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>	<ul style="list-style-type: none"> Better infant feeding support for women in the antenatal and postnatal period that supports the mother's choice concerning infant feeding. Additional midwives and staff have been employed to respond to the growing demands of the service and training in breastfeeding support have been provided to improve capacity and support for women in care after birth and with the following initiatives: <ul style="list-style-type: none"> Staff will participate in the breastfeeding blended learning programme developed by the HSE National Healthy Childhood Programme. 10 steps to successful breastfeeding (www.baby-friendly.ie), supporting skin-to-skin contact and responsive feeding will be actively promoted. Aim to increase Lactation support to align the equivalent of a full-time staff member per 1000 births ratio. 	<p>Work has commenced and will be 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 will be actively promoted, to increase support for women with breastfeeding. Lactation specialists will be available to women with more complex health needs or who require additional support with breastfeeding. Health information will be provided to women about feeding support available to them in hospital and the community, including the role of their local PHN. Community support groups such as La Leche League and Cuidiú will also be promoted so that women know how to access breastfeeding support in the community. 	



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>INFORMATION: Women felt that they were not getting enough information on why their baby was admitted to NICU.</p>	<p>University Hospital Galway is currently implementing quality improvement initiatives to address women and their partner's emotional support needs whilst their babies are in the specialist care unit. The following initiatives are in place:</p> <ul style="list-style-type: none"> Health information will be provided for all women and their partners about what they can expect and how to cope when their newborn baby is admitted to the Neonatal or Specialised Care Unit. Social Support Networks – the role of Irish neonatal alliance will be actively promoted. A proactive campaign of support informing women that they can discuss any worries or concerns that they may have whilst their baby is in the neonatal unit is being promoted. Chaplaincy services other supports/PALS are available for women and their family. High-risk women are seen in the antenatal period by AMP or Consultant Neonatologist. Family integrated care has dedicated social worker attached for NICU for babies born under 32 weeks. Golden drops initiative will be implemented in UHG. 	<p>Work commenced and ongoing</p>
<p>FEEDING: Women said that they require more support and help with breastfeeding their baby.</p>	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Women will be informed where they can access emotional support during the difficult time when their new infant baby is in the Neonatal or Specialised Care Unit. Social support networks and community supports such as the Irish Neonatal Alliance will be shared with all women and families as appropriate. Antenatal consultation with the Neonatal Team and tours of the NICU are given to parents when there is a known planned admission to NICU following birth. University Hospital Galway promotes the use of vCreate in their NICU so parents can see regular images and video's of their baby when they are not at their baby's bedside. Information is available about the NICU department on the Maternity Portal and the virtual tour. 	



SPECIALISED CARE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> All staff are kept up to date with breastfeeding training and promote breastfeeding and expressing colostrum/breastmilk for premature and vulnerable babies Information leaflets are available on the NICU about breastfeeding and what to expect when parents go home with a premature baby. Information booklets and Breastfeeding Diaries are given to all parents during the baby's time on NICU. Neonatal Dietician meets with parents to review baby's feeding during a stay on NICU and following discharge home. Family centre care is promoted on NICU and parents are central to the team. Parents are encouraged to use headphones during the ward round so they don't have to leave their baby's cot side and there is no breach of patient confidentiality. 	



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>University Hospital Galway is implementing quality improvement initiatives to improve women's overall experience of maternity care:</p> <ul style="list-style-type: none"> The independent Patient Advocacy Service is being promoted in University Hospital Galway and women will be informed of the support available to them through the PALS, should they wish to make a complaint or address an advocacy-related issue The Values in Action Programme is actively promoted in University Hospital Galway and will continue to prioritise in 2020-21 as a way of promoting a healthy and helpful healthcare culture in maternity care for women and their families University Hospital Galway is implementing Making Every Contact Count training has happened to ensure each routine consultation is used as an opportunity to raise and discuss issues such as lifestyle behaviour change and support women to make healthier choices for improved and positive health outcomes. Women are encouraged to complete a Patient Feedback form, these feedback forms are reviewed quarterly. The Local Maternity Service implementation Group has service user involvement feedback received from the service user at this forum is used to inform improvement priorities at local level University Hospital Galway promotes and participates in Schwarts Rounds, this is a structured forum where all staff both clinical and non-clinical come together regularly to discuss the emotional and social aspects of working within a healthcare environment. A communications plan, profiling how University Hospital Galway responded to the findings of the National Maternity Experience Survey 2020 will be promoted at local level. Women will be encouraged to give feedback on an ongoing basis. Relook at updating decor of the wards and have more Showers and toilets available on the ward. Evaluation of the initiatives outlined above will be conducted to measure progress annually. 	Work commenced in 2018 and ongoing
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Women will be provided with better information about how to provide feedback about their experience. Women will know about the new Independent Patient Advocacy Service and about how to make a complaint or a patient advocacy related issue. Women will understand that their feedback makes a difference and that University Hospital Galway is Listening, Responding and Improving Maternity Care Services for Women and their families. 	



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>ANTENATAL CARE: Access to health information about the physical and mental health changes that occur during pregnancy needs to be improved.</p>	<p>Portiuncula University Hospital (PUH) in partnership with the National Perinatal Mental Health Team are implementing a Mental Health Promotion Programme for women during pregnancy. The programmes aims to:</p> <ul style="list-style-type: none"> Improving health information about mental health changes that occur during pregnancy for all women. Provide access to perinatal/specific mental health care services for women with additional needs. Ensure that women have the opportunity to discuss any worries or concerns that they may have when engaging with Portiuncula University Hospital. Promote community support programmes for women such as the initiative called 'Mellow Bumps' for vulnerable parents. PMH midwife has plans to undertake the training course when established in position. Build the capacity of staff and managers in Portiuncula University Hospital to promote positive mental health during pregnancy and to sign-post women to appropriate services when needed. The PMH will be in position by Q4 2020 in Portiuncula. Details induction plan devised in conjunction with Perinatal Mental Health Psychiatrist. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> All women when making their first booking appointment in maternity services are asked about their physical and mental health well-being eg. General questions during this stage if a woman is identified as requiring additional mental health support she is referred to the mental health midwife when she is in post. Currently being referred to MSW as appropriate and advised to link with GP. All women will be provided with more accessible health information about the mental health changes that 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. Women who require support for milder mental health problems or who have more complex health needs in pregnancy will be referred to the mental health midwife. Women will be able to access specific perinatal mental health services through the mental health midwife or the women's GP if required. 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 Portiuncula University Hospital will be promoted. Community support groups such as 'Mellow Bumps' is actively promoted to enable women and their partners to access social support networks in the community. The Bereavement Support midwife and midwives, as well as the whole team, provide support to all women experiencing loss. In the EPAU setting, there are dedicated midwives available to give additional support to all women experience loss. 	<p>Work commenced in 2018 and will be advanced throughout 2020-21</p>
<p>ANTENATAL EDUCATION: Access to antenatal educational classes needs to improve.</p> <p>ANTENATAL OPTIONS: Promote choice of maternity care options during the antenatal care phase.</p>	<p>Portiuncula Maternity Unit in partnership with community health teams and key stakeholders are working together to enhance the current provision of antenatal education services in Portiuncula University Hospital and neighbouring counties (we mainly serve Galway approx 32%, Westmeath approx 21%, Roscommon approx 21%, Offaly approx 14%).</p> <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Antenatal education will be made more accessible to women through social media platforms and adopts the recently launched National Standards for Antenatal Education encouraging full-engagement of women and their partners. As a baseline, we will gather information from our community partners to ascertain the type and frequency of current antenatal class provision in the community. Online Hypnobirthing classes, early pregnancy MDT, labour and breastfeeding education in progress. 	<p>Commenced in 2020 following the launch of the National Standards in Antenatal Education</p>



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>ANTENATAL OPTIONS: Promote choice of maternity care options during the antenatal care phase.</p>	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> The 'My Pregnancy' book is provided to each woman when they first engage with antenatal services at Portiuncula University Hospital, 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 will also be promoted as the trusted source of information for parents. In particular, the breastfeeding support section will be promoted including the Ask our Expert service. A bespoke Maternity Information Booklet for Portiuncula Hospital includes general information and information on antenatal care, health in pregnancy, lifestyle advice, infections in pregnancy, pregnancy complications, getting ready for birth, labour and birth, pain relief in labour, induction of labour, Special care baby unit, after the birth of your baby, care following a caesarean section, what to expect emotionally, caring for your baby and going home. The 'My Child: 0 to 2 years' book will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. Models of maternity care. Supported, Assisted and specialised. Women allocated according to the risk and maternal request. Teen parent project in place for teen parents from Co Galway who attend our service since Q4 2019. Midwife hours to give extra one on one antenatal educational support to these women. Continued bi-monthly meetings with Public health nurse team. Outreach antenatal care in Athlone and Loughrea. 	<p>Work commenced and ongoing throughout 2020-22</p>



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>COMMUNICATION: The need to improve healthcare communication and involvement in decision making during labour and birth.</p> <p>PAIN RELIEF: The need to improve pain relief during labour and birth.</p> <p>SUPPORT: Women said they wanted to be fully supported during labour and birth.</p>	<p>Portiuncula University Hospital is implementing quality improvement initiatives to improve women's experience of labour and birth to promote best practice in communication skills and shared decision making with women:</p> <ul style="list-style-type: none"> All key staff in the Portiuncula University Hospital will participate in a training programme in Healthcare Communication Skills. Training commenced Q3 to date 52 members of the MDT team number have participated in the programme including midwifery, medical, clerical, AHP, Household and catering staff. Very positive feedback from staff for this 90-minute programme. Patient prompts will be designed to encourage women to become more involved in decision making about their pregnancy care and to voice any worries or concerns that they may have during their pregnancy care. An initiative to promote better pain relief during labour, called Hopscotch is currently promoted to women. The poster is visible on the main corridor and prompted and Hypnobirthing and antenatal classes. Birth plan template available for women in the Portiuncula Maternity Information booklet. This is added to the healthcare record once completed. Skin-to-skin contact promoted for all. The Hospital monitors performance rates monthly. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Women will be supported and encouraged to be more involved in the decision making about their care, patient prompts will be designed and available to women to invite women to ask questions about their birth plans and postnatal care. 	<p>Work commenced in 2019-ongoing</p>



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>DEBRIEFING: Women said that they would like the opportunity to discuss labour and birth afterwards.</p> <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> <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>	<p>Portiuncula University Hospital is implementing quality improvement initiatives to improve women's experience of care after birth including:</p> <ul style="list-style-type: none"> Improving health information at discharge and improving smoother transitions of care between hospital and community services. Use of the HSE approved discharge checklist in national healthcare record for mother and baby. Promoting the role of all staff and their availability to address worries and concerns Providing women with comprehensive health information on discharge, specifically concerning mental health. Women will receive the 'My Child: 0 to 2 years' book will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. <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. Women will receive health information about health and well-being after birth including the mental health changes that occur in the postnatal phase. 	<p>Commenced 2018 and will be advanced throughout 2020-21</p>



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>	<ul style="list-style-type: none"> Better infant feeding support for women in the antenatal and postnatal period that supports the mother's choice concerning infant feeding. Additional midwives and staff have been employed to respond the growing demands of the service and training in breastfeeding support have been provided to improve capacity and support for women in care after birth and with the following initiatives: <ul style="list-style-type: none"> Formal referral to lactation Clinical Midwife Specialist; Attend anywhere appointments with antenatal and postnatal; and Online zoom/web ex education sessions. 10 steps to successful breastfeeding (www.baby-friendly.ie), supporting skin-to-skin contact and responsive feeding will be actively promoted in the hospital. Staff will participate in the breastfeeding blended learning programme developed by HSE National Healthy Childhood Programme. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> The role of all midwives in supporting women to breastfeed will be actively promoted, to increase support for women with breastfeeding. Lactation midwife will be available to women with more complex health needs or who require additional support with breastfeeding. Health information will be provided to women about feeding support available to them in hospital and the community, including the role of their local PHN Community support groups such as La Leche League and Cuidiú Breastfeeding Support Group will also be promoted so that women know how to access breastfeeding support in the community. 	<p>Work has commenced and will be ongoing</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>Portiuncula University Hospital is currently implementing quality improvement initiatives to address women and their partner's emotional support needs whilst their babies are in the specialist care unit. The following initiatives are in place:</p> <ul style="list-style-type: none"> • Health information will be provided for all women and their partners about what they can expect and how to cope when their newborn baby is admitted to the Special Care Baby Unit. • Social support networks – the role of Irish neonatal alliance will be actively promoted. • A proactive campaign of support informing women that they can discuss any worries or concerns that they may have whilst their baby is in the neonatal unit will be promoted. • Bereavement support midwife, pastoral care and PALS all available to women. • Funding approved for vCreate a system to securely facilitate sending of photos and videos to mothers who's baby is in SCBU. 	<p>Work commenced in 2018 and ongoing</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will know where they can access emotional support during the difficult time when their new infant baby is in the SCBU. • Social support networks and community supports such as the Irish Neonatal Alliance will be shared with all women and families as appropriate. 	



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>Portiuncula University Hospital is implementing quality improvement initiatives to improve women's overall experience of maternity care:</p> <ul style="list-style-type: none"> • The new independent Patient Advocacy Service is being promoted in Portiuncula University Hospital and women will be informed of the support available to them through the PAS, should they wish to make a complaint or address an advocacy-related issue. • The Values in Action Programme is actively promoted in Portiuncula University Hospital and will continue to prioritise in 2020-21 as a way of promoting a healthy and helpful healthcare culture in maternity care for women and their families. • A communications plan, profiling how Portiuncula University Hospital responded to the findings of the National Maternity Experience Survey 2020 will be promoted at local level. Women will be encouraged to give feedback on an ongoing basis. • Evaluation of the initiatives outlined above will be conducted to measure progress annually. • A Whose Shoes event was hosted in Portiuncula in 2018 for women and Health Care Professionals to meet and explore together attitudes and expectations about maternity care in an Irish setting. • Service users will be invited onto forums about maternity care. • 'Your Service, Your Say' on average get approx 15 responses/week, overwhelmingly positive. We will continue to ask women to provide feedback on all stages of maternity their care journey and use this feedback to improve the care provided to women in PUH. 	<p>Work commenced in 2018 and ongoing</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be provided with better information about how to provide feedback about their experience. • Women will know about the new Independent Patient Advocacy Service and about how to make a complaint or a patient advocacy related issue. • Women will understand that their feedback makes a difference and that Portiuncula University Hospital is Listening, Responding and Improving Maternity Care Services for Women and their families. 	



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>ANTENATAL CARE: Access to health information about the physical and mental health changes that occur during pregnancy needs to be improved.</p> <p>ANTENATAL EDUCATION: Access to antenatal educational classes needs to improve.</p> <p>ANTENATAL OPTIONS: Promote choice of maternity care options during the antenatal care phase.</p>	<p>Letterkenny University Hospital (LUH) in partnership with community health teams and key stakeholders are working together to enhance the current provision of antenatal education services in Letterkenny Area and Donegal Community Area.</p> <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Antenatal education will be made more accessible to women through social media platforms and adopts the recently launched National Standards for Antenatal Education encouraging the full engagement of women and their partners. In Letterkenny, hospital antenatal classes are delivered from Donegal Women's Centre and serve the Letterkenny area. PHNs deliver community-based classes according to their geographical area. • Virtual classes via Attend Anywhere will be implemented. • Online links to external virtual classes are being provided to all pregnant women in the interim. • WhatsupMum videos of local maternity services and antenatal and postnatal education are promoted in the waiting area during Antenatal clinics. Additional educational material will be added as time progresses. • Currently, the post in Antenatal Education is in the process of role transition and awaiting the appointment of a designated midwife. • The 'My Pregnancy' book will be provided to each woman when they first engage with antenatal services at Letterkenny University Hospital, 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 will also be promoted as the trusted source of information for parents. In particular, the breastfeeding support section will be promoted including the Ask our Expert service. • The 'My Child: 0 to 2 years' book will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. 	<p>Work commenced in 2018 and will be advanced throughout 2020-21</p> <p>LUH: Priority 2</p> <p>October 2020</p> <p>Currently</p> <p>Current practice</p>
<p>HEALTH INFORMATION: Access to health information about mental health changes that occur during pregnancy needs to be improved.</p>	<p>Letterkenny University Hospital in partnership with the National Perinatal Mental Health Team is implementing a Mental Health Promotion Programme for women during pregnancy. The programme aims to:</p> <ol style="list-style-type: none"> 1. Improving health information about mental health changes that occur during pregnancy for all women. 2. Provide access to perinatal/specific mental health care services for women with additional needs. 3. Ensure that women have the opportunity to discuss any worries or concerns that they may have when engaging with Letterkenny maternity unit. 4. Promote community support programmes for women such as the initiative called 'Mellow Bumps' for vulnerable parents. Perinatal Mental Health Midwife is enrolled for 'Mellow Bumps' training. 5. Build the capacity of staff and managers in Letterkenny Hospital to promote positive mental health during pregnancy and to signpost women to appropriate services when needed. 	<p>Work commenced in 2018 and will be advanced throughout 2020-21</p> <p>January 2021</p> <p>LUH: Priority 3</p>



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> All women when making their first booking appointment in maternity services will be asked about their physical and mental health well-being. During this stage, if a woman is identified as requiring additional mental health support she is referred to the mental health midwife. All women will be provided with more accessible health information about the mental health changes that 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. Women who require support for milder mental health problems or who have more complex health needs in pregnancy will be referred to a mental health midwife who has been appointed as part of a specialist perinatal mental healthcare team. Women will be able to access specific perinatal mental health services through the mental health midwife or the women's GP if required. 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 Letterkenny University hospital will be promoted. Community support groups such as 'Mellow Bumps' is actively promoted, perinatal mental health midwife will engage with women and their partners regarding access to social support networks in the community. Appointment of a Perinatal Mental Health Midwife as a spoke service in consultation with the Hub team in Galway. Development of brief education sessions for midwives about emotional changes in pregnancy, perinatal mental health services. National perinatal mental health posters placed throughout the maternity department and antenatal clinic. 	<p>November 2019</p> <p>July 2020</p> <p>July 2020</p> <p>July 2020</p> <p>September 2020</p> <p>January 2021</p> <p>Current</p> <p>September 2020</p> <p>May 2020</p>



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>COMMUNICATION: The need to improve healthcare communication and involvement in decision making during labour and birth.</p> <p>PAIN RELIEF: The need to improve pain relief during labour and birth.</p> <p>SUPPORT: Women said they wanted to be fully supported during labour and birth.</p>	<p>Letterkenny University Hospital (LUH) is implementing quality improvement initiatives to improve women's experience of labour and birth to promote best practice in communication skills and shared decision making with women:</p>	<p>Work commenced in 2019 ongoing</p>
	<p>1. All key staff in the Maternity Unit of LUH will participate in a training programme in Healthcare Communication Skills. Two staff have completed Module 1 in Communication of Train the Trainers course. The Perinatal Mental Health midwife, Bereavement midwife and a member of Special Care Baby Unit staff will also complete this training. All trainers to complete all 4 modules. Training of all staff in Maternity to commence in September 2020. Sessions will be provided twice monthly.</p>	<p>September 2020</p>
	<p>2. Patient prompts will be designed to encourage women to become more involved in decision making about their pregnancy care and to voice any worries or concerns that they may have during their pregnancy care.</p>	<p>LUH: Priority 1</p>
	<p>3. A supported care pathway is offered to all women who are deemed suitable for the same. In LUH the midwifery-led clinics are held in the hospital and two other geographical areas, making supportive care more accessible.</p>	<p>January 2020</p>
	<p>4. Assisted and specialised care options are also available.</p>	
	<p>5. An initiative to promote better pain relief during labour, called Hopscotch is currently being explored.</p>	<p>November 2020</p>
	<p>6. Several Midwives have completed Hypnobirthing training as a means to promote a positive childbirth experience.</p>	
	<p>7. Birth plans are included in all Hand Held Notes. Staff Midwives complete/communicate/advise women during antenatal care.</p>	<p>Current</p>
	<p>8. Skin-to-skin contact is encouraged with all Mothers.</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 the decision making about their care, patient prompts will be designed and available to women to invite women to ask questions about their birth plans and postnatal care. 		
<ul style="list-style-type: none"> • Women will be more informed about pain relief options. 		



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>DEBRIEFING: Women said that they would like the opportunity to discuss labour and birth afterwards.</p> <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> <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>	<p>Letterkenny University Hospital is implementing quality improvement initiatives to improve women's experience of care after birth; including:</p> <ul style="list-style-type: none"> Improving health information at discharge and improving smoother transitions of care between hospital and community services; Promoting the role of all staff and their availability to address worries and concerns; Providing women with comprehensive health information on discharge, specifically concerning mental health. 	Work commenced in 2020 and ongoing
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Women will have the opportunity to participate in postnatal support forums whilst in the hospital through telecare platforms thus providing more personalised health information and advice, an initiative which has been trialled during COVID-19 and will be advanced in 2020. 	Attend Anywhere platform currently being rolled out in Maternity
	<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. 	PMH Midwife in post, referrals taken from ANC and ward, Aug 2020.
	<ul style="list-style-type: none"> Women will receive health information about health and well-being after birth including the mental health changes that occur in the postnatal phase. 	
	<ul style="list-style-type: none"> Women will receive the 'My Child: 0 to 2 years' book will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. 	LUH: Priority 4



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>	<ol style="list-style-type: none"> Better infant feeding support for women in the antenatal and postnatal period, that supports the mothers choice concerning infant feeding. 	Work has commenced and will be ongoing
	<ol style="list-style-type: none"> Parent education sessions on the postnatal ward held daily regarding infant feeding. 	
	<ol style="list-style-type: none"> A Lactation Consultant post has been sanctioned for LUH. Process commenced. 	December 2020
	<ol style="list-style-type: none"> Additional midwives and staff have been employed to respond the growing demands of the service and training in breastfeeding support have been provided to improve capacity and support for women in care after birth and with the following initiatives: <ul style="list-style-type: none"> Staff will participate in the breastfeeding blended learning programme developed by the HSE National Healthy Childhood Programme. 10 steps to successful breastfeeding (www.baby-friendly.ie), supporting skin-to-skin contact and responsive feeding will be actively promoted. Breastfeeding Refresher training delivered by Midwives and PHNs. Local La Leche League Support Volunteer visits postnatal ward twice weekly. Donegal Breastfeeding Forum meets every 2 months, multidisciplinary membership. 	2020 & ongoing
		Ongoing
		2020 dates confirmed with CNME
		Ongoing



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>Letterkenny University Hospital is currently implementing quality improvement initiatives to address women and their partner's emotional support needs whilst their babies are in the specialist care unit. The following initiatives are in place:</p>	<p>Ongoing provision of Information Booklet</p>
	<p>1. Health information will be provided for all women and their partners about what they can expect and how to cope when their newborn baby is admitted to the Neonatal or Specialised Care Unit.</p>	
	<p>2. Social Support Networks – the Role of Irish neonatal alliance will be actively promoted.</p>	<p>Current</p>
	<p>3. A proactive campaign of support informing women that they can discuss any worries or concerns that they may have whilst their baby is in the neonatal unit will be promoted.</p>	<p>MDT Collaboration is ongoing with NNU staff.</p>
	<p>4. All staff to attend Communication training.</p>	<p>Dates confirmed with</p>
	<p>5. Chaplaincy services available 24-hours.</p>	<p>CNME for September 2020</p>
	<p>6. Bereavement Midwife appointed and PMH Midwife appointed.</p>	<p>Ongoing</p>
	<p>7. Bereavement Family Room available – Butterfly Room.</p>	<p>June 2020</p>
	<p>8. Family room for day visits available on the unit.</p>	<p>Ongoing</p>
	<p>9. Counselling service available via Social work department.</p>	
	<p>10. Open visiting available for parents to NNU.</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 Neonatal or Specialised Care Unit. • Social support networks and community supports such as the Irish Neonatal Alliance will be shared with all women and families as appropriate. 	



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>Letterkenny Maternity Department is implementing quality improvement initiatives to improve women's overall experience of maternity care:</p> <ul style="list-style-type: none"> • Consumer services department provides advocacy/complaints support for all service users at LUH Maternity unit. All staff trained in Open Disclosure. • The Values in Action Programme is actively promoted in Letterkenny Maternity Department and will continue to prioritise in 2020-21 as a way of promoting a healthy and helpful healthcare culture in maternity care for women and their families • A women's forum designed to hear '<i>what matters to you</i>'/women and key stakeholders in maternity care in maternity care was hosted in 2019 and will be repeated in 2021, all feedback received from women at this forum was used to inform improvement priorities at a local level. • A communications plan, profiling how Letterkenny Maternity Department responded to the findings of the National Maternity Experience Survey 2020 will be promoted at a local level. Women will be encouraged to give feedback on an ongoing basis. • Evaluation of the initiatives outlined above will be conducted to measure progress annually. 	<p>Work commenced in 2018 and ongoing</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be provided with better information about how to provide feedback about their experience. • Women will know about the new Independent Patient Advocacy Service and about how to make a complaint or a patient advocacy related issue. • Women will understand that their feedback makes a difference and that Letterkenny Maternity Department is Listening, Responding and Improving Maternity Care Services for Women. 	

Ireland East Hospital Group

Grúpa Ospidéal
Oirthear na hÉireann



Midlands Regional Hospital Mullingar
St Lukes General Hospital Kilkenny
The National Meternity Hospital
Wexford General Hospital

On behalf of the four maternity hospitals in the Ireland East Hospital Group (IEHG), I welcome this inaugural National Maternity Patient Experience Survey. Maternity Hospitals in our Hospital Group includes; National Maternity Hospital Holles Street, Regional Hospital Mullingar, St Luke's General Hospital Carlow/Kilkenny and Wexford General Hospital. The Ireland East Hospital Group network delivers approximately 16,000 infants annually and is the largest maternity group in the country.

The IEHG aims to be a leader in clinical care delivering high-quality safe care and clinical innovation while transforming and integrating clinical services across the 11 hospitals in the Group to meet the needs of the people we serve. As CEO, I am committed to improving every patients' experience of the care every patient receives in our hospitals and recognise how important it is to listen and respond to our patients' feedback. We recognise that this survey provides a snapshot of view of the care new mothers received in our hospitals. However, I am very pleased that we have received an overall satisfaction rating of 8.4 from women in relation to the care they and their baby received during pregnancy, labour and birth and after their baby was born.

In 2019, IEHG established the Clinical Academic Directorate for Women's and Children's Health under the leadership of Dr Rhona Mahony as Executive Clinical Director, in alignment to the publication of the National Maternity Strategy 2016-2026. The vision of the Directorate is to be the leading network of clinical care excellence in childbirth, gynaecology and perinatal care and our mission is to put women and their families at the centre of everything that we do, deliver outstanding care and be leaders in clinical care innovation and care provision.

I was delighted to see that our vision and mission have been born out in the survey findings that new mothers felt they were treated with dignity and respect (score 9.1), and had confidence and trust in the health care professional treating/caring for them (score 8.7). However, we know that we have more to do including focused improvement initiatives in the areas of information and education on mental health changes that may occur during pregnancy and emotional support to women whose infants require specialised care in the neonatal unit within the context of delivering services in the unprecedented circumstances of COVID-19.

We understand that the current visitor restrictions in our maternity hospitals have proven particularly difficult. However, I wish to ensure all new mothers that these measures were implemented to ensure a safe and healthy delivery for mothers and their baby, as well as to protect staff and maintain services during an unprecedented time in our healthcare history and in consideration of protecting everyone in the hospital contracting COVID-19. Finally, I would like to express my thanks and gratitude to all the new mothers and their partners who provided their input to the survey. Your contribution to this invaluable body of work which is a key component in developing strategies for quality improvement of maternity patient care across all maternity units. I also wish to pay tribute to the commitment and hard work of all the maternity staff across the group in delivering positive patient experiences, championing this survey, and we look forward to progressing the identified improvements over the coming months.

Declan Lyons
Group Chief Executive, Ireland East Hospital Group





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>ANTENATAL OPTIONS: Promote choice of maternity care options during the antenatal care phase.</p>	<p>The Midlands Regional Hospital Mullingar (MRHM) in partnership with community health teams and key stakeholders are working together to enhance the current provision of antenatal education services in Westmeath and neighbouring Counties.</p> <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Antenatal education will be made more accessible to women through social media platforms and adopts the recently launched National Standards for Antenatal Education encouraging the full engagement of women and their partners. • The 'My Pregnancy' book is provided to each woman when they first engage with antenatal services at the Maternity Regional Hospital Mullingar, 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 will also be promoted as the trusted source of information for parents. In particular, the breastfeeding support section will be promoted including the Ask our Expert service. These documents are also available on the Mullingar Maternity website. • The 'My Child: 0 to 2 years' book will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. • There is a focus on education about immunisation. • Newborn hearing screening is facilitated in the postnatal period or as an outpatient appointment. • The Unit has several locally developed parent information leaflets that specifically relate to services and procedures at RHM Maternity. Our continuous improvement initiatives are building on these repeatedly as information changes. • The unit utilises televisions in the outpatient department and postnatal wards to provide up to date information to women during their hospital visit/stay. • Antenatal classes and antenatal breastfeeding classes are provided locally by the CMS parentcraft and CNS lactation. • RHM has several visual displays and pop up posters that provide information throughout the unit. • Midwife-led antenatal clinics have been expanded to enhance the choice of maternity care options in the unit. Information is provided on our website regarding our birthing room options. • Currently, Candidate AMP post in supportive care is being processed. 	<p>Commenced in 2020 following the launch of the National Standards in Antenatal Education</p>
<p>HEALTH INFORMATION: Improve health information and support on mental health and well-being.</p>	<p>The Maternity Regional Hospital Mullingar in partnership with the National Perinatal Mental Health Team is implementing a Mental Health Promotion Programme for women during pregnancy. The programmes aim to:</p> <ol style="list-style-type: none"> 1. Improving health information about mental health changes that occur during pregnancy for all women. 2. Provide access to perinatal/specific mental health care services for women with additional needs. 3. Ensure that women have the opportunity to discuss any worries or concerns that they may have when engaging with staff at the Maternity Unit Regional Hospital Mullingar. 4. Build the capacity of staff and managers in Maternity RHM to promote positive mental health during pregnancy and to signpost women to appropriate services when needed. 5. Appointment of a Perinatal Mental Health CMM 2 on 1st September in Maternity RHM in line with National recommendations of the Maternity strategy 2016-2026. 	<p>Work commenced in 2018 and will be advanced throughout 2020-21.</p> <p>Perinatal mental health CNM2 post is being filled on the 5th of October 2020 who will lead out on staff education and support forums for mothers.</p>



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Improve health information and support on mental health and well-being.</p>	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> All women when making their first booking appointment in maternity services will continue to be asked about their physical and mental health well-being. During this stage, if a woman is identified as requiring additional mental health support she will be referred to the mental health midwife once in post. All women will be provided with more accessible health information about the mental health changes that occur during pregnancy. Women who require support for milder mental health problems or who have more complex health needs in pregnancy will be referred to a Perinatal mental health CMM who will be appointed as part of a specialist perinatal mental healthcare team. (1ST September 2020) Women will be able to access specific perinatal mental health services through the Perinatal mental health CMM or the women's GP if required. 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 staff at the Maternity Regional Hospital Mullingar will be promoted The perinatal mental health CMM will provide updated information support to staff. 	



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>COMMUNICATION: The need to improve healthcare communication and involvement in decision making during labour and birth.</p> <p>PAIN RELIEF: The need to improve pain relief during labour and birth.</p>	<p>The Maternity Regional Hospital Mullingar is implementing quality improvement initiatives to improve women's experience of labour and birth to promote best practice in communication skills and shared decision making with women and their partners.</p> <ol style="list-style-type: none"> Staff in the Maternity Unit RHM have been allowed to participate in the National Healthcare Communication programme. The policies and guidelines on communication has been revised and shared within the department. An initiative to promote better pain relief during labour, called Hopscotch has been rolled out in the maternity department. Patient information leaflets are provided to women antenatally and visual displays are available in the unit. Midwives are supported to attend updates to build capacity in this practice. Active birth practices are promoted and encouraged in the antenatal ward and labour ward. Significant investment has been made in purchasing equipment to support this practice which includes a wireless CTG monitor, labour ward beds, peanut and birthing balls. A 'home-from-home' room has been developed within the labour ward to promote Physiological birth. This is named the Serenity Suits. An audit of this room revealed high levels of satisfaction and decreased use of medicated pain relief. The use of this room is encouraged and supported by midwives. Birth plans are encouraged to be submitted by the patients and are discussed with the midwife and the obstetrician. Several midwives have been trained in the use of aromatherapy in childbirth and a guideline has been developed to support their practice. This provides greater choices to women as an alternative form of pain relief. Skin-to-skin contact is practised and encouraged in the Labour ward and Theatre. A home-from-home room was developed within the labour ward to promote natural methods of pain-relief in managing labour which offers the choice to the mother and her partner. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Women will be supported and encouraged to be more involved in the decision making about their care, patient prompts will be designed and available to women to invite women to ask questions about their birth plans and postnatal care. 	Work commenced in 2019 – ongoing



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>DEBRIEFING: Women said that they would like the opportunity to discuss labour and birth afterwards.</p> <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>	<p>The Maternity Regional Hospital Mullingar is implementing quality improvement initiatives to improve women's experience of care after birth; including:</p> <ul style="list-style-type: none"> Improving health information at discharge and improving smoother transitions of care between hospital and community services. Providing women with comprehensive health information on discharge, specifically concerning mental health. 10 steps to successful breastfeeding (www.baby-friendly.ie), supporting skin-to-skin contact and responsive feeding are actively promoted. Thoughts before and after birth midwife was introduced in 2015 to support mothers who experience difficult births. 	Work commenced in 2020 and ongoing
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Women will receive health information about health and well-being after birth including the mental health changes that occur in the postnatal phase. 	



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>	<ul style="list-style-type: none"> Improved infant feeding support for women in the antenatal and postnatal period, that supports the mothers choice concerning infant feeding. Over the past 5 years, additional midwives and staff have been employed to respond the growing demands of the service and training in breastfeeding support has been provided to improve capacity and support for women in care after birth. Staff will participate in the breastfeeding blended learning programme developed by HSE National Healthy Childhood Programme. The replacement of the vacant Clinical Nurse Midwife in Lactation has greatly supported the women in the postnatal period. Training workshops in lactation have been reintroduced. 	Work has commenced and will be ongoing
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> The role of all midwives in supporting women to breastfeed will be actively promoted, to increase support for women with breastfeeding. Lactation nurse specialists are available to women with more complex health needs or who require additional support with breastfeeding. Health information will be provided to women about feeding support available to them in hospital and the community, including the role of their local PHN. Community support groups such as La Leche League and Cuidiú Breastfeeding Support Group are promoted so that women know how to access breastfeeding support in the community. 	



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 Maternity Regional Hospital Mullingar is currently implementing quality improvement initiatives to address women and their partners' emotional support needs whilst their babies are in the specialist care unit. The following initiatives are in place:</p> <ol style="list-style-type: none"> 1. Health information in the form of an information leaflet will be provided for all women and their partners about what they can expect and how to cope if their newborn baby is admitted to the Neonatal or Specialised Care Unit. 2. Social Support Networks – the role of Irish Neonatal Alliance will be actively promoted. 3. Bereavement Support Midwife is available and visits the special care baby unit and supports mothers and fathers of babies with complex. 	
	<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 Neonatal or Specialised Care Unit. • Social support networks and community supports such as the Irish Neonatal Alliance will be shared with all women and families as appropriate. • Support will also be available from the early intervention teams. 	



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 Maternity Regional Hospital Mullingar is implementing quality improvement initiatives to improve women's overall experience of maternity care.</p> <ol style="list-style-type: none"> 1. Active participation and feedback are encouraged in the Maternity Unit RHM and women will be informed of the support available to them through the 'Your Service, Your Say' programme, should they wish to make a complaint or address an advocacy-related issue. 2. All staff have the opportunity to participate in the quality improvement group 'The Hummingbirds', designed to allow staff to put forward their ideas concerning improving the quality of their service. 3. There are plans to establish a forum designed to hear 'what matters to you'/women and key stakeholders in maternity care in maternity care all feedback received from women at this forum will be used to inform improvement priorities at a local level 4. A communications plan, profiling how the Maternity Regional Hospital Maternity responded to the findings of the National Maternity Experience Survey 2020 will be promoted at a local level. Women will be encouraged to give feedback on an ongoing basis. 5. Evaluation of the initiatives outlined above will be conducted to measure progress annually. 	Work commenced in 2018 and ongoing
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be provided with better information about how to provide feedback about their experience. • Women will understand that their feedback makes a difference and that the Maternity Unit RHM staff are Listening, Responding and Improving Maternity Care Services for Women. 	



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
RESPECT: Treat women with respect and dignity.	<ul style="list-style-type: none"> Following a quality improvement project in the Antenatal Clinics, changes were made to improve the woman's journey through the service. The improvements include ensuring women are seen on the most appropriate pathway of care, reduction in waiting times and maximise the use of resources. Proactively respond to any feedback with the individuals involved. Respect and dignity will continue to be emphasised at education sessions and staff huddles. 	Embedded
HEALTH INFORMATION: Improve health information and support on mental health and well-being.	<ul style="list-style-type: none"> Following a quality improvement project on the Antenatal Clinics in SLGH, the structure for providing information specifically on mental health during pregnancy is in place and occurs on at least three occasions during pregnancy. 	Embedded
	<ul style="list-style-type: none"> The new role of a Clinical Midwife Manager 2 in Perinatal Mental Health will be introduced to the Maternity Service of St Luke's General Hospital (SLGH) Kilkenny in 2020. This will ensure access to perinatal mental health services to support women with mental health problems in pregnancy. 	Work commencing in 2020 and will be advanced through 2021
	<ul style="list-style-type: none"> A programme of education will be rolled out in the Maternity Department to build staff's capacity to support women during their pregnancy journey with mental health changes which may occur. 	
	<ul style="list-style-type: none"> The health information all women receive about mental health changes that occur during pregnancy will be improved and available through verbal, written and online information. 	
ANTENATAL CARE: Access to health information about the physical changes that occur during pregnancy needs to be improved.	<ul style="list-style-type: none"> Following a quality improvement project on the Antenatal Clinics in SLGH, the structure for providing information specifically on physical changes during pregnancy is in place and occurs on at least 3 occasions during pregnancy. 	Embedded
	<ul style="list-style-type: none"> SLGH distributes the HSE 'My Pregnancy' Book to all women who attend the maternity services. 'My Pregnancy' is filled with expert advice from health professionals in the HSE, including doctors, midwives, nurses, physiotherapists, dietitians, psychologists and many more. 	Embedded
	<ul style="list-style-type: none"> The health information all women receive about physical changes that occur during pregnancy will be improved and available through verbal, written and online information. 	Q4 2020
	<ul style="list-style-type: none"> Access to Antenatal Education Classes will become more accessible to all women and their partners via virtual classes to increase participation. This change will enable women to participate in a convenient location. 	Embedded
	<ul style="list-style-type: none"> Development of a St Luke's Maternity specific section on the hospital website is in progress. This will have links to general information and also provide local maternity-related details. 	Q4 2020



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>INVOLVEMENT: Maintain partner/companion involvement.</p>	<ul style="list-style-type: none"> Partner/companion involvement recognised as difficult to sustain before admission to the labour ward during the COVID-19 pandemic. Plan for partner-specific virtual Antenatal classes to provide them with information and encouragement to support women as much as possible. Maintain open communication with women regarding COVID-19 changes to the maternity service. Education plan for midwifery staff that the advocacy role of the midwife in the physical absence of their partner is heightened during COVID-19 pandemic. 	Ongoing 2020
<p>SHARED-DECISION MAKING: Ensure the woman and partner are involved in decisions about care.</p>	<ul style="list-style-type: none"> St. Luke's Hospital was a pilot site for The National Healthcare Communication Programme in 2019. The programme is designed to support healthcare staff to learn, develop and maintain their communication skills with patients, their families and with colleagues. The plan is to establish the programme into the culture of the maternity department with the support of maternity facilitators. 	Work commencing in 2020 and will be advanced through 2021
	<ul style="list-style-type: none"> The Labour Hopscotch tool, as supported by the National Women and Infants Health Programme, will be incorporated into the preparation for birth education, and supported and encouraged during labour via: <ul style="list-style-type: none"> Staff education sessions commenced; The physical environment to provide a Labour Hopscotch 'Hub' close to the labour ward; Incorporation into all relevant policies and guidelines. 	Q1 2020 Q1 2021 Q1 2021
	<ul style="list-style-type: none"> Access to Antenatal Education Classes will become more accessible to all women and their partners via virtual classes to increase participation and empower women and their partners to become more involved in the decision-making process. 	Q4 2020 onwards
	<ul style="list-style-type: none"> Plan for the introduction of a labour water pool in 2021 which will provide further choice for women who attend SLGH. 	
<p>INFORMATION AND COMMUNICATION: Women said they needed clearer responses to their questions.</p>	<ul style="list-style-type: none"> From booking visit onwards staff encourage women to ask for clarification if any information points are not clear. 	Embedded
	<ul style="list-style-type: none"> Education plan for midwifery staff that the advocacy role of the midwife in the physical absence of their partner is heightened during COVID-19 pandemic. 	Work commencing in 2019/2020 and will be advanced through 2021
	<ul style="list-style-type: none"> Continued education for all staff in The National Healthcare Communication Programme. 	
	<ul style="list-style-type: none"> All written information is vetted via the National Adult Literacy Association. 	
	<ul style="list-style-type: none"> Multilingual translation service available to the maternity services of SLGH. 	



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
INFORMATION: Improve access to information for contacts on discharge.	<ul style="list-style-type: none"> The SLGH 'Advice for mothers following the birth of their baby' booklet will be reviewed. 	Q4 2020
	<ul style="list-style-type: none"> Development of a St Luke's Maternity specific section on the hospital website is in progress. This will have links to general information and also provide local maternity-related details. 	Q4 2020
	<ul style="list-style-type: none"> Maintain communication links with liaison Assistant Director of Public Health Nursing and Carlow/Kilkenny GP Forum. 	Embedded
DEBRIEFING: Women said that they would like the opportunity to discuss labour and birth afterwards.	<ul style="list-style-type: none"> Continued education for all staff in The National Healthcare Communication Programme. From the first appointment with the service, women are encouraged to ask questions about their journey and experience. Devise an educational session to encourage staff to provide the opportunity for all women to debrief following birth. Dedicated team to be established to ensure feedback from women who utilised the service is communicated to all staff. 	Work commenced in 2019 and advancing through 2020/2021
MENTAL HEALTH: Women said that they did not receive information when going home about the changes that they might experience with their mental health.	<ul style="list-style-type: none"> The new role of a Clinical Midwife Manager in Perinatal Mental Health will be introduced to the Maternity Service of St Luke's General Hospital (SLGH) Kilkenny in 2020. This will ensure access to perinatal mental health services to support women with mental health problems in pregnancy. A programme of education will be rolled out in the Maternity Department to help staff support women during their journey after birth with mental health changes which may occur. The health information all women receive about mental health changes that occur during pregnancy will be improved and available through verbal, written and online information. The development of a Maternity specific section of the hospital website is in progress. 	Work commencing in 2020 and will be advanced through 2021



SUPPORT WITH FEEDING AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
RESPECT: Promote respect on how women choose to feed.	<ul style="list-style-type: none"> The development of the maternity-specific section of the hospital website will have information on breastfeeding and infant feeding. 	Q4 2020
	<ul style="list-style-type: none"> Proactively respond to any feedback with individuals involved. 	Embedded
FEEDING: Women said that they require more support and help with feeding their baby.	<ul style="list-style-type: none"> Education plan for midwives offering support to women with feeding. 	Work commencing in 2020 and will be advanced through 2021
	<ul style="list-style-type: none"> Specialist support from the Clinical Midwife Manager in Infant Feeding is available. 	
	<ul style="list-style-type: none"> Introduction of virtual breastfeeding classes online for women and their partners. 	Q3 2020
	<ul style="list-style-type: none"> Focused feeding support for women whose baby is being cared for in the Special Care Baby Unit to be reviewed. 	Q1 2021
	<ul style="list-style-type: none"> Written resources provided to women from the first visit in pregnancy and throughout their journey. 	



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>	



CARE WHILE PREGNANT

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>	



CARE WHILE PREGNANT

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>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. 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. 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. 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. All women who are inpatients at the NMH will have access to a digital menu, making it easier for them to order nutritious food. Good nutrition in pregnancy improves pregnancy experience and outcomes for mothers and babies and contributes to long term health. 	<p>Implemented March 2020</p> <p>Implemented Spring 2019 – ongoing</p> <p>Implemented May 2020 – ongoing</p> <p>Autumn 2020</p> <p>Autumn/Winter 2020</p> <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>



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
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. 	



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<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-pharmacological 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. 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. 	Implementation end Q3 2020 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		



CARE AFTER BIRTH

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: – 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. 		
<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. 		
<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>	



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>ANTENATAL CARE: Access to health information about the physical changes that occur during pregnancy needs to be improved.</p>	<p>Wexford General Hospital (WGH) in partnership with key stakeholders is working together to enhance the current provision of antenatal education services in the region.</p>	
	<ul style="list-style-type: none"> • Antenatal education has been made more accessible to women and their families through the online platform and adopts the recently launched National Standards for Antenatal Education encouraging the full engagement of women and their partners. 	<p>Since March 2020</p>
	<ul style="list-style-type: none"> • The 'My Pregnancy' book is provided to each woman when they first engage with antenatal services at WGH 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 will also be promoted as the trusted source of information for parents. In particular, the breastfeeding support section will be promoted. 	<p>Ongoing</p>
	<ul style="list-style-type: none"> • The 'My Child: 0 to 2 years' book will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. 	<p>Ongoing</p>
	<ul style="list-style-type: none"> • Birth plans encouraged and supported including taking time in situation-appropriate language to discuss and explain all information-often required on specialised care pathway. 	<p>Ongoing</p>
<p>HEALTH INFORMATION: Improve health information on perinatal mental health and sign-post women to services as appropriate.</p>	<p>WHAT THIS MEANS FOR WOMEN</p>	
	<ul style="list-style-type: none"> • Real-time preparation for services on offer in line with best practice nationally. 	
<p>HEALTH INFORMATION: Improve health information on perinatal mental health and sign-post women to services as appropriate.</p>	<p>WGH in partnership with the National Perinatal Mental Health Team is implementing a Mental Health Promotion Programme for women during pregnancy. The programmes aim to:</p> <ul style="list-style-type: none"> • Improve health information about mental health changes that occur during pregnancy for all women. • Ask all women when making their first booking appointment in maternity services will be asked about their physical and mental health well-being. • WGH has a Midwife Specialist in Perinatal Mental Health Midwife in place for direct access antenatally and as required. • Provide access to perinatal/specific mental health care services for women with additional needs. • Ensure that women have the opportunity to discuss any worries or concerns that they may have when engaging with WGH. 	<p>Work commenced in 2019 and will be ongoing in 2020/2021</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • All women will be provided with more accessible health information about the mental health changes that 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. Women will be sign-posted to services as appropriate. 	
<p>HEALTH INFORMATION: Women wanted advice and information about healthy eating during pregnancy.</p>	<ul style="list-style-type: none"> • The importance of nutrition in pregnancy will be promoted through the antenatal journey. 	
	<ul style="list-style-type: none"> • Health Information for gestational diabetes is provided to women diagnosed with the same. 	<p>Ongoing</p>
	<ul style="list-style-type: none"> • Health information in the 'My Pregnancy' book on healthy eating during pregnancy is available to all. 	<p>Ongoing</p>
	<ul style="list-style-type: none"> • 'Making Every Contact Count' (MECC) encouraged and education supported for staff is delivered to ensure that staff are educated in healthy lifestyle changes. 	<p>Ongoing</p>



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Women wanted more health information about smoking during pregnancy.</p>	<ul style="list-style-type: none"> • Increased education and awareness of smoking, alcohol and drug use in pregnancy for support of women and families will be in place. • An antenatal project as part of Sláintecare addresses smoking cessation during pregnancy. • 'Making Every Contact Count' (MECC) encouraged and education supported for staff. • Women are screened during the antenatal phase to assess risk for addiction to drugs and alcohol and sign-posted to support services if necessary. 	In place and ongoing
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Early intervention with evidenced-based advice & support to optimise outcomes for mother and baby. 	



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
DEBRIEFING: Women said that they would like the opportunity to discuss labour and birth afterwards.	WGH is implementing a quality improvement initiative to improve women's experience of care after birth.	Q3 2020 – year end
	<ul style="list-style-type: none"> The discharge discussion will include an opportunity to discuss women's experience of labour and birth this is an improvement initiative as a result of the survey the findings 2020. If women seek further opportunities for debriefing they will be given contact details to of a senior member of the midwifery or obstetric team to arrange a debrief discussion. 	Q3 2020 – year end
	WHAT THIS MEANS FOR WOMEN <ul style="list-style-type: none"> Increased awareness and education of all staff will support and develop care for women in the postnatal period and ensure that they are fully briefed about their labour and birth. 	
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.	<ul style="list-style-type: none"> The role of the Perinatal Mental Health Nurse in the postnatal setting will be promoted. All midwives will be encouraged to let women know that they can discuss their worries and fears. 	Ongoing 2020-2021
	WHAT THIS MEANS FOR WOMEN <ul style="list-style-type: none"> The environment in which women feel empowered to discuss any issue at any time in their journey with the staff of the services. 	Ongoing
DISCHARGE INFORMATION: Improve health information for women when going home from the hospital.	<ul style="list-style-type: none"> All staff are aware of the importance of providing detailed health information on discharge. All women will be provided with a postnatal information discharge sheet with information about key contacts in the hospital or the community. 	Ongoing
	WHAT THIS MEANS FOR WOMEN <ul style="list-style-type: none"> This will allow for a smoother transition into the community with comprehensive health information available on discharge. 	



SUPPORT WITH FEEDING AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
FEEDING: Women said that they require more support and help with feeding their baby.	A lactation consultant will be appointed to support the promotion of feeding support for mothers: <ul style="list-style-type: none"> Ongoing education for all midwives; Additional support for mothers experiencing difficulties with breastfeeding. 	Q4 2020
	<ul style="list-style-type: none"> 10 steps to successful breastfeeding (www.baby-friendly.ie), supporting skin-to-skin contact and responsive feeding will be actively promoted. 	Ongoing
	WHAT THIS MEANS FOR WOMEN <ul style="list-style-type: none"> There is full Multidisciplinary team support for breastfeeding in WGH. 	



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. 	<ul style="list-style-type: none"> • Training will be provided to key members of staff in Patient Safety Complaints Advocacy. 	2020-21
	<ul style="list-style-type: none"> • The new independent Patient Advocacy Service (PAS) promoted in WGH 	Q4-2020
	<ul style="list-style-type: none"> • Incident review meetings take place once per month to discuss clinical incidents. Open Disclosure takes place as appropriate. 	Ongoing
	<ul style="list-style-type: none"> • All staff will be made aware of the NMES findings and the implementation of the Quality Improvements will be monitored on an ongoing basis. 	Ongoing
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be better informed around the process of feedback in service and Patient Advocacy Service. This will assure women that their feedback is important and will inform care given going forward. 	

Dublin Midlands Hospital Group



Coombe Women and Infants University Hospital
Midland Regional Hospital Portlaoise

On behalf of the Dublin Midlands Hospital Group (DMHG), I welcome the findings and results of the first-ever National Maternity Experience Survey. In 2019 there were 9419 births in our maternity Hospitals in the Coombe Women and Infants University Hospital and the Midland Regional Hospital Portlaoise. The provision of safe, quality care for the women who attend maternity services is a key priority for our Group and key to this is our commitment to listen, learn and continuously improve our services.

The findings of the survey found that the overall satisfaction with care during pregnancy, labour and birth, and after birth compares very well against the national average.

88% of women who gave birth at the Coombe Women and Infants University Hospital rated their overall experience as good or very good, compared with 85% nationally. Women rated highly (9.2), and above the national average, that they felt they were treated with respect and dignity and that their questions were answered in a way that they could understand (8.7). They also scored highly for 'skin to skin' contact after birth and emotional support for families of babies requiring specialist care. The general comments identified the caring and helpful attitudes of healthcare professionals including, "appointments were so efficient and well organised. Check-ups were not rushed and the midwives and obstetricians were so detailed in examining that mother and baby were doing well" and "I was given unbelievable support to begin breastfeeding. The staff are fantastic".

Women who attended the Midland Regional Hospital Portlaoise rated highly, and above the national average, that they felt like they could talk about their worries and fears (7.1) and also that their questions were answered in a way that they could understand (8.1.) The findings also note positive ratings for partners being involved in the care and that they received information on the dangers of smoking, alcohol and drug abuse. Women's ratings of the care their baby received in the neonatal unit were significantly above the national average. The highest-scoring question for this stage (antenatal) related to respect and dignity while pregnant, with 75.6% of women saying that they were always treated respect and dignity while they were pregnant. The highest-scoring question for this stage (labour and birth) related to the involvement of a partner or companion, with 95.7% saying that their partner or companion was as involved as they wanted them to be in the labour and birth.

Comments identified the caring and helpful attitudes of healthcare professionals at the Midland Regional Hospital Portlaoise. "The most important thing was that I felt I could trust my doctor. She allowed me to express my preferences and concerns, worked with me to achieve those and to make other decisions when those weren't possible". "The midwives in Portlaoise were amazing to me. They were thoughtful, respectful and reassuring. They supported me in all my decisions which resulted in a beautiful birth of my baby. I was relaxed and kept informed all the time..."

Generally, women attending both hospitals rate highly their experience of our midwives. This is very welcome and provides an opportunity to thank our midwives and acknowledge all the staff across the maternity services for their tremendous work. Our health services staff continue to demonstrate their hugely valuable contribution to the patient experience.

The survey also tells us that there is more to do, particularly in the provision of information to women, improvements in staffing level, facilities and support for feeding and post-natal care. We will work with both hospitals to implement their quality improvement plans arising from this survey. The Group has commenced the implementation of the National Healthcare Communication Programme in 2019/2020. Facilitators have been trained and work is underway with the healthcare staff to improve effective and empathetic communication skills.

We had a very good response rate of 49% and I wish to thank all the women who provided us with their valuable feedback. I would like to acknowledge the work of HSE/National Women & Infants Health Programme, Health Information Quality Authority and Department of Health. We look forward to implementing our quality improvement programme with your continued support.

Trevor O'Callaghan

Chief Executive Officer, Dublin Midlands Hospital Group



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Access to health information about the physical, mental health and nutrition during pregnancy needs to be improved.</p>	<p>The Coombe Women & Infants University Hospital in partnership with the Physiotherapy, Dieticians and Specialised Perinatal Mental Health Department have enhanced the current provision of access to patient information:</p>	Ongoing
	<p>1. The Department of Parent Education has recently developed a new early pregnancy class which addresses the physical and mental health changes in pregnancy. This class has been digitally recorded and will be available for all women to access on the hospital website.</p>	Q4 2020
	<p>2. The 'My Pregnancy' book is provided to each woman when they attend their booking visit since September 2019.</p>	Embedded
	<p>Physical Changes 3. The Physiotherapy Department has created videos that will inform women on their physical changes during pregnancy, these will be available to women on our website.</p>	Q4 2020
	<p>4. The Physiotherapy Department has developed a new physiotherapy antenatal booklet that provides information on exercising during pregnancy, looking after your pelvic floor and common musculoskeletal conditions associated with pregnancy which will also be accessible to women and on our website.</p>	Q4 2020
	<p>Nutrition 5. Our Dieticians have recorded a series of videos such as 'healthy eating during pregnancy', 'foods to avoid', 'weight gain during pregnancy', 'digestive discomfort', 'eating at the time of birth' and 'eating during breastfeeding', these will be accessible on our website.</p>	Q4 2020
	<p>6. The Dietetics team also has patient information leaflets to help with nutrition during pregnancy, these will be accessible on our website.</p>	Q4 2020
	<p>7. Our Dietetics team in conjunction with parent education will deliver question and answer sessions on a virtual platform.</p>	Q4 2020
	<p>8. Our team commenced telehealth clinics in March 2020. Telehealth is more efficient for women by providing health information and has resulted in positive feedback and reduced Did Not Attend (DNA) rates.</p>	Q1 2020
	<p>9. Staff are encouraged to access HSE Land 'National Healthy Childhood Training Programme' modules on Nutrition and Breastfeeding to empower all staff to promote good nutrition for women.</p>	Ongoing
	<p>Mental Health Changes 10. Our specialised mental health department has expanded since April 2019, a multi-disciplinary team has been recruited and are fully staffed in accordance with the National Model of care.</p>	Embedded
	<p>11. The service now has a Mental Health Suite with clinic space for the range of therapies offered. Women have access to specialised assessment, psychotherapy, pharmacological and non-pharmacological interventions, individual psychotherapy and liaison with the obstetrics teams.</p>	Q3 2020
	<p>12. An integral part of the treatment is providing women and their families with information about their illness, and the treatment options available.</p>	Q3 2020
	<p>13. We are planning to expand the therapeutic options to offer group therapy, and working with partners and fathers.</p>	2021
	<p>14. An educational study day was held in the Coombe Women & Infants University Hospital in February 2020 to raise awareness amongst staff about mental health issues during pregnancy and beyond, how to recognise and talk about mental health illness and how to signpost and refer appropriately.</p>	Q1 2020
<p>15. We plan to increase links with GPs, Public Health Nurses and other groups and hold sessions to improve awareness of the services we provide.</p>	2021	



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Access to health information about the physical, mental health and nutrition during pregnancy needs to be improved.</p>	<p>16. There is ongoing promotion amongst the parent education team in Infant Mental Health and Perinatal Mental Health, staff members have completed the Infant Mental Health master class and are working towards accreditation with the Alliance for the Advancement of Infant Mental Health.</p>	<p>Ongoing</p>
<p>ANTENATAL EDUCATION: Access to antenatal educational classes needs to improve.</p>	<p>The Coombe Women & Infants University Hospital in partnership with Parental Education, Physiotherapy Department, Infant Feeding, Perinatal Mental Health Services, Medicine & Anaesthetics and Dieticians are working together to enhance the current delivery of our antenatal education including the addition of online antenatal videos and classes.</p> <ol style="list-style-type: none"> In 2019, having undergone a restructure of services, a collaborative approach to the delivery of antenatal education was implemented which resulted in consistency in information and facilitation methods across departments and increased availability of classes for women. Our multidisciplinary team has developed Parental Education videos – ‘changes in pregnancy, the birth of your baby, going home and how to contact the service at the Coombe Women & Infants University Hospital, Eating Well During Pregnancy, Foods to avoid, Weight gain during pregnancy, Digestive Discomfort, Eating at the time of Birth & Eating During Breastfeeding, Low Back Pain and Pelvic Girdle Pain Exercises & Information, Exercising in Pregnancy, pain relief in labour’. We have developed a new webpage called – ‘Feeding your baby’, this provides both breastfeeding and bottle feeding information and women can download booklets and have access to videos on our website. Our Anaesthesiologists facilitate questions and answers session at our antenatal classes on epidural pain relief in labour. A new class has been developed to address the specific needs of women and their partners preparing for Caesarean Birth. The class has been digitally recorded and will be accessible to all women and partners on the hospital website. Our parental education department collaborates with primary care teams in outreach areas, midwives and anaesthetists from the Coombe Women & Infants University Hospital facilitate classes alongside Public Health Nurses and community-based physiotherapists. A hospital tour has now been digitally recorded and will be available to all women and partners on the hospital website. <p>Lean Project ‘Birth Dynamics’</p> <ol style="list-style-type: none"> A programme of education has been developed entitled ‘Birth Dynamics’ to support women in labour and optimise physiological birth. A digitally recorded version of the Birth Dynamics programme will be accessible to all women and their partners on the hospital website. The above programme of education has also been developed for staff and students, to improve knowledge and promotion of the facilitation of education on physiological birth, ensuring consistent delivery of education at an organisational level. 	<p>Embedded</p> <p>Q4 2020</p> <p>Q3 2020</p> <p>Ongoing</p> <p>Q4 2020</p> <p>Ongoing</p> <p>Q4 2020</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Women will have a comprehensive programme of education, this extensive programme of education will empower women and their birthing partners throughout their birthing journey. 	



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>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • They will have access to a complete package of antenatal education, inclusive of parent education, breastfeeding, physiotherapy and a module of education on the use of epidural anaesthesia. This module has been effective in ensuring informed consent for the use of epidural. • The classes are all interactive and participative and cater to all types of adult learning. • Access to a specialist class facilitated by trained professionals who will work with women with mental health conditions through peer support and relaxation techniques. • All women when making their first booking appointment in Coombe Women & Infants University Hospital will be asked about their physical and mental health well-being and encouraged to discuss the worries and fears they may have. If they are identified as requiring additional support they will be referred to the relevant department for additional support during their antenatal period. • Women will have greater access to patient information leaflets – regarding physical changes, nutrition and mental health and well-being during pregnancy. Women will also be able to access this information on our website. • Many of our online videos have been recorded in the real environments at the Coombe Women & Infants University Hospital, such as our birthing rooms which will help women to familiarise themselves with the hospital surroundings. A virtual tour will also be available to women. • We have antenatal classes of education specifically addressing the concerns of those preparing for Caesarean Birth. This class offers women an opportunity to access a class outside of the standard package of antenatal education. • There is improved access to community-based classes and consistency in the facilitation of antenatal education amongst primary care healthcare professionals • All women will have access to the 'Birth Dynamics' programme through various platforms throughout the hospital. 	



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 Coombe Women & Infants University Hospital in partnership with the Department of Perioperative Medicine provides a range of pain relief options to mothers during labour. Pain management interventions offered to women during their labour include, hydrotherapy; hypnotherapy; transcutaneous electrical nerve stimulation (TENS); nitrous oxide inhalation; opioid infusion; epidural pain relief.</p>	
	<p>1. Our Anaesthetists facilitate a questions and answers session at antenatal classes around choices of pain relief during labour and birth including epidurals.</p>	Ongoing
	<p>2. A class has been digitally recorded providing information on epidural pain relief in labour and will be accessible on the hospital website.</p>	Q4 2020
	<p>3. Quality Improvement Project in postnatal pain relief among anaesthetics, pharmacy and midwifery has been implemented to optimise postnatal pain relief through the introduction of an improved medication regime.</p>	Q2 2020
<p>SUPPORTED: Women fully supported during labour and birth.</p>	<p>The Coombe Women & Infants University Hospital in partnership with our antenatal wards, assessment unit, delivery suite and theatres are implementing initiatives to fully support women during labour.</p>	
	<p>1. We have increased staffing during 2020 and can assure women that the appropriate level of care will be in place during birth.</p>	2020
	<p>2. We have redesigned our early labour rooms in our antenatal ward. These rooms help facilitate a partner's involvement and provide space for them to stay and support the women in early labour.</p>	Q1 2020
	<p>3. We recently appointed a Clinical Skills facilitator midwife to our antenatal ward whose focus is on supporting the women in the early stages of labour.</p>	Q1 2020
	<p>4. Our Delivery Suite has individual, spacious en-suite birthing rooms and the availability of birthing aids such as the birthing stool, birthing balls, bean bags and floor mats with an emphasis of one to one care provided to our women on the Delivery Suite.</p>	Embedded
	<p>5. We have developed parental education videos for the women 'birth of your baby', informing women of what to expect during labour.</p>	Q4 2020
	<p>6. We will promote our Birth Reflections Services – this service aims to give women the chance to explore their upcoming birth. It helps women to better prepare for their pregnancy, birth and labour. The service allows women the option to develop a birth plan and review options regarding their delivery.</p>	Ongoing
	<p>7. We promote skin-to-skin care with mothers and partners to allow initial bonding and family time in both our Delivery Suites and Theatres.</p>	Embedded
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women have access to a multi-disciplinary team who provide information regarding their pregnancy and allows the women the opportunity to discuss worries and fears they may have regarding pain management during labour. • Women will be empowered to be more involved in the decision making about their care, birth plans and pain management. • Women will be better prepared for their labour and birth and what to expect at the different stages of labour. 	



CARE AFTER BIRTH

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>	<p>The Coombe Women & Infants University Hospital is implementing initiatives to improve women's care after birth:</p> <ol style="list-style-type: none"> 1. Additional midwives have been employed to postnatal wards to assist women after their delivery. 	2020
	<ol style="list-style-type: none"> 2. Key staff in the Coombe Women & Infants University Hospital will participate in the National Healthcare Communication Training Programme and will help empower staff to address women's worries and fears. 	Q4 2020
	<ol style="list-style-type: none"> 3. We will promote our Birth Reflections Services – this service aims to allow women to discuss the fears and worries they have about labour and birth. It is a listening service for women who have given birth, it allows women to explore their birth experience and ask questions they may not have previously asked. 	Ongoing
	<ol style="list-style-type: none"> 4. Our staff members have been trained in Patient Safety and Complaints Advocacy designed to promote staffs competency and skills to address women's concerns and promote advocacy. 	Q3 2019
	<ol style="list-style-type: none"> 5. The Department of Parental Education has developed a new class to specifically address and focus on the Transition to Parenthood and Maternal Well-being after birth. The class has been digitally recorded and will be available to all women through the hospital website. 	Q4 2020
<p>INFORMATION: Information regarding mental health changes, physical recovery and told who to contact.</p>	<p>Mental Health Changes</p> <ol style="list-style-type: none"> 1. Patient information leaflets have been developed for postnatal women on what to expect in terms of their mental health and what to do if they experience difficulties. Women also have access to nationally developed leaflets covering a range of information. 	Q4 2020
	<ol style="list-style-type: none"> 2. We have developed videos discussing 'going home' and how to contact the Coombe Women & Infants Mental Health Service if required. 	Q4 2020
	<ol style="list-style-type: none"> 3. We plan to increase links with GPs, Public Health Nurses, other groups and our perinatal mental health department to support and increase awareness of the service and how we can support women postnatally. 	Ongoing
	<ol style="list-style-type: none"> 4. Plans to include group therapy and working with partners and fathers. 	2021
	<p>Physical Recovery</p> <ol style="list-style-type: none"> 5. Our Physiotherapy Department has live online postnatal classes which will help address women's concerns regarding postnatal changes to their bodies. 	Q3 2020
	<ol style="list-style-type: none"> 6. Development of patient information leaflet regarding physical changes. 	Q4 2020
	<p>Who to contact</p> <ol style="list-style-type: none"> 7. Details of who to contact will be contained in our Patient Information Leaflets and will also be added to our website. 	Q4 2020
	<p>WHAT THIS MEANS FOR WOMEN</p>	
	<ul style="list-style-type: none"> • Staff will be available to address women's questions and concerns regarding their delivery. • Staff members will be trained on how to manage difficult conversations. • Women will be empowered on how to address any concerns they may have. • Women will have information regarding the mental health changes that may occur postnatally and will have access to our Mental Health Department. • GPs, Public Health Nurses and other groups will have more awareness of our perinatal mental health services, what we offer and how and when to refer to our service. • More emphasis will be placed on the transition to parenthood and maternal well-being after pregnancy. Women and their partners will have access to a forum where interactive and participative learning will be used to discuss realistic expectations for parenthood and adequate preparation. Parents will be signposted to different resources and community supports and encouraged to seek the appropriate help where necessary. 	



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 Coombe Women & Infants University Hospital is implementing quality improvement initiatives to improve women's experience of breastfeeding:</p>	
	<p>Breastfeeding information</p> <p>1. All women booking receive comprehensive pregnancy information that includes a breastfeeding guide, the Coombe Women & Infants University Hospital Infant Feeding Policy and the National Infant feeding policy.</p>	Embedded
	<p>2. In response to the COVID-19 pandemic, breastfeeding information is distributed daily in our outpatient's departments, which includes Prenatal Lactation Self-Assessment form, for women to identify risk factors, concerns or challenges with breastfeeding.</p>	Q3 2020
	<p>3. Women identified as having concerns with breastfeeding are offered small group workshops followed by an individual consultation.</p>	Ongoing
	<p>4. Breastfeeding information is given to women on the wards, including support information for when they go home.</p>	Ongoing
	<p>5. We have developed a new webpage titled – '<i>Feeding Your Baby</i>', that has information on breastfeeding and bottle feeding. Women have access to videos and patient information leaflets on our website – allowing women greater access to this breastfeeding information.</p>	Q3 2020
	<p>Breastfeeding support</p> <p>6. An improvement plan for breastfeeding, the aim is to review current practices and to improve midwifery care around breastfeeding and to reduce complications. The project's goals are to improve education and support for breastfeeding mothers so they are equipped with the appropriate knowledge and skills before discharge. It aims to implement a pre-discharge checklist to ensure consistent and necessary information is provided. The project includes education of ward staff in partnership with Lactation Clinical Midwife Specialists to ensure consistent information is given to women and families.</p>	Q3 2020
	<p>7. There are plans in progress to commence virtual breastfeeding classes.</p>	Q4 2020
	<p>8. A Postnatal Liaison nurse has been appointed to our Neonatal Unit to support mothers with babies in specialised care and on postnatal wards.</p>	Embedded
	<p>9. Postnatal follow up is available for women who require additional support with breastfeeding while in hospital.</p>	Ongoing
	<p>10. Post-discharge consultations are available with a clinical-midwife specialist.</p>	Embedded
	<p>11. There is an onsite tongue tie clinic.</p>	Embedded
	<p>12. A post frenotomy follow up is offered by midwife specialist.</p>	Embedded
	<p>13. All midwives are trained to support breastfeeding mothers on the wards.</p>	Ongoing
	<p>14. Additional midwives have been employed to respond to the growing demands on the service and to help support women in care after the birth.</p>	2020
<p>15. In March 2020 staff attended a breastfeeding seminar – '<i>Low Milk Supply – the first 36 hours</i>' in the Coombe Women & Infants University Hospital.</p>	Q1 2020	
<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Mothers will be equipped with appropriate knowledge and skills regarding their breastfeeding journey before discharge. • Lactation Consultants are available to women with more complex health needs who require additional support with breastfeeding. • Women have access to information about breastfeeding on our website. • Women will have access to breastfeeding support during their stay in the hospital. 		



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>Our philosophy in our Neonatal Unit is family-centred care where we strive not to separate mother and baby. This resulted in the development of a role for a dedicated postnatal liaison nurse who reviews and endeavours to treat and manage late preterms, low birth weight babies, babies with feeding difficulties and at-risk babies on the postnatal wards with their mothers. This helps to instil confidence and competence in the mother. The Postnatal Liaison Nurse is also involved in caring for the babies with delayed transitioning to extrauterine life who require closer observation and assessment than is possible on the post-natal ward. This practice has fostered an earlier reuniting of mother and baby.</p> <p>The interdisciplinary neonatal team (nursing, medical, allied health professionals, supportive staff and pastoral care) strive to embody our philosophy of family centred, evidenced-based care, where each baby and their parents are treated and respected as individuals on their unique developmental trajectory. We recognise the importance of the parent-child relationship in attachment and bonding and try to foster and promote this.</p> <ol style="list-style-type: none"> 1. Bedside nurse; the unique role that each neonatal nurse brings to all aspects of care, in particular her professional yet friendly approach which helps parents to express their fears and anxieties. 2. The leadership of Clinical Nurse Manager 24/7: Link with parents and are an additional resource and support. There is a philosophy of openness. 3. The leadership of Advanced Neonatal Nurse Practitioners. 4. Dedicated Staff Nurse in Lactation support in Neonatal Unit. 5. Clinical Nurse Manager I role dedicated to the Special Care Baby Unit who provides a unique support. 6. Clinical Midwife Specialist involved in discharge planning and support in preparation for discharge, the link is maintained following discharge via phone calls and home visits. 7. Medical Social Worker dedicated to the Neonatal Unit. 8. Neonatologists are always available, conducting twice-daily ward rounds and providing antenatal consultations for high-risk mothers. 9. Postnatal ward liaison role reduces the incidence of separation of mothers and babies. 10. Parents of babies less than 32/40 are given a parents handbook 'Caring for your Baby in the Neonatal Unit'. It provides information that helps them to get to know their baby and how to care for them while in hospital. Notably, it reiterates the importance of their role in the neonatal unit. <p>Our Neonatal Unit has a strong educational ethos and this also includes Family & Infant Neurodevelopmental Education (FINE) Levels I & II that is an international programme. 60% of our staff have completed the FINE level I. While a small number have completed level II. This course aims to provide a comprehensive, evidence-based introduction to family-centred developmental care. The Coombe Women & Infants University Hospital is the Irish Hub for Family & Infant Neurodevelopmental Education (FINE).</p> <p>New initiatives in 2020:</p> <ul style="list-style-type: none"> • We are in the process of setting up a Parents Support Group. Entitled Parents Time Out (PTO), where parents of babies resident in the unit can meet twice monthly facilitated by Healthcare Professionals in neonatal care. • We developed 'Baby-Parent Face-time', an initiative during COVID that facilitated mothers and fathers in isolation to interact with their baby and see his or her reaction to their voice. The siblings were also included. This rolled out to include any parents who requested it. • We put in place a COVID initiative in our Neonatal Unit which resulted in collaboration between the neonatal team and parents regarding visiting. This collaboration ensured that mothers did not suffer from imposed visiting restrictions. Mothers initiated a rota system in consultation with staff. • We introduced staff reflective sessions twice monthly to enhance staff resilience and ultimately benefit the babies and their parents. • We developed a collaborative pilot project Situational Awareness For Everyone (SAFE) which identifies patient safety issues and is improving communication. We aim to identify subtle deterioration/change in the baby's condition. • The 'SHED' concept for expressing was added recently, where two mothers may use the facility for expressing. This allows for peer support for mothers on the unit at a sensitive time. • The introduction of a booklet for siblings 'Super Baby Sam', was designed to help siblings who are waiting patiently for their sister or brother to come home. 	<p>Embedded</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>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Strong parental and family involvement in the Neonatal Unit. • Reduces admissions to the Neonatal Unit and promotes ward management of babies. • Women and families are empowered to spend more times with their babies. • Women have greater emotional support from staff and other mothers. • Staff are empowered and supported to increase emotional support to women during this difficult time. • Women are given the opportunity to discuss their worries and fears with the interdisciplinary neonatal team. 	



OVERALL EXPERIENCE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>CULTURE: Women said that being treated with dignity and respect impacts on their experience of care.</p> <ul style="list-style-type: none"> • Dignity and respect • Organisational culture • Advocacy for Women in Maternity Care. 	<p>The Coombe Women & Infants University Hospital is implementing initiatives to improve women's overall experience.</p> <ol style="list-style-type: none"> 1. Staff have attended training on the Patient Safety Complaint Advocacy to promote the role of patient advocacy in the hospital. This course was designed to build staff competency and skills in responding to feedback and advocacy related issues. 2. Complaints management training is available to all staff and staff are encouraged to complete HSEland 'Effective Complaints Handling' and 'Effective Complaints Investigation'. 3. Women are encouraged to give feedback and we have 19 feedback boxes located around the hospital. 4. The hospital recently updated its website and added an Online feedback form available to women and their families. 5. A Customer Care Training half-day sessions held in November and December 2019. Further sessions planned (delays due to COVID). 6. A workshop in Quality Conversations in December 2019– Promoting Dignity and Respect in the Workplace, further session planned. 7. In line with our Dignity at Work Policy, staff Support Contact person was identified, they attended training in December 2019. Ten staff support contact people are in place. 8. We introduced an Anti-Bullying Awareness Day '#Cut it'. 9. A team of staff are trained on the HSE National Healthcare Communication Programme (NHCP) due to roll out to staff in Q4 2020. 10. The Hospital also provides supports to staff via their Occupational Health Department and via the Hospital Employee Assistance Programme (EAP), which is a free confidential service to staff available 24/7/365. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • It is easier for women to give feedback. • Staff are empowered to manage and resolve feedback at a local level. • Women will understand that their feedback makes a difference and the Coombe Women & Infants University Hospital is listening, responding and learning from this feedback. • Quality workshop programme promoted a positive working relationship between staff and increased their self-awareness around their communication style. 	<p>2019</p> <p>Ongoing</p> <p>Ongoing</p> <p>Q3 2020</p> <p>Q4 2019</p> <p>Embedded</p> <p>Q4 2020</p> <p>Ongoing</p>



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Access to health information about the physical, mental health and nutrition during pregnancy needs to be improved.</p>	<ul style="list-style-type: none"> In recognising the need for information and education about perinatal mental health, Midland Regional Hospital Portlaoise (MRHP) Maternity Services is working to improve health information about mental health care services and to provide access to perinatal specific mental health care services for women. 	Ongoing
	<ul style="list-style-type: none"> In line with the National Perinatal Mental Health Model of Care, a Consultant in Perinatal Mental Health has been appointed at the hospital. This is a joint post with the Coombe Women & Infants University Hospital. 	
	<ul style="list-style-type: none"> The post of Clinical Midwife Manager II in Perinatal Mental Health has been re-advertised. 	Q1 2021
	<ul style="list-style-type: none"> A bookmark has been developed which signposts/informs women about the services provided in respect of perinatal mental health. 	
	<ul style="list-style-type: none"> The hospital provides health information about mental health changes that occur during pregnancy. 	
	<ul style="list-style-type: none"> Maternity Services will review the availability and accessibility of information (including the bookmark) in the Out-Patients' Department. 	Q4 2020
	<ul style="list-style-type: none"> MRHP will increase staff's awareness of the Perinatal Mental Health Service and will focus on screening and education of staff. 	Q4 2020
	<ul style="list-style-type: none"> Maternity Services has access to a Liaison Mental Health Clinical Nurse Specialist. 	
	<ul style="list-style-type: none"> Women are asked about their physical and mental health well-being at each visit. If a woman is identified as requiring additional mental health support she is offered peri-natal mental health referral. 	
<p>ANTENATAL EDUCATION: Access to antenatal educational classes needs to improve.</p>	<ul style="list-style-type: none"> Further to the launch of the National Standards in Antenatal Education, MRHP Maternity Services is working to enhance the current provision of antenatal education services at the hospital. 	Ongoing
	<ul style="list-style-type: none"> MRHP is currently developing a Parent Education Post. 	Q1 2021
	<ul style="list-style-type: none"> The Trinity Parent Education App is provided to women. 	Q4 2020
	<ul style="list-style-type: none"> MRHP Maternity Services is researching the capacity for weekly zoom meetings for parent education. The education, based on national standards, will be provided by MRHP staff. 	Q4 2020
	<ul style="list-style-type: none"> Women are signposted to the Nurture programme on the HSE website. 	Ongoing
	<ul style="list-style-type: none"> A virtual tour of the woman's journey from admission to MRHP through to the Labour Ward, Theatre and Postnatal Ward will be developed with Whatsupmum. 	Q1 2021
	<ul style="list-style-type: none"> The 'My Pregnancy' book will be provided to each woman when she first engages with antenatal services at MRHP. 	
	<ul style="list-style-type: none"> The HSE <i>mychild.ie</i> website is promoted as the trusted source of information. 	



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
COMMUNICATION: The need to improve healthcare communication and involvement in decision making during labour and birth.	<ul style="list-style-type: none"> MRHP is implementing quality improvement initiatives to promote best practice in communication skills and shared decision making with women and to improve women's experience of labour and birth. 	Ongoing
	<ul style="list-style-type: none"> MRHP Maternity Services is participating in the National Healthcare Communications Programme. 	Ongoing
	<ul style="list-style-type: none"> 2 staff (Midwife & Consultant) have been trained as facilitators to facilitate the National Healthcare Communications Programme. 	
	<ul style="list-style-type: none"> The post of Advanced Midwife Practitioner for the Supported Care Pathway has been advertised which will develop and embed women's choice to avail of midwifery care throughout pregnancy and postnatal period. 	Q4 2020
PAIN RELIEF: The need to improve pain relief during labour and birth.	<ul style="list-style-type: none"> MRHP will facilitate training for midwifery staff in promoting the Labour Hopscotch initiative. The concept of the initiative is that women remain active during labour. 	Q4 2020
	<ul style="list-style-type: none"> 24-hour epidural service is available at MRHP. 	
	<ul style="list-style-type: none"> Birthing balls and peanut balls are available in the Labour Ward and during the antenatal period on request. 	
	<ul style="list-style-type: none"> PPPGs (policies, procedures, protocols and guidelines) concerning spontaneous labour management and midwifery assessment will be reviewed and updated. 	Q1 2021
	<ul style="list-style-type: none"> Labour Ward 4 is being reconfigured as a Home-from-Home Delivery Room for low-risk women. Care will be led by the midwifery team. 	Q1 2021
	<ul style="list-style-type: none"> The hospital publication '<i>Signs of Labour</i>' will be reviewed, updated and promoted. 	Q4 2020
	<ul style="list-style-type: none"> Staff promote alternative coping strategies for labour. The introduction of aromatherapy is being explored by the department to complement existing practices. 	Q1 2021
	<ul style="list-style-type: none"> The Department of Anaesthetics in conjunction with Practice Development will roll-out facilitated learning on the management of postoperative and postnatal pain. 	Q4 2020
SUPPORT: Women said they wanted to be fully supported during labour and birth.	<ul style="list-style-type: none"> The standard at MRHP is 1 to 1 midwifery care in labour. Additional oversight is provided by a Senior Midwife or a Clinical Midwifery Manager. The midwifery team works in partnership with the obstetric team. A centralised electronic fetal monitoring surveillance system has been introduced where CTG monitoring in labour is required. MRHP introduced CTG telemetry allowing women to be mobile in labour where they require continuous fetal surveillance. Women are encouraged to discuss and seek advice, in advance of labour, with the midwifery staff in the Out-Patients' Department and in the Maternity Department regarding birth preferences. Skin-to-skin is routinely practised in the labour ward. Education will be facilitated by the Lactation Clinical Midwifery Specialist for Theatre Staff to improve opportunities for skin-to-skin immediately postoperatively. 	



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>DEBRIEFING: Women said that they would like the opportunity to discuss labour and birth afterwards.</p>	<ul style="list-style-type: none"> MHRP provides daily audiovisual presentations, on postnatal care of the newborn, through whatupmum. MRHP is working with the Regional Centre for Nursing & Midwifery Education to develop a study day for midwives which will focus on the patient's physical well-being, mental health and management of postpartum pain. Women attending the service receive the 'My Child: 0 to 2 years' book. 	Work ongoing
<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"> Women are provided with comprehensive health information on discharge, specifically concerning perinatal mental health. 	Work ongoing
<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"> Postnatal mental health services are available in the community. The Liaison Public Health Nurse accepts referrals from midwifery staff daily (Monday to Friday). MRHP works closely with the Liaison Public Health Nurse to ensure that mothers are followed-up in the community. 	Work 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>	<ul style="list-style-type: none"> All midwives and healthcare assistants have received training in breastfeeding support and infant feeding. 	
	<ul style="list-style-type: none"> The Clinical Midwifery Specialist – Lactation complements the assistance provided by the midwives. 	
	<ul style="list-style-type: none"> Clinical Midwifery Specialist – Lactation support will be increased. 	Q1 2021
	<ul style="list-style-type: none"> The Infant Feeding Group which is made up of hospital staff, patient reps and public health reps meets quarterly. 	
	<ul style="list-style-type: none"> A breastfeeding advisor badge will be developed for midwives. 	Q4 2020
	<ul style="list-style-type: none"> Similar to previous years, MRHP Maternity Services will celebrate National Breastfeeding Week from 1st to 7th October 2020. 	October
	<ul style="list-style-type: none"> La Leche League and Cuidiú are promoted to ensure that women know how to access breastfeeding support in the community. 	
	<ul style="list-style-type: none"> A postnatal breastfeeding support group commenced in 2020. Meetings held once every four weeks. 	
<ul style="list-style-type: none"> In 2020 several midwives and nurses were supported to complete the IBCLC Qualification. 		



SPECIALISED CARE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
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.	<ul style="list-style-type: none"> MRHP is currently implementing quality improvement initiatives to address the emotional support needs of women and their partners whilst their babies are in the Special Care Baby Unit (SCBU). 	Ongoing
	<ul style="list-style-type: none"> The Medical Social Worker liaises with mothers who have specific needs concerning babies in the SCBU. 	
	<ul style="list-style-type: none"> Visiting Neo-Natologists attend the hospital to provide additional expertise in conjunction with the existing Paediatric Service. 	
	<ul style="list-style-type: none"> The effectiveness of the current communication pathway between the Maternity Unit and the Special Care Baby Unit will be reviewed. 	Q4 2020
	<ul style="list-style-type: none"> When visits cannot take place staff upload videos onto the vCreate secure platform allowing mothers and their partners to visualise the baby's progress 	
	<ul style="list-style-type: none"> Catering and parking arrangements are provided, as required, for the parent who has a baby in the SCBU for an extended period. 	
	<ul style="list-style-type: none"> Rooming-in is provided, where necessary, in the Maternity Department in advance of infants being discharged from SCBU. 	
	<ul style="list-style-type: none"> SCBU information leaflet is in place and will be updated. 	Q4 2020



OVERALL EXPERIENCE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
CULTURE: Women said that being treated with dignity and respect impacts on their experience of care. <ul style="list-style-type: none"> Dignity and respect Organisational culture Advocacy for Women in Maternity Care. 	MRHP is currently implementing quality improvement initiatives to improve women's overall experience of maternity care at the hospital.	Ongoing
	<ul style="list-style-type: none"> The new independent Patient Advocacy Service (PAS) is being promoted and women are informed of the support available to them through the PAS. 	
	<ul style="list-style-type: none"> Maternity Services welcome patient feedback through 'Your Service, Your Say' and Quality Improvement Plans are developed from feedback including feedback from surveys. 	
	<ul style="list-style-type: none"> As part of a communication plan, MRHP will display how it plans to respond to the findings of the National Maternity Experience Survey 2020. 	
	<ul style="list-style-type: none"> MRHP Maternity Services is participating in the National Healthcare Communications Programme. 	
	<ul style="list-style-type: none"> Mindfulness and stress management programmes are available for staff. 	
	<ul style="list-style-type: none"> MRHP undertakes C-Section Surveillance. 	
	<ul style="list-style-type: none"> Maternity Services will continue the roll-out of the 'Hello-my-name' initiative. 	
	<ul style="list-style-type: none"> Maternity Services hold departmental meetings 3 times per month and Governance meetings once per month. 	
	<ul style="list-style-type: none"> MRHP monitors itself against national Key Performance Indicators (KPIs). 	
<ul style="list-style-type: none"> MRHP Maternity Services is researching the possibility of introducing Swartz Rounds. 	Q1 2021	

South/South West Hospital Group



University Hospital Kerry
University Hospital Waterford
South Tipperary General Hospital
Cork University Maternity Hospital

On behalf of the South/South West Hospital Group, I would like to sincerely thank all the women who took the time to complete the first of its kind National Maternity Experience Survey. The aim of the survey was to provide mothers with an opportunity to share their experiences of maternity services from antenatal to postnatal care in order to improve the safety and quality of care provided to women and their babies. I would like to take this opportunity to commend the hard-working staff of the maternity services across the hospital group for their daily commitment and dedication to the mothers and babies of the South/South West region; it is their passion for quality improvement and patient safety that drives our services.

I was delighted to note that across our hospital group that the women who attend our maternity services reported that they were treated with dignity and respect. The maternity units of Kerry, Tipperary, Waterford and Cork were all rated for antenatal, intrapartum and postnatal care in line with the national average. While we are delighted with these positive results and we acknowledge the ongoing efforts of our staff, we realise there are always areas for improvement. Consequently, we recognise that there are common areas of education, training and communication development that we can target over the next two years through shared learning and collaborative processes.

In recent years several reports and reviews have highlighted deficits in our services and this has undermined confidence in our maternity services and staff morale. We welcome the insight that this survey has provided us from our patients and in line with the National Maternity Strategy allows us the opportunity to work towards the common goals of safe, patient-centred, and quality care.

As CEO of the SSWHG, I am excited by the prospect of our maternity services evolving and look forward to working with the teams across our services to improve our patient's experience of care. I would like to thank again the patients who participated in the survey, the managers and staff who championed the survey and the tireless efforts of the maternity staff across our group who work to improve patient care for women and babies daily.

Mr Gerry O'Dwyer
Group CEO, South/South West Hospital Group

South/South West Hospital Group



University Hospital Kerry
University Hospital Waterford
South Tipperary General Hospital
Cork University Maternity Hospital

One fifth of all babies born in the Republic of Ireland are born in the Ireland South Women & Infants Directorate of the South/South West Hospital Group. The Ireland South Directorate was established in 2017 and includes Cork University Maternity Hospital, and the maternity units of South Tipperary General Hospital, University Hospital Kerry and University Hospital Waterford.

This Directorate leads the way in the development of a clinically led network of maternity hospitals and units, collaborating and supporting one another and provides many opportunities to achieve real change and improve patient outcomes.

Open communication exists between the four maternity hospitals, decisions are made collaboratively that enhance the care provided to all mothers and babies in the region. The sharing of clinical expertise, the offering of support to colleagues and the daily communication between each hospital is proving beneficial to all.

Professor John R. Higgins says on the publication of this report "As Clinical Director of Ireland South Women & Infants Directorate I am excited with the opportunity and insight that this National Maternity Experience Survey provides us. We were very happy to see that our results were in line with the national average across our four maternity hospitals in the areas of antenatal care, labour, care after birth and care at home. These results confirm yet again that we are providing an excellent service to the women and children of Munster. However, we recognise that there is always need for improvement. Our plan over the next two years is to take on board what our patients have clearly told us and work towards improvements across our Directorate. We are committed to providing outstanding care to our patients and as a workforce we are energised to meet the needs of our mothers and infants. It is through patient engagement and our motivated and dedicated staff that we will meet the challenges and ensure that we provide a safe, quality care to everyone who attends our maternity hospitals."



Professor John R. Higgins
Clinical Director, Ireland South Women & Infants Directorate



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Access to health information about the physical, mental health and nutrition during pregnancy needs to be improved.</p> <p>ANTENATAL EDUCATION: Access to antenatal educational classes needs to improve.</p> <p>ANTENATAL OPTIONS: Promote choice of maternity care options during the antenatal care phase.</p>	<p>University Hospital Kerry (UHK) in partnership with Community Health Teams and Key Stakeholders are working together to enhance the current provision of antenatal education services in University Hospital Kerry and neighbouring counties.</p> <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Antenatal education is made more accessible to women through social media platforms and adopts the recently launched National Standards for Antenatal Education encouraging the full engagement of women and their partners. Virtual antenatal education is available for all to access, in addition to this face to face antenatal education is also being offered. • The 'My Pregnancy' book is provided to each woman when booking with the antenatal services at University Hospital Kerry, 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 is promoted including the Ask our Expert service. • The 'My Child: 0 to 2 years' book is being actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. • Antenatal information regarding physical changes are incorporated into antenatal education. • Antenatal information regarding mental health changes are incorporated into antenatal education. Specialist post for this service advertised. • Promote choice of maternity care options antenatally: home births service available for low-risk women: planning at the design stage for Home-from-Home Room with facility for water immersion for pain relief in the 1st stage of labour. Early Transfer Home Service due to be rolled out. • Antenatal education provided by trained staff with input from the Multidisciplinary team. <p>Maternity Services University Hospital Kerry innovation</p> <ul style="list-style-type: none"> • Preparing for Labour, Birth, Parenting & Breastfeeding Online Educational videos. The National Standards for Antenatal Education in Ireland (2020) overarching aim is to enhance the provision of antenatal education services. In keeping with the Healthy Ireland goal of reducing health inequalities and the unprecedented lack of access to traditional antenatal education in light of the COVID-19 pandemic, the antenatal multidisciplinary team developed several high-quality evidence-based short antenatal education videos online. The aim being to provide women, partners and their families with information and practical strategies to build confidence around labour, birth, parenting and breastfeeding promoting that early childhood health makes to lifelong health and well-being. Forty short antenatal preparing for Labour, Birth, Parenting and Breastfeeding videos were launched online. http://uhk.ie/maternity. The videos were reviewed and linked to the national <i>mychild.ie</i> website www.MyChild.ie website https://www2.hse.ie/wellbeing/child-health/antenatal-classes.html. A number of videos have recently been filmed and will be added to the collection of videos online. The feedback online and from the women is exceptionally positive There is a currently a plan to expand on the number of antenatal videos. <p>Maternity Service UHK innovation 2020</p> <ul style="list-style-type: none"> • Outreach Community Maternity Services Antenatal Clinics implemented in 2020, with the planned expansion of Community Maternity Services to additional outreach sites, namely Listowel/Killarney/Dingle. • Future plans to include the initiation of a DOMINO Service. 	<p>Commenced in 2020 following the launch of the National Standards in Antenatal Education</p>



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Access to health information about the physical, mental health and nutrition during pregnancy needs to be improved.</p> <p>ANTENATAL EDUCATION: Access to antenatal educational classes needs to improve.</p> <p>ANTENATAL OPTIONS: Promote choice of maternity care options during the antenatal care phase.</p>	<p>University Hospital Kerry in partnership with the National Perinatal Mental Health Team is implementing a Mental Health Promotion Programme for women during pregnancy. The programme aims:</p> <ul style="list-style-type: none"> Improving health information about mental health changes that occur during pregnancy for all women. Provide access to perinatal/specific mental health care services for women with additional needs. Ensure that women have the opportunity to discuss any worries or concerns that they may have when engaging with Maternity Services in University Hospital Kerry. Build the capacity of staff and managers in Maternity Services of University Hospital Kerry to promote positive mental health during pregnancy and to signpost women to appropriate services when needed. Perinatal Mental Health Specialist Midwife post advertised. There is an established pathway of referral within UHK to the Department of Psychiatry on site. Staff members have attended Perinatal Mental Health Conferences within Ireland and all Maternity Service staff member may access the Perinatal Mental App. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> All women when making their first booking appointment in maternity services are being asked about their physical and mental health well-being. During this stage, if a woman is identified as requiring additional mental health support there is an existing referral pathway to the Mental Health Services of UHK. All women will be provided with more accessible health information about the mental health changes that 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. Women who require support for milder mental health problems or who have more complex health needs in pregnancy will be referred via established UHK referral pathway to the Psychiatry Services in UHK. 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 Maternity Services of University Hospital Kerry will be promoted. <p>Maternity Service UHK Planning:</p> <ul style="list-style-type: none"> Further promotion by the Midwifery Staff in community support programmes such as 'Mellow Bumps'. 	<p>Work commenced in 2018 and will be advanced throughout 2020-21</p>



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>COMMUNICATION: The need to improve healthcare communication and involvement in decision making during labour and birth.</p> <p>PAIN RELIEF: The need to improve pain relief during labour and birth.</p> <p>SUPPORT: Women said they wanted to be fully supported during labour and birth.</p>	<p>University Hospital Kerry Maternity Services is implementing quality improvement initiatives to improve women's experience of labour and birth and promote best practice in communication skills and shared decision making with women.</p> <ul style="list-style-type: none"> All key staff in the Maternity Services of University Hospital Kerry will participate in training in the National Healthcare Communication Skills Programme. Training has already commenced and 10 staff have participated in the programme, with further staff training planned (deferred due to COVID-19). Patient prompts will be designed to encourage women to become more involved in decision making about their pregnancy care and to voice any worries or concerns that they may have during their pregnancy care. An initiative to promote better pain relief during labour called Hopscotch (planned April 2020 but deferred due to COVID-19, to be rescheduled). Birth Preferences are available in Maternity Services in University Hospital Kerry. Skin-to-skin contact promoted and implemented in Maternity Services in University Hospital Kerry. One-to-One midwifery care provided to women in labour. 	Work commenced in 2019–ongoing
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Women will be supported and encouraged to be more involved in the decision making about their care, patient prompts will be designed and available to women to invite women to ask questions about their birth preferences and postnatal care. Epidural available 24/7 to women attending Maternity Services in University Hospital Kerry. 	
	<p>Maternity Service UHK plan</p> <ul style="list-style-type: none"> Funding approved from the National Women and Infant Health programme for a Home-from-home Room in line with the National Maternity Strategy (2016 – 2026), this will include phase one water immersion for pain relief in the 1st stage of labour. 	



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>University Hospital Kerry Maternity Services is implementing quality improvement initiatives to improve women's experience of care after birth; including:</p> <ol style="list-style-type: none"> Improved infant feeding education and support for women in the antenatal and postnatal period, supporting the mother's choice concerning infant feeding. Additional midwives and staff have been employed to respond to the growing demands of the service. Training in breastfeeding support has been provided to improve capacity and support for women in care after birth. Staff will participate in the breastfeeding HSE Land blended learning programme developed by HSE National Healthy Childhood Programme. 10 Steps to successful breastfeeding (www.baby-friendly.ie), supporting skin-to-skin contact and responsive feeding are being actively promoted. Lactation Consultant: during COVID-19 the need for infant feeding support was identified and a member of staff was redeployed within the service. UHK Maternity Services has now a Lactation Consultant in post. 	Work commenced in 2020 and ongoing
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> The role of all midwives in supporting women to breastfeed will be actively promoted, to increase support for women breastfeeding. Lactation Nurse/Midwife specialist is available to women in UHK Maternity Services for additional support with breastfeeding. Health information will be provided to women about feeding support available to them in the hospital and the community, including the role of their Public Health Nurse. Community support groups such as La Leche League and Cuidiú are available for women to access breastfeeding support in the community. 	



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>DEBRIEFING: Women said that they would like the opportunity to discuss labour and birth afterwards.</p> <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> <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>	<ol style="list-style-type: none"> 1. Improving health information at discharge and improving smoother transitions of care between hospital and community services. 2. Promoting the role of all staff and their ability to address worries and concerns. 3. Providing women with comprehensive health information on discharge, specifically concerning mental health. 4. Part of the induction process for the Obstetric Team involves education on communication and debriefing with Service Users. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will have the opportunity to participate in postnatal support forums whilst in the hospital through telecare platforms thus providing more personalised health information and advice, an initiative which has been trialled during COVID-19 and will be advanced in 2020. • A proactive campaign will be promoted to support and informing women that they can discuss their worries or concerns that they may have after the birth of their baby. This will facilitate women to voice concerns and to ask questions that they may have following their labour, birth or any aspect of their care. • Women will receive health information about health and well-being after birth including the mental health changes that occur. • Women will receive the 'My Child: 0 to 2 years' book as part of the suite of health information provided to parents of children 0 to 5 years. <p>Maternity Service UHK planning</p> <ol style="list-style-type: none"> 1. Appointment of a Clinical Midwife Specialist in Perinatal Mental Health. 2. National Communication Skills Programme future implementation. 3. Postnatal Outreach Infant Feeding Clinics to be provided by Lactation Consultant. <p>Innovation</p> <ol style="list-style-type: none"> 4. Proposal to provide all mothers and babies in UHK with a Community Midwifery Postnatal Service. The four maternity units in Ireland South provide care for approximately 13,000 births per year. Currently, the postnatal wards can be overcrowded and with reduced midwifery staff, resulting in women in many cases, being discharged early without community midwifery support. Lack of support in the postnatal period can lead to dissatisfaction; complaints and a lack of control and can have a negative effect on the total pregnancy journey (Women's experience of postnatal care in the SSWHG Maternity Services, 2018). <p>The breastfeeding rates in Ireland (52% at initiation and approx 40% on discharge from Hospital) are overall very low compared to other European countries DOHC (2005) this is due to a large number of factors. The main reason cited by women who stop breastfeeding in the first week of life is lack of professional support (AIMSI 2010). The public health nursing service provides valuable breastfeeding support for new mothers. However, problems encountered in the first 48-hours after transfer home frequently define a mother's decision to continue breastfeeding. Therefore early and frequent breastfeeding support is essential. The community midwives service can assist the woman at home for up to 5-7 days and this appears to improve the rates of breastfeeding (UHW Clinical Annual Report, 2018).</p> <p>Therefore the objective of this proposal is to re-orientate midwifery services in all of the four maternity units towards providing most of the postnatal care in the community, in co-operation with community partners, PHNs and GPs. This proposal is the most achievable aspect of the National Maternity Strategy as it is not dependable on new infrastructure and can be achieved within a very short time frame.</p> <p>Currently, a small proportion of women are visited at home postnatally by midwives from the maternity units. However, the majority of women are unable to have community midwifery support at home if they live in a different catchment or county to where they gave birth, as they cannot avail of the Early Transfer Home Service.</p>	



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>DEBRIEFING: Women said that they would like the opportunity to discuss labour and birth afterwards.</p> <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> <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>	<p>WHAT THIS MEANS FOR WOMEN</p> <p>This situation pertains to all four units with an estimated 800 (2018 numbers) patients who are attending hospitals outside their natural geographic boundaries/counties.</p> <p>The hospital where the mother gives birth will securely transfer the information to the community midwives who are covering her local area and these community midwives will provide care until the mother and baby are discharged to the local PHN. The hospital records will be returned to the hospital of birth post-discharge.</p> <p>The benefits of this project include a reduced length of stay in an expensive hospital bed, a reduction in costs associated with an inpatient stay, a reduction in infection rates and iatrogenic risks. There is currently a known significant reduction in re-admission rates for both mothers and babies if the family are being visited at home by community midwives. Women are educated in hygiene, bathing, sterilizing, temperature control of the new-born, and management of their wound etc. Reduced re-admissions result in effective bed management and resource utilisation. The satisfaction rates, for women availing of community midwifery support, is exceptionally high, as women and their families receive individualised care with frequent visits and support in their own homes.</p> <p>It would also address the areas for improvement which were the continuity of carer, provision of midwifery-led care and birthplace choices which arose from the 2017 survey which was aimed at examining Women's experiences of maternity care in the SSWHG carried out by Dr P. Leahy-Warren et al, UCC.</p> <p>This proposal involves extending, enhancing and developing the current Community Midwifery Services that are offered ie. the Early Transfer Home Service initiative. So that women attending the hospital would have the possibility of availing of a postnatal visit in their own homes. This would address many of the on-going issues for maternity services in terms of capacity, quality, cost effectiveness, efficiency, value for money and consumer satisfaction. Not to mention the large amount of evidence to support continuity of carer and this proposal further supports the National Maternity Strategy, Sláintecare and Making Every Contact Count. It is therefore designed to increase the number of women availing of Early Transfer Home Service. It espouses the notion of 'hospitals without walls' in the interests of safety for mother and baby:</p> <ol style="list-style-type: none"> 5. Early Transfer Home Service implementation Quarter 4 – 2020 6. Outreach Midwifery-Led Clinic implementation Quarter 4 – 2020 7. Home-from-home Room development Quarter 4 – 2020 8. Water Immersion for pain relief in labour development Quarter 4 – 2020, implementation Quarter 1 – 2021. 	



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>University Hospital Kerry Maternity Services is currently implementing quality improvement initiatives to address the woman and her partner's emotional support needs whilst their baby is in the specialist care unit. The following initiatives are in place:</p> <ol style="list-style-type: none"> 1. Health information is provided for all women and their partners about what they can expect and how to cope when their newborn baby is admitted to the Neonatal or Specialised Care Unit. 2. Social support networks – the Role of Irish Neonatal Alliance will be actively promoted. 3. A proactive campaign is being promoted informing women that they can discuss any worries or concerns that they may have whilst their baby is in the neonatal unit. 4. Chaplaincy services and PALS support is offered in the Maternity Services of UHK. <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 baby is in the Neonatal or Specialised Care Unit. • Social support networks and community supports such as the Irish Neonatal Alliance will be shared with all women and families as appropriate. • Formal pathways are in place between Ireland South Women and Infant Directorate within the neonatal setting concerning the transfer of care. <p>Recruitment in Neonatal care since 2020</p> <ul style="list-style-type: none"> - 4 Consultant Pediatricians, with Clinical Lead Consultant Pediatrician. - 4 newly appointed Neonatal Nursing staff. <p>Maternity Service UHK plan</p> <ol style="list-style-type: none"> 1. Advanced Midwife/Nurse Practitioner or Clinical Skills Facilitator in Neonatal care. 2. Communication skills to be facilitated for the multidisciplinary Neonatal team in line with the National Communication Healthcare Programme. 3. Antenatal Shared Care Messaging via Health-link for GP – project commenced. 	<p>Work commenced in 2019 and ongoing</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>University Hospital Kerry Maternity Services is implementing quality improvement initiatives to improve women's overall experience of maternity care.</p> <ol style="list-style-type: none"> 1. The new independent Patient Advocacy Service is being promoted in UHK and women will be informed of the support available to them through the PAS, should they wish to make a complaint or address an advocacy-related issue. 2. Staff and Managers in Maternity Services in University Hospital Kerry have participated in the National Healthcare Communication programme, designed to build staff competency and skills in responding to healthcare complaints and advocacy related issues. A further team from Maternity Services in University Hospital Kerry will participate in the training in Quarter 4 – 2020. 3. A women's forum designed to hear '<i>what matters to you</i>'/women and key stakeholders in maternity care in maternity care was hosted in 2019 and will be repeated in 2021, all feedback received from women at this forum was used to inform improvement priorities at a local level. 4. A communications plan, profiling how Maternity Services in University Hospital Kerry responded to the findings of the National Maternity Experience Survey 2020 will be promoted at a local level. Women will be encouraged to give feedback on an ongoing basis. 5. Evaluation of the initiatives outlined above will be conducted to measure progress annually. <p>Maternity Services UHK innovation</p> <ol style="list-style-type: none"> 1. Senior Management meets with women daily to receive feedback on Maternity care, hygiene standards and food quality. 	<p>Work commenced in 2018 and ongoing</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be provided with better information about how to provide feedback about their experience. • Women will know about the new Independent Patient Advocacy Service and about how to make a complaint or report patient advocacy related issue. • Women will understand that their feedback makes a difference and that the Maternity Services in University Hospital Kerry are Listening, Responding and Improving Maternity Care Services for Women. <p>Maternity Service UHK plan</p> <ol style="list-style-type: none"> 1. The Values in Action Programme is being considered as an initiative that will be developed in University Hospital Kerry. 2. Patient stories are currently being reviewed as part of a quality initiative in Maternity Service UHK. 	



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>University Hospital Waterford (UHW) in partnership with key stakeholders are working together to enhance the current provision of antenatal education services in UHW.</p>	
	<ul style="list-style-type: none"> • Antenatal education has been made more accessible to women and their families through an online platform and adopts the recently launched National Standards for Antenatal Education encouraging the full engagement of women and their partners. 	Since March 2020
	<ul style="list-style-type: none"> • The 'My Pregnancy' book is provided to each woman when they first engage with antenatal services at UHW 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 will also be promoted as the trusted source of information for parents. In particular, the breastfeeding support section will be promoted. 	Ongoing
	<ul style="list-style-type: none"> • The 'My Child: 0 to 2 years' book will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. Birth plans encouraged and supported including taking time in situation-appropriate language to discuss and explain all information-often required on specialised care pathway. 	Ongoing
	<ul style="list-style-type: none"> • Birth plans encouraged and supported including taking time in situation-appropriate language to discuss and explain all information-often required on specialised care pathway. 	Ongoing
<p>HEALTH INFORMATION: Access to health information about mental health during pregnancy needs to be improved.</p>	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Real-time preparation for services on offer in line with best practice nationally. 	
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • UHW in partnership with the National Perinatal Mental Health Team is implementing a Mental Health Promotion Programme for women during pregnancy. The programmes aim to: <ul style="list-style-type: none"> • Improve health information about mental health changes that occur during pregnancy for all women • Ask all women when making their first booking appointment in maternity services will be asked about their physical and mental health well-being. • Provide access to perinatal/specific mental health care services for women with additional needs • Ensure that women have the opportunity to discuss any worries or concerns that they may have when engaging with UHW. All women will be provided with more accessible health information about the mental health changes that 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. • Ensure that women have the opportunity to discuss any worries or concerns that they may have when engaging with UHW. All women will be provided with more accessible health information about the mental health changes that 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. • 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 UHW 	
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • UHW has a Perinatal Mental Health Midwife in place for direct access antenatally and as required postnatally which will allow Rapid access to Department of Psychiatry UHW with liaison ANP Perinatal Mental Health. 	



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
HEALTH INFORMATION: Women wanted more health information about smoking and alcohol during pregnancy.	The importance of nutrition in pregnancy will be promoted through the antenatal journey.	
	<ul style="list-style-type: none"> Referral to Dietician as required. 	Current recruitment for Dietician for Maternity Services
	<ul style="list-style-type: none"> Reinforcement of education around nutrition as per 'My Pregnancy' book. 	Ongoing
	<ul style="list-style-type: none"> In addition, increased awareness of allergies in maternal and paternal booking and referral to a dietician as appropriate-intervention on a juvenile diet. Breastfeeding encouraged. 	Ongoing
	WHAT THIS MEANS FOR WOMEN	
	<ul style="list-style-type: none"> This information will cover the physical changes of pregnancy and offer support and referral as required with individualised personal care. 	
	<ul style="list-style-type: none"> Increased education and awareness of smoking, alcohol and drug use in pregnancy for support of women and families will be in place. UHW Maternity Services is a site of Sláintecare Smoking project. 'Making Every Contact Count' (MECC) encouraged and education supported for staff. Methadone Programme available for antenatal attendees through community setting. Reinforced pathways to Community drugs and alcohol specialists. 	In place and ongoing
WHAT THIS MEANS FOR WOMEN		
<ul style="list-style-type: none"> Early intervention with evidenced-based advice & support to optimise outcomes for mother and baby. 		



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
PAIN MANAGEMENT: Support for decision making and pain management in labour.	UHW Maternity promotes ongoing quality improvement initiatives to improve women's experience of labour and birth to promote best practice and shared decision making with women.	
	<ul style="list-style-type: none"> Hopscotch programme to encourage mobility & flexibility and support women's natural ability to cope will be rolled. 	Q3 2020
	<ul style="list-style-type: none"> Birth plans encouraged and supported. 	Ongoing
	<ul style="list-style-type: none"> Home-from-home room – labour ward 1 under refurbishment. 	Q3 2020
	<ul style="list-style-type: none"> Women will be supported and encouraged to be more involved in the decision making about their care (from booking visit onwards). 	Ongoing
	<ul style="list-style-type: none"> Responsive to women's requests, for example, acupuncture/homoeopathy and the presence of Doulas. 	Historically available and ongoing
	<ul style="list-style-type: none"> Antenatal Anaesthetic clinic available to review previous anaesthetic complications and care plan for current pregnancy. 	Since 2018 and ongoing
	<ul style="list-style-type: none"> Options for pain relief discussed and managed according to patient request including 24-hour epidural. 	
	<ul style="list-style-type: none"> Gentle birthing available in Obstetric Theatre. 	



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
PAIN MANAGEMENT: Support for decision making and pain management in labour.	<ul style="list-style-type: none"> One-to-one care in labour. 	Ongoing
	<ul style="list-style-type: none"> Audit of skin-to-skin practices. 	Monthly
	<ul style="list-style-type: none"> Chosen partner in attendance at all time. 	Historically available and ongoing
	<ul style="list-style-type: none"> Mother friendly initiatives eg light diet mobility, sensory lighting. 	
	WHAT THIS MEANS FOR WOMEN	
	<ul style="list-style-type: none"> Women will be supported in their decisions in an environment conducive to a positive experience in labour. 	



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
DEBRIEFING: Women said that they would like the opportunity to discuss labour and birth afterwards.	UHW is implementing a quality improvement initiative to improve women's experience of care after birth. <ul style="list-style-type: none"> Induction programme for all new starters to Maternity Services now contains advice on debriefing after labour-in particular after a difficult delivery. A multidisciplinary approach to dealing with debriefing & pathways of care for future pregnancy. Enhance Community support-GP or PHN. Consumer support groups. Perinatal Mental Health & Bereavement support. 6-week specialist follow up. Specialised Midwifery Services provide debriefing for women. Education around debriefing for postnatal staff including the premise that it can be closure or a crossroads for further referrals. 	Q2 2020-year end.
	WHAT THIS MEANS FOR WOMEN	
	<ul style="list-style-type: none"> This quality improvement initiative will further develop the existing debriefing service offered by AMP (accessed by women through hospital pathways as well as PHN or GP). Increased awareness and education of all staff will support and develop care for women in the postnatal period. 	
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.	<ul style="list-style-type: none"> Promoting the role of Perinatal Mental Health CMM2 in the postnatal setting with smooth referral pathway and close cooperation amongst staff around this. 	Delivered through drills and skills programme.
	<ul style="list-style-type: none"> In addition, multidisciplinary communication education to enhance the ability to address issues that arise in childbirth. 	
	WHAT THIS MEANS FOR WOMEN	
	<ul style="list-style-type: none"> The environment in which women feel empowered to discuss any issue at any time in their journey with the staff of the services. 	



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
DISCHARGE INFORMATION: Improve health information for women when going home from the hospital.	<ul style="list-style-type: none"> Increased awareness required in UHW around the education of staff in care planning and decisions in the puerperium. 	Ongoing
	<ul style="list-style-type: none"> Increased discharge planning pathway to individualise care. 	Ongoing
	<ul style="list-style-type: none"> Pilot Early Transfer Home scheme in August/September 2020 to enhance discharge support and planning for discharge. 	Autumn 2020
	WHAT THIS MEANS FOR WOMEN	
	<ul style="list-style-type: none"> This will allow for a smoother transition into the community with comprehensive health information available on discharge. 	



SUPPORT WITH FEEDING AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
FEEDING: Women said that they require more support and help with feeding their baby.	<ul style="list-style-type: none"> There is a long history of Baby and Mother-Friendly supports for lactation in UHW. This will be enhanced and grown in service for increased support for women. 	
	<ul style="list-style-type: none"> The role of all midwives in supporting women to breastfeed is actively promoted. 	Historic and ongoing
	<ul style="list-style-type: none"> 10 steps to successful breastfeeding (www.baby-friendly.ie), supporting skin-to-skin contact and responsive feeding will be actively promoted. 	UHW has Baby Friendly Status for Breastfeeding practices
	<ul style="list-style-type: none"> Lactation support available within current resources & used widely including paediatric department. 	
	<ul style="list-style-type: none"> Lactation Midwife specialist post will be available to women with more complex health needs or who require additional support with breastfeeding (Q4). 	Q4 2020
	<ul style="list-style-type: none"> Full cooperation in the provision of breastfeeding statistics for national review and learning. This is a useful comparator for services. 	Ongoing
	<ul style="list-style-type: none"> Information provided for community supports for feeding post-discharge. 	
	<ul style="list-style-type: none"> Rooming-in pre-discharge in SCBU is available for mothers to support care and feeding. 	
	WHAT THIS MEANS FOR WOMEN	
	<ul style="list-style-type: none"> There is full Multidisciplinary team support for breastfeeding in UHW. 	



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>Care and support is of vital importance in Neonatal Intensive Care/Special Care Baby Unit (NICU/SCBU).</p> <ul style="list-style-type: none"> • Communication education and training for all staff within the services. • Role of the National Neonatal Alliance will be actively promoted. • Tour and information available for parents whose babies will be electively admitted to NICU. • Named Nurse for parents to link with regarding ongoing care of the baby. • Kangaroo care for babies provided. • CMM2 Perinatal Mental Health available for support. • A bereavement nurse and chaplaincy are available for support. • Food available for mothers to support needs whilst baby is in NICU/SCBU. • Rooming-in available for mothers to support care and feeding. 	Ongoing
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Tailored support for families with babies in Special Care Units. 	



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. 	<ul style="list-style-type: none"> • Staff in UHW Maternity have been allowed to attend the National Healthcare Communication Programme and roll out of this for others will be ongoing to support mothers on their journey. The daily midwifery hub allows highlighting immediate support required for women and this is put in place by senior midwife manager using appropriate resources. 	Since 2018 and ongoing
	<ul style="list-style-type: none"> • Patient Advocacy Service (PAS) promoted in service. 	Ongoing
	<ul style="list-style-type: none"> • Strong links to Patient Services Office (PSO) in UHW to act swiftly and appropriately on complaints and concerns. 	Historic and ongoing
	<ul style="list-style-type: none"> • Values in Action Programme used in service as a means to promote helpful healthcare. 	Ongoing
	<ul style="list-style-type: none"> • Streamlined pathway for subsequent pregnancies for women requiring extra support following a difficult experience. This will assist in promoting confidence and trust in service. 	2019 and ongoing
	<ul style="list-style-type: none"> • Communications plan around National Maternity Experience Survey 2020 will be promoted at local level & initiatives outlined will be evaluated on an ongoing basis to ensure quality improvement in service. 	From August 2020
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be better informed around the process of feedback in service and Patient Advocacy Service. This will assure women that their feedback is important and will inform care given going forward. 	



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Access to health information about the physical and mental health changes that occur during pregnancy needs to be improved.</p>	<p>Mental Health and Antenatal Classes were identified as areas for quality improvement in STGH.</p> <p>Mental Health South Tipperary General Hospital (STGH) Maternity Services in partnership with the National Perinatal Mental Health Team has implemented a Specialist Perinatal Mental Health Service for women during pregnancy.</p>	<p>Work commenced in 2019 and will be advanced throughout 2020-2021</p>
	<ul style="list-style-type: none"> All women currently have access to Perinatal Mental Health Midwife. This ensures that women have the opportunity to discuss any worries or concerns that they may have throughout their pregnancy and engaging in the Maternity Services at STGH. 	
	<ul style="list-style-type: none"> Midwives provide health information about mental health changes that occur during pregnancy at booking in the clinic. This includes the assessment carried out by Midwives at booking in clinics. Access to a multidisciplinary Perinatal Mental Health Team available. 	
	<ul style="list-style-type: none"> Access to Perinatal Mental Health Midwife. 	
	<ul style="list-style-type: none"> 'Mellow Bumps' Support Programme for Women in place. This assists women understand that babies are prepared for social interaction from birth and emphasis the importance of early interaction for brain development. This program supports emotional containment and stress reduction and raises awareness of social capabilities of babies and value of early intervention and mental health and childhood mental health. 	<p>Ongoing 2019-2020</p>
	<ul style="list-style-type: none"> Community Mothers Support Programme this outstanding programme is based in Clonmel. 	
	<ul style="list-style-type: none"> Support Groups in the Community, for example, Postnatal Depression Ireland, www.pnd.ie 	<p>Embedded</p>
	<ul style="list-style-type: none"> Information for mothers with 'My Pregnancy' book is provided for Mums to be and guided by Midwives throughout their Antenatal Care. Physical changes during Pregnancy are reiterated at Antenatal Booking and Parent Craft Classes and at each Antenatal visit. 	<p>Embedded</p>
	<ul style="list-style-type: none"> At booking in the clinic following assessment the appropriate model of care is selected for each woman as their pathway of care. 	<p>Embedded</p>
		<p>WHAT THIS MEANS FOR WOMEN</p>
<ul style="list-style-type: none"> All women when making their first booking appointment in maternity services will be asked about their physical and mental health well-being. During this appointment if a woman is identified as requiring additional mental health support she is offered the services of the perinatal mental health midwife and if appropriate offered referral to the joint specialist perinatal mental health and obstetric team. 		<p>Commenced Oct 2019</p>
<ul style="list-style-type: none"> New health information leaflets about mental health during a pregnancy have been developed and are provided to women when they first engage with maternity services and freely available in the clinical area in STGH. 		<p>Commenced Feb 2020</p>
<ul style="list-style-type: none"> Individual perinatal care pathways are provided by the perinatal mental health midwife and a bespoke pathway of care is developed, which includes a pre birthing planning with the multidisciplinary team for women with moderate/severe mental health difficulties. 		<p>Commenced Oct 2019</p>
<ul style="list-style-type: none"> Women are asked about their health status on each visit and individualised postnatal care plans address the emotional well-being of the mother. 		<p>Commenced Oct 2019</p>
<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. During this stage, if a woman is identified as requiring additional mental health support she is referred to the Mental Health Midwife. 		<p>Commenced Oct 2019</p>



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>South Tipperary General Hospital in partnership with community health teams and key stakeholders are working together to enhance the current provision of antenatal education services in Tipperary and neighbouring counties. Currently, a schedule of antenatal education is in place via Webex. This includes antenatal classes and breastfeeding classes.</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. 	Commenced February 2020
	<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. 	Commenced July 2020
	<ul style="list-style-type: none"> Antenatal Education providers offer information on the importance of optimising Health and Well-being during pregnancy and following birth to maximise positive outcomes for mother and baby. 	Ongoing
	<ul style="list-style-type: none"> Perinatal Mental Health is promoted during booking in clinics, Antenatal and breastfeeding classes. 	October 2019
	<ul style="list-style-type: none"> Educational tools from the Antenatal Education Facilitator are sent to all women attending the Webex sessions. Links are provided via email from the Antenatal Education Facilitator from current evidence-based websites and hubs to further support the virtual class. 	Ongoing July 2020
	<ul style="list-style-type: none"> The 'My Pregnancy' book, a resource for mothers and their partners is now available to all. Given out to each woman at booking in the clinic. Content of this book and enhancing information to mothers at each point of contact during pregnancy journey is promoted; and communication/listening and what an interactive visit should include – promoting best practice on one to one consultations with women. 	2019
	<ul style="list-style-type: none"> In line with best practice, STGH women will be offered a choice in pathways in maternity model care. This approach will be monitored for effectiveness and safe outcomes. 	Ongoing since July 2019
<ul style="list-style-type: none"> An Advanced Midwife Practitioner is appointed who will oversee the implementation of Midwifery-Led Care Pathways and improved care overall for women and improve and inform choice to women. This is a recommendation of the National Maternity Strategy. 	Awaiting the commencement date	



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>COMMUNICATION: The need to improve healthcare communication and involvement in decision making during labour and birth.</p>	<p>Communication identified an area for improvement. This QIP is in direct response to comments received from the National Maternity Experience Survey. Aim: To improve healthcare communication and increased involvement for pregnant ladies with decision making during labour and birth. Plan:</p>	
	<ul style="list-style-type: none"> STGH will develop 'STGH Policy on Attitude, Behaviour and Communication' for all staff in the Maternity Services. This Policy aims to clarify the expected standards laid down in the five promises for attitude, behaviour and communication and what support is available for staff to achieve them. 	November 2020
	<ul style="list-style-type: none"> National Healthcare Communication Programme training will commence in STGH for all Maternity Staff. This will promote best practice in communication skills and improved experience for women throughout their journey and to promote shared decision making at each point of care, in particular during labour and birth. This incorporates Interactive training sessions with staff Midwives/Consultants and NCHD'S and prompts in Healthcare Communication Skills. Ongoing Promotion of the Values in Action, Care, Compassion and Commitment. 	December 2020
	<ul style="list-style-type: none"> Birth plans are actively promoted with women supported and reviewed antenatally continuously by STGH Maternity Team. 	July 2019
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Women are encouraged to discuss any fears and anxieties about labour and birth in the antenatal period. In turn, a 1:1 discussion can be arranged for the woman with a senior labour ward midwife. Promote birth plans development by women during antenatal education, to enhance their autonomy during their labour and to be involved in their own decision making regarding a plan of care. Staff following training will be enabled to communicate skilfully on Attitude, Behaviour, Communication with women and their families. 	
<p>PAIN RELIEF: The need to improve pain relief during labour and birth.</p>	<p>STGH offers a wide variety of pain relief options to meet the needs of all women who present in labour. These include:</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. 	Embedded
	<ul style="list-style-type: none"> Birthing balls, peanut balls and cub chairs are available in all labour rooms. The use of these aids is encouraged to support women at different stages of their labour. 	Embedded
	<ul style="list-style-type: none"> Labour Hopscotch training, deferred due to COVID-19. Labour Hopscotch – make each step count! A visual birthing tool designed to aid you in an active birth. Providing structured guidance by outlining 20-minute rotating 'steps' to perform during labour. These include keeping mobile by walking sideways on a stairs, or sitting on a stool while being massaged. 	To be implemented
	<ul style="list-style-type: none"> Hydrotherapy is available in early labour – this 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. 	Embedded
<p>Pharmacological methods</p> <ul style="list-style-type: none"> Mobile Entonox is available in all labour and birth rooms. 24-hour anaesthetic cover which facilitates epidural requests. Leaflet available for all women which are distributed at all antenatal classes of all forms of pain relief in labour. 		



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>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Person-centred pain relief options discussed and made available to all women for their labour and birth plan. • Women are supported and encouraged to be more involved in decision making in pain relief requirements. • The focus on antenatal education will enable women to make an informed choice and personal decisions about their chosen method of pain relief during labour. 	



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>INFORMATION: Improved health information about mental health and well-being.</p>	<ul style="list-style-type: none"> • STGH scored above the national average in the 'Care after Birth' of the NMES. This will continue to be an area that we strive to enhance delivery of care. 	
	<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. 	February 2020
	<ul style="list-style-type: none"> • STGH continue to provide emotional support for the well-being of our mothers post-discharge and currently available information. 	Ongoing
	<ul style="list-style-type: none"> • STGH Perinatal Health Midwife will follow up on cases where additional emotional support is required. Ongoing phone support is available for women who have decided to take an early discharge. 	June 2020
	<ul style="list-style-type: none"> • Debriefing by the Perinatal Mental Health CMS and CMM III using the Assist Programme for women identified as obtaining benefit from debriefing, this currently not available for all mothers due to staff shortages. 	January 2020
	<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. • Women shall receive health information about health and well-being after birth including the mental health changes that occur in the postnatal phase. • Women are encouraged to utilise all information made available to them through 'My Pregnancy' book and advised to contact the Unit directly if any queries or assistance is required. 	



SUPPORT WITH FEEDING AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
FEEDING: Women said that they require more support and help with feeding their baby.	<ul style="list-style-type: none"> STGH Lactation Consultant provides feeding clinics pre-birth and post-birth. She also links with the community Lactation Consultant who provides clinics in the community of South Tipperary. 	Embedded
	<ul style="list-style-type: none"> STGH is a breastfeeding friendly hospital, currently an accredited site. 10 steps to successful breastfeeding (www.baby-friendly.ie), supporting skin-to-skin contact and responsive feeding is actively promoted in STGH by the multidisciplinary team to support women with breastfeeding their baby. 	Ongoing
	<ul style="list-style-type: none"> STGH 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 in line with the National Breastfeeding Policy. All women will be offered skin-to-skin post-delivery once it is medically safe to do so. 	Ongoing
	<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. 	Ongoing
	WHAT THIS MEANS FOR WOMEN <ul style="list-style-type: none"> 10 steps to successful breastfeeding as per WHO Guidelines will be adhered to. Make available and promote further links with community lactation. Health information provided to women about feeding support available to them in the hospital and the community, including the role of their local PHN. Community voluntary support groups such as La Leche League and Cuidiú are promoted so that women know how to access breastfeeding support in the community will be promoted to women. 	



SPECIALISED CARE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
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.	Women identified the need to have someone to talk to and to provide emotional and breastfeeding support during this difficult time of their newborn baby is in the Neonatal care unit.	
	<ul style="list-style-type: none"> Health information will be provided for all women and their partners about what they can expect and how to cope when their newborn baby is admitted to the Neonatal Intensive Care Unit. 	Completed March 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 whilst their baby is in the neonatal unit will be promoted. 	Embedded
	<ul style="list-style-type: none"> SCBU staff will be undertaking training of the STGH Policy on Attitude, Behaviour and Communication. 	Q1 2021
	<ul style="list-style-type: none"> Emotional support is available to all parents of SCBU babies by Hospital Social Worker and Perinatal Mental Health CMS. 	Embedded
	WHAT THIS MEANS FOR WOMEN <ul style="list-style-type: none"> Women will be provided with better information about how to provide feedback about their experience. Women will understand that their feedback makes a difference and that STGH Listening, Responding and Improving Maternity Care Services for women. All feedback received from women at this forum was used to inform improvement priorities at a local level. 	



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>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • A communications plan, profiling how STGH responded to the findings of the National Maternity Experience Survey 2020 will be promoted at a local level. Women will be encouraged to give feedback on an ongoing basis. • Evaluation of the initiatives outlined above will be conducted to measure progress annually. • Women will be provided with better information about how to provide feedback about their experience. 	



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. 	<ul style="list-style-type: none"> • South Tipperary General Hospital Clonmel welcomes the finding and comments from the Ladies that it was our privilege to care for through the National Maternity Experience Survey. • STGH has implemented many quality improvement initiatives since this survey and will continue to build on this and other Quality Improvements Plans, to improve women's overall experience of Maternity Care in South Tipperary General Hospital Clonmel. • STGH aims to improve women's overall experience of care by improving provision of written, virtual and verbal information, reiterating this information at each patient contact, providing mental health and emotional supports, improving healthcare communication, maintaining dignity and respect, involvement in decision making during labour and birth. The development of STGH policy on Attitude, Behaviour and Communication for all staff in the Maternity service and roll out of the National Healthcare Communication Programme are key to listening and responding to comments obtained from NMES and focus improving care. • As a direct result of feedback from the NMES, STGH will implement the above QIPs. This feedback will provide focus; following evaluation and measurement will display how this feedback will make a difference. • STGH cares, we are listening, responding and improving Maternity Care Services for women in Tipperary and the surrounding areas. 	



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 Cork University Maternity Hospital (CUMH) is currently in partnership with Community Public Health Nurse Teams to enhance the current provision of Antenatal Education services in the Ireland South Group. Our Antenatal Educators across Ireland South have recently developed an eLearning hub which can be found on the CUMH website. Classes have been recorded across the Ireland South Women and Infant's Directorate to facilitate women and their partners accessing them in their own time. These classes can be accessed on the CUMH website. 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.</p> <p>We are working towards a full schedule of 'live' virtual antenatal classes:</p> <ul style="list-style-type: none"> • First-time mothers and partners • Refresher (for multiples) • Vaginal Birth after Caesarean Birth • Twins • DOMINO <p>CUMH will work towards the development and implementation of health promotion videos which will address:</p> <ul style="list-style-type: none"> • Physical changes in pregnancy • Smoking • Alcohol • Nutrition in Pregnancy <p>To enhance communication and education the module '<i>Making Every Contact Count</i>' training has been commenced for all staff with expected full implementation this year.</p>	<p>Ongoing with full implementation by Q4 2020</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 CUMH 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 for all women attending the hospital at all stages of pregnancy. CUMH has a newly formed Perinatal Mental Health Team, which is in the process of establishing itself within the CUMH structure and formalising referral pathways. This has enabled rapid access to the Specialist Perinatal Mental Health Team for women who are identified with additional mental health needs.</p> <p>The perinatal mental health service aims to:</p> <ul style="list-style-type: none"> • Improve health information about mental health changes that can occur during pregnancy for all women, by encouraging women to discuss their concerns regarding their pregnancy with their health care professionals. • Distribution of educational brochures for information on mental health during pregnancy. • Ensure that women have the opportunity to discuss any worries or concerns that they may have when engaging with the CUMH. • Ensure that staff are aware of, and promote, community support programmes for women who would benefit from this. • The Medical Social Work Team, the Specialist Perinatal Mental Health Team, Midwives, Public Health Nurses, Obstetric and Neonatal staff and Allied Health Care Professionals and Others are aware of the many further services which are being developed. • CUMH will endeavour to provide online links through our website for the National Specialist Perinatal Mental Health Program (NSPMHP) which has very comprehensive information available online, including how mothers can access appropriate services nationwide (this is important for some mothers who attend the CUMH 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). 	



CARE WHILE PREGNANT

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 CUMH and their staff are committed to providing optimal education regarding nutrition during the antenatal, intrapartum and postnatal period:</p> <ul style="list-style-type: none"> Information on nutrition in pregnancy and on infant feeding is available on the mychild.ie website which is promoted on paper (hard copy is given to all women on antenatal booking) and digital resources within CUMH eg. email, diet sheets, website, Twitter. Recruitment campaigns are underway for Allied Health Professionals in Dietetics to support women in pregnancy. Clinical Midwife Specialist in Diabetes supports antenatal advice on nutrition in pregnancy. Work with the catering department to ensure optimal nutritional meals for inpatients. Regular audits with the catering department have improved staff awareness supporting women with special dietary needs in pregnancy and immediate postnatal period. 	May 2020 - ongoing
	<p>CUMH will work towards the development and implementation of health promotion videos which will include nutrition in pregnancy.</p>	Q4 - 2020



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>DEBRIEFING: Women said that they would like the opportunity to discuss labour and birth afterwards.</p>	<p>All postnatal women are encouraged to discuss their labour and birth with their Midwife prior to discharge. This provides them with an opportunity to discuss any worries or fears they may be experiencing in an informal setting.</p> <p>We recognised that we scored marginally below the national average in this area of facilitating women to speak about their labour and birth. Although CUMH has several parallel mechanisms of debriefing such as:</p> <ul style="list-style-type: none"> Obstetric review following assisted birth Postnatal debriefs are offered for women who have had unexpected intrapartum complications. Informal ad hoc debriefs are provided by midwives from both postnatal and birthing suite areas. <p>CUMH is committed to exploring ways to formalise and enhance the debriefing process to ensure all women are given an opportunity during their inpatient stay. We feel that by formalising the debriefing process will enhance women's experience in care in hospital after birth. Therefore a long-term future development plan to formalise the debrief process and offer all women the opportunity to attend a postnatal debrief clinic has been proposed.</p>	Q4 - 2020



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 CUMH is implementing Quality Improvement initiatives to improve women's overall experience of maternity care including:</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 CUMH. • Annual suitable and adequate evaluation of the initiatives indicated herein shall also take place. • 'Your Service, Your Say' we will continue our random selection of patients to provide us with feedback monthly. 	Q3 2020 - ongoing
<p>FEEDBACK: Giving feedback, making a complaint.</p>	<ul style="list-style-type: none"> • 'Your Service, Your Say' cards to be distributed around the hospital where service users can access them. 	Q3 2020 - ongoing

RCSI Hospital Group



Cavan Monaghan Hospital
Our Lady Of Lourdes Hospital Drogheda
The Rotunda Hospital, Dublin

RCSI Hospital provides a national service and a regional service to Dublin and the North East of Ireland. Maternity services within the RCSI HG are provided at The Rotunda Hospital, Our Lady of Lourdes Hospital, Drogheda and Cavan General Hospital. We are extremely pleased to be recognised as the overall top achiever in the National Maternity Experience Survey 2020. This achievement recognises the commitment and dedication of all members of staff as well as offering reassurance to service users that they are being cared for in a quality environment by skilled and compassionate staff.

Participation in the National Survey is one method for the RCSI Hospital Group to collect the patient's experiences of the services we provide. User feedback provides an opportunity to celebrate our achievements, share best practices and initiatives and identify areas that can be improved upon through continuous quality improvement.

Thank you to all the women who participated in this survey, your voice and feedback will contribute greatly to service delivery. Thank you to all the staff involved in delivering a service that we can all be proud of.

Kind Regards

Mr Ian Carter
CEO, RCSI Hospital Group



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>Cavan Monaghan Maternity Unit in partnership with community health teams and key stakeholders are working together to enhance the current provision of antenatal education services in Cavan and neighbouring counties.</p> <p>Before COVID-19, the parent craft department ran face to face antenatal education classes for women and their partners. Currently, the parent craft team are developing online antenatal classes to facilitate women and their partners to access in their own time. We aim to include early pregnancy and refresher classes for multiples. In the interim, the parent craft team have established online links with the Rotunda Hospital that enables pregnant women to access their virtual antenatal classes.</p> <p>The schedule of virtual antenatal classes currently being run are:</p> <ul style="list-style-type: none"> • First-time mothers and partners • Refresher classes • Vaginal Birth After Caesarean Section • Antenatal breastfeeding class <p>For women requiring further information, the parent craft department provides online live Q&A sessions of the above.</p>	<p>Commenced in 2020 following the launch of the National Standards in Antenatal Education</p>
	<p>Broaden the one to one antenatal classes for parents in certain situations ie. previous stillbirth, language barriers, teenage pregnancy and women with disabilities.</p>	<p>Q1 2021</p>
	<p>A virtual tour of a woman's journey from admission to Cavan Monaghan Maternity Unit through the Early Pregnancy Assessment Unit, Labour Ward, Midwifery-Led Unit, Maternity Ward and Special Care Baby Unit is in development. This will be available through:</p> <ul style="list-style-type: none"> • Cavan Maternity services HSE website • www.whatsupmum.ie • Midwifery-Lead Units Facebook page • An email with the tour link will be sent to women booked into the maternity service • TV screens in our antenatal clinic and inpatient ward areas. 	<p>Q1 2021</p>
	<ul style="list-style-type: none"> • The Antenatal Education Department will review their education programme against the newly launched National Standards for Antenatal Education and will develop an action plan to address any outstanding standards which are hoped to encourage the full engagement of women and their partners. 	<p>Q4 2020</p>
	<ul style="list-style-type: none"> • Rotation of all midwifery staff in the delivering of the antenatal education classes in Cavan/Monaghan Maternity Unit. This will ensure that the information given to women is standardised and evidenced-based. 	<p>Implemented & Ongoing</p>
	<ul style="list-style-type: none"> • The 'My Pregnancy' book will continue to be provided to each woman when they first engage with antenatal services at Cavan Monaghan Maternity Unit. The HSE mychild.ie website will also be promoted as the trusted source of information for parents. In particular, the breastfeeding support section will be promoted including the Ask our Expert service. Women will be given details via a sticker placed inside the cover of the 'My Pregnancy' book which will include websites and links to antenatal education and contact details to the Parentcraft, Lactation and Perinatal Mental Health Support Midwives. 	<p>Implemented 2019 & Ongoing</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Antenatal education will be made more accessible to women through social media platforms and adopts the recently launched National Standards for Antenatal Education encouraging the full engagement of women and their partners. • The antenatal educator is available to answer questions via email or telephone. Email is our key way to communicate with women. We provide continuous contact and updates via email and women are aware they can email at any time for any non-urgent queries. We also provide phone discussions and meetings for women who prefer to avail of the video calls. • Antenatal education will be made more accessible for women by further developing and expanding the virtual classes to support pregnant women and their partners in their journey. 	



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>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> The 'My Pregnancy' book will provide 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. 	
<p>HEALTH INFORMATION: Access to health information about the physical, mental health and nutrition during pregnancy needs to be improved.</p>	<p>Cavan Monaghan Maternity Unit in partnership with the National Perinatal Mental Health Team has implemented a Specialist Perinatal Mental Health Service for women during pregnancy. The service aims to:</p> <ul style="list-style-type: none"> Provide health information about mental health changes that occur during pregnancy. Women have access to a multidisciplinary perinatal mental health team-led by a Consultant and an onsite Perinatal Mental Health Support Midwife. Ensure that women have the opportunity to discuss any worries or concerns that they may have when engaging with Cavan Monaghan Maternity Service. Build capacity of staff and managers to promote positive mental health during pregnancy and to signpost women to appropriate services when needed. To date we have one midwife undertaking an MSc in Perinatal Mental Health, 3 midwives have completed an education programme in DKIT. Additionally, midwives are encouraged to complete the HSEland Perinatal Mental Health for Midwives, Practice Nurses and Public Health Nurses. Establish a mother and baby group for first-time mothers for the Cavan/Monaghan region. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> All women when making their first booking appointment in maternity services will be asked about their physical and mental health well-being. The Depression Score/Edinburgh Postnatal Depression Scale will be documented and if a woman is identified as requiring additional mental health support she is referred to the Perinatal Mental Health Support Midwife with her consent. All women will be provided with more accessible health information about the mental health changes that 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. Women who require support for mental health problems or who have more complex health needs in pregnancy will be referred to a Perinatal Mental Health Support Midwife who has been appointed as part of a specialist perinatal mental healthcare team. Women will be able to access specific perinatal mental health services through the Perinatal Mental Health Support Midwife/GP if required. 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 Cavan Monaghan Maternity Unit will be promoted. 	<p>Work commenced in 2018 and will be advanced throughout 2020-21 & Ongoing</p>
<p>ANTENATAL OPTIONS: Promote choice of maternity care options during the antenatal care phase.</p>	<p>Cavan Monaghan Hospital in partnership with the National Women and Infants Health Programme is committed to providing women with a choice of maternity care.</p> <p>The care pathway options are:</p> <ul style="list-style-type: none"> Midwifery-led Care Consultant-led Care Private Care <ul style="list-style-type: none"> To access the Cavan/Monaghan maternity service the referral process will be modified to ensure referrals are made to the Cavan/Monaghan Maternity Service. Women can self-refer or GP refer to the service. The options of care leaflet will be updated and available throughout the hospital, community-based GP's and PHN centres. 	<p>Q4 2020</p>



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
ANTENATAL OPTIONS: Promote choice of maternity care options during the antenatal care phase.	<ul style="list-style-type: none"> We plan to re-establish a maternity consumer group for Cavan/Monaghan Maternity Unit. 	Q4 2020
	<ul style="list-style-type: none"> We are currently updating our social media platforms and written information leaflets regarding options of care and access to Cavan/Monaghan Maternity Services. 	Q1 2021
	WHAT THIS MEANS FOR WOMEN <ul style="list-style-type: none"> Women will have access to information regarding the options of care available and how to access the same. Women will be able to self refer to the care pathway of choice and will be risk assessed. Women will be offered the most appropriate care pathway based on their risk assessment and personal choice. The consumer group will have the women's experience voice moving forward on projects, service developments etc. 	
WAITING TIMES: Reduce waiting times in antenatal clinics.	Cavan Monaghan Maternity Unit is committed to delivering care to women in an effective and timely manner therefore reducing waiting times in antenatal clinics.	
	<ul style="list-style-type: none"> We are moving our antenatal clinics to an off-site dedicated antenatal clinic which will be able to facilitate consultations with sub-specialities ie. anaesthetic review, perinatal mental health, lactation. 	
	WHAT THIS MEANS FOR WOMEN <ul style="list-style-type: none"> This will improve the woman's overall experience of the maternity services allowing a more woman-centred approach. 	



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
COMMUNICATION: The need to improve healthcare communication and involvement in decision making during labour and birth.	Cavan Monaghan Maternity Unit is implementing quality initiatives to promote best practice in communication skills and shared decision making with women to improve their experience of labour and birth.	Implemented and ongoing
	<ul style="list-style-type: none"> All key staff in Cavan Monaghan Maternity Unit will continue to participate in the National Healthcare Communication Programme which commenced in 2019. This training aims to improve the experience of women by supporting staff to take a skilled, sensitive and woman-centred approach in all conversations. Training has commenced in the RCSI Hospital Group and to date, 4 staff members have participated in the programme. We aim to roll out staff training at a local level. Patient prompts ie. posters/flyers will be designed to encourage women to become more involved in decision making about their pregnancy care and to voice any worries or concerns that they may have during their pregnancy care. 	Q1 2021
	WHAT THIS MEANS FOR WOMEN <ul style="list-style-type: none"> Women will be supported and encouraged to be more involved in the decision making about their care, patient prompts will be designed and available to staff to invite women to ask questions about their birth plans and postnatal care. Women will be involved in decision making in preparation for labour and birth, leading to a sense of empowerment and more prepared for labour and overall birth experience. 	



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>Through pregnancy, women are encouraged to get involved in decision making regarding their pregnancy care and to voice any worries or concerns that they may have during their pregnancy care and birth. Birth plans which include pain relief/position in labour are incorporated into a care plan during the antenatal period.</p> <ul style="list-style-type: none"> • An initiative to promote and remain active during labour, called Labour Hopscotch will be implemented across the maternity service. • Guideline on the management of spontaneous labour is currently been revised. • Maintain one to one midwifery care in labour. • Promotion of water immersion for pain relief during labour by using the 2 birthing pools available. • Birthing balls, peanut balls, cube, mats, TENS machines and bean bags are available in the supportive care suites and labour ward. • 24-hour epidural service is available. • Dedicated early labour room will be available on the maternity ward. 	<p>Ongoing and developed further Q4 2020</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be supported, encouraged and empowered to be more involved in the decision making about their care. Birth plans are available for women in partnership with the multidisciplinary team to make choices regarding their birth preferences. • Women will be able to avail of various methods of pain relief including hydrotherapy, non-pharmacological and pharmacological methods according to the woman's preference. 	



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<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> <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>	<p>Cavan Monaghan Maternity Unit is implementing quality improvement initiatives to improve women's experience of care after birth including:</p> <ul style="list-style-type: none"> • Providing women with comprehensive written health information on discharge specifically concerning postnatal depression. • Women will receive health information about health and well-being after birth including the mental health changes that occur in the postnatal period. 	



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>Cavan Monaghan Maternity Unit is committed to supporting women in their infant feeding choice:</p> <ul style="list-style-type: none"> • Promotion of breastfeeding classes in the antenatal period. • All staff will be required to complete the HSEland Make Every Contact Count. • Due to COVID-19, face to face antenatal breastfeeding classes have temporarily suspended. Video link consultants are currently offered by the CMS in lactation. Consultations can be conducted on an individual basis or small groups of 3-4. • The role of all midwives in supporting women to breastfeed will be actively promoted, to increase support for women with breastfeeding. All clinical staff are required to complete the HSEland breastfeeding modules alongside 3 yearly breastfeeding refresher. • A training needs analysis of the multidisciplinary team will be undertaken to inform the revision of our current breastfeeding education programmes for staff and therefore better support for women whilst in hospital. • 10 steps to successful breastfeeding (www.baby-friendly.ie), supporting skin-to-skin contact and responsive feeding will continue to be actively promoted with regular audits. • Breastfeeding information given in the postnatal period is given using a variety of formats ie. display on TV screens, written information and input from the CMS in lactation and supporting midwives. We are planning to introduce additional teaching aids with the use of tablets for the demonstration of practical skills. • On discharge, staff will inform mothers of the support networks available in their local communities by directing them towards the HSE mychild.ie website. • The HSE mychild.ie website will also be promoted as the trusted source of information for parents. In particular, the breastfeeding support section will be promoted including the Ask our Expert service. • Women in the Cavan & Monaghan catchment area have access to the community PHN Lactation Consultant on a one to one basis via referral from the hospital lactation team or the mothers PHN. Women in other surrounding areas (Leitrim, Meath, Longford) can access the hospital lactation consultants for support after discharge. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be able to access consistent and accurate information and support from staff regarding breastfeeding. • Lactation midwife specialists will be available to women with more complex health needs or who require additional support with breastfeeding. There is currently an antenatal and postnatal referral system in place to support this. • The hospital and community lactation team have a shared database which provides women with a seamless transition across services. • Health information will be provided to women about feeding support available to them in hospital and in the community, including the role of their local PHN and community PHN lactation consultant. • Community support groups such as La Leche League/Cuidiú will also be promoted so that women know how to access breastfeeding support in the community. 	
<p>DEBRIEFING: Women said that they would like the opportunity to discuss labour and birth afterwards.</p>	<p>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.</p> <ul style="list-style-type: none"> • This quality initiative will mean that all women whose labour will be encouraged to discuss any worries or concerns with their midwife daily. This will provide them with the opportunity to discuss any worries/fears they may be experiencing in an informal setting. • A care pathway will be developed to facilitate debriefing for women who have experienced a difficult or unexpected birth experience. • Staff will be actively encouraged to attend complaints training/ complete HSEland Managing Complaints. • All staff are required to complete Open Disclosure training. <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 throughout their postnatal stay. • Should a more in-depth debriefing surrounding their birthing experience be required, a scheduled debrief will be arranged. 	<p>Ongoing and further development in 2020/21</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>Cavan/Monaghan Special Care Baby Unit is currently implementing quality improvement initiatives to address women and their partner's emotional support needs whilst their babies are in the specialist care unit. The following initiatives are in place:</p> <ul style="list-style-type: none"> • Health information is provided to all women and their partners about what they can expect and how to cope when their newborn baby is admitted to the Special Care Baby Unit in the form of a leaflet, which includes details of social support networks, ie. Irish Neonatal Alliance. • A Special Care Baby Unit parent experience survey will be developed alongside the Maternity Parent Satisfaction survey. • A system is in place for parents to ensure they have Neonatal debriefing in the Special Care Baby Unit by their Consultant caring for their baby. Discharge planning begins on admission. • A proactive campaign of support informing women that they can discuss any worries or concerns that they may have whilst their baby is in the Special Care Baby Unit is encouraged and promoted. • Chaplaincy services including the Clinical Nurse Specialist in Bereavement are available. • Access to specialists in Perinatal Mental Health, Lactation, Social workers, Dietician is available to parents. • A dedicated hostel room is available for mothers whose baby are in the Special Care Baby Unit to provide rooming-in when their baby is close to discharge or in individualised situations. 	
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will feel supported and encouraged to be involved in all aspects of their babies care and treatment plans. • Women will know where they can access emotional support during a difficult time when their new infant baby is in the Special Care Baby Unit. • Social support networks and community supports such as the Irish Neonatal Alliance will be shared with all women and families as appropriate. 	



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>Cavan Monaghan Maternity Unit is committed to improving the woman’s overall experience of maternity care:</p> <ul style="list-style-type: none"> • Continue with the patient satisfaction survey and improve the review process. • In response to feedback from our service user, we will revise and further develop our existing patient experience survey to encourage women to provide feedback on an ongoing basis. This will enhance the service that we provide. • Re-establishment of the consumer group to ensure we have service users input into service development. • Key members of the Cavan/Monaghan Maternity Unit have participated in the educational programme on Patient Safety Complaints Advocacy, designed to build staff competency and skills in responding to healthcare complaints and advocate related issues. • All clinical midwifery managers will be trained in 'Managing Complaints' on HSEland which will assist in the proactive, timely and sensitive management of complaints to ensure that women are listened to whilst in the hospital. • Mindfulness and stress management programmes and Schwartz rounds are actively promoted for staff. • Continue the promotion of 'hello my name is' campaign. • The findings from the National Maternity Experience Survey 2020 and quality improvement plans will be communicated to all staff in the Cavan Monaghan Maternity Unit. • Evaluation of the initiatives outlined above will be conducted to measure progress annually through performance assurance frameworks. 	
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be provided with better information about how to provide feedback about their experiences. • Women will understand that their feedback makes a difference and the Cavan Monaghan Maternity Unit is Listening, Responding and Improving Maternity Care Services for Women. 	



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Access to health information about mental health during pregnancy needs to be improved.</p>	<p>Our Lady of Lourdes Hospital Drogheda (OLOLH) in partnership with the National Perinatal Mental Health Team is implementing a Mental Health Promotion Programme for women during pregnancy. This will:</p>	<p>Work commenced in 2018 and will be advanced throughout 2020-21</p>
	<p>1. Improve health information about mental health changes that occur during pregnancy for all women.</p>	
	<p>2. Provide access to perinatal mental health care services for women with additional needs. OLOLH forms part of the 'Hub and Spoke' service within the RCSI Group and Louth Meath Mental Health services.</p>	
	<p>3. Ensure that women have the opportunity to discuss any worries or concerns that they may have when engaging with services within OLOLH.</p>	
	<p>4. Promote antenatal education programmes including 'Real Birth Initiative'. In addition, implement the new Antenatal Education Standards which promote positive mental health.</p>	<p>Quarter 3 and 4</p>
	<p>5. Build the capacity of staff and managers in OLOLH to promote positive mental health during pregnancy and to signpost women to appropriate services when needed.</p>	<p>Ongoing</p>
	<p>6. In collaboration with our Health Education Institute, a level 9 'Certificate in Perinatal Mental Health' multi-disciplinary education programme, with 10 CEU credits, is available since 2019.</p>	<p>Ongoing</p>
	<p>7. A Perinatal Mental Health module for midwives, practice nurses and PHN's is available on HSEland.</p>	<p>Ongoing</p>
	<p>8. All women are assessed postnatally before discharge using the Edinburgh Postnatal Depression Score. A care pathway in collaboration with the Louth Meath Mental Health Service/RCSI/GP/PHN was introduced in 2017. This collaborative approach was shortlisted for a National Health Care Award in 2018.</p>	<p>Ongoing</p>
	<p>9. Music and relaxation therapy have recently been introduced to the antenatal ward for all in-patients.</p>	<p>Ongoing</p>
	<p>10. Initiatives from the 'Nurture Programme' including 'Talk to your Bump' have recently been rolled out within the unit.</p>	<p>Ongoing</p>
<p>11. The Perinatal Mental Health Support Midwife provides feedback on her service to the Clinical Governance Meetings twice yearly and discusses any Quality Improvement Initiatives.</p>	<p>Ongoing</p>	
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> All women when making their first booking appointment in maternity services will be asked about their mental health well-being. During this stage, if a woman is identified as requiring additional mental health support she is referred to the mental health support midwife. All women will be provided with more accessible health information about the mental health changes that 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. Women who require support for milder mental health problems or who have more complex health needs in pregnancy will be referred to a mental health support midwife who has been appointed as part of a specialist perinatal mental health team. Women will be able to access specific perinatal mental health services through the mental health support midwife or the woman's GP if required. 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 OLOLH will be promoted. Community support groups are actively promoted to enable women and their partners to access social support networks in the community. Women have access to staff that are fully informed of Perinatal Mental Health Services and can offer advice and support to all women accessing the services. 	



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Women wanted more health information about smoking and alcohol during pregnancy.</p>	<p>OLOLH is implementing quality improvement initiatives to increase the level of information that women receive about nutrition during pregnancy.</p>	
	<p>1. OLOLH are participating in a multi-centre research study on '10 Top Tips for a Healthy Weight' which includes a healthy diet.</p>	<p>Complete in 2021</p>
	<p>2. Highlight the 'Healthy Eating During Pregnancy' chapter of the 'My Child' booklet at all antenatal visits.</p>	<p>Quarter 4</p>
	<p>3. Implement the findings of the audit on Iron Supplementation which includes the documentation of discussions on diet prior to commencing of iron therapy.</p>	<p>Quarter 4</p>
	<p>4. Work in collaboration with the health promotion department to source further posters on healthy eating in pregnancy from Healthy Ireland.</p>	<p>Quarter 3</p>
	<p>5. Expand the 'Making Every Contact Count' include brief interventions on 'Unhealthy Eating'. To explore getting the 'Tips for Healthy Pregnancy', which includes healthy eating, as part of the current information video that plays in the waiting areas of the Maternity Out-Patients and Fetal Assessment Departments.</p>	<p>2021</p>
	<p>6. Increase the amount of 'Nutrition in Pregnancy' leaflets available in the clinical area</p>	<p>Quarter 4</p>
	<p>7. In the final draft stage of 'Tips for Managing Nausea and Vomiting in Pregnancy' information leaflet.</p>	<p>Quarter 3</p>
	<p>8. Locally developed 'Obesity in Pregnancy' information leaflet available.</p>	<p>Quarter 4</p>
	<p>9. The direct link with Dieticians for Women with diabetes in pregnancy. Extend this link to all women requiring dietetic input.</p>	<p>2021</p>
	<p>10. Inform women on admission that they have access to healthy snacks which are available in the designated areas of each ward.</p>	<p>Immediately</p>
	<p>WHAT THIS MEANS FOR WOMEN</p>	
	<ul style="list-style-type: none"> • Women will be provided with research-based information on healthy eating in pregnancy. • Women will be provided with written information about nutrition in pregnancy. • Women will be provided with standardised and consistent information. • Women will have access to a dietician when required. 	



CARE AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>DEBRIEFING: Women said that they would like the opportunity to discuss labour and birth afterwards.</p>	<p>OLOLH have implemented quality improvement initiatives to improve women’s experience of care after birth including:</p> <ol style="list-style-type: none"> 1. All women are given an opportunity to discuss their birth experience with their healthcare professional. This forms part of their postnatal discharge plan. 	<p>Work Commenced in 2019 and is ongoing</p>
	<ol style="list-style-type: none"> 2. As part of both our Midwifery-Led Unit and our new Early Transfer Home service, women are followed up in the community for 7 days postnatal and have a further opportunity to discuss their care. 	<p>Ongoing</p>
	<ol style="list-style-type: none"> 3. A retrospective healthcare record audit was carried out to establish the current level of debriefing offered. Following the results of the audit, a new debriefing tool was developed. This is completed by the healthcare provider responsible for the woman’s care. This is then filled in the woman’s healthcare record. 	<p>Re-audit due in Quarter 4</p>
	<ol style="list-style-type: none"> 4. A Birth Reflections Clinic is being established. 	<p>Quarter 4</p>
	<ol style="list-style-type: none"> 5. Where concerns are identified a follow-up appointment is offered as an outpatient. 	<p>Ongoing</p>
	<ol style="list-style-type: none"> 6. Promoting the role of all staff and their availability to address worries and concerns. 	
	<ol style="list-style-type: none"> 7. The policy on Open Disclosure has been implemented in the unit and training in the same is mandatory for all staff. 	<p>Quarter 4</p>
	<ol style="list-style-type: none"> 8. All staff work in collaboration with the Quality and Safety Department to ensure all complaints/concerns are dealt with promptly and any recommendations are implemented as appropriate. 	<p>Ongoing</p>
	<ol style="list-style-type: none"> 9. Compliments and complaints are discussed at Clinical Governance meetings. 	
	<ol style="list-style-type: none"> 10. Reunion classes provide an opportunity for women to discuss their pregnancy and birth. 	<p>Ongoing</p>
	<ol style="list-style-type: none"> 11. Maternity Quality Care Metrics provide an opportunity for women to discuss their pregnancy and birth and postnatal care through the monthly Patient Experience Survey. 	
	<ol style="list-style-type: none"> 12. YSYS leaflets are available in all clinical areas outlining the process for feedback. 	
		<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 and to ask questions that they may have about their labour and birth of their baby. • There will be documented evidence that the debriefing has been carried out. • Women will understand that their feedback makes a difference and that OLOLH is Listening, Responding and Improving Maternity Care services for Women, their babies and their families.



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>OLOLH is currently implementing quality improvement initiatives to address the emotional support needs of parents whilst their babies are in the neonatal unit. The following initiatives are planned or in place:</p>	
	<p>1. Health information is provided for all women and their partners about what they can expect and how to cope when their newborn baby is admitted to the Neonatal or Specialised Care Unit including a Parent Information Booklet. A Discharge Planning Information Pack is currently being developed.</p>	Ongoing
	<p>2. OLOLH has a care pathway developed for women whose babies are expected to be admitted to the NICU. This includes antenatal visits to the unit, meeting with the consultant paediatrician/neonatologist and the ANP.</p>	Quarter 4
	<p>3. CMS in Perinatal Mental Health and Bereavement is available to support and counsel families. Pastoral Care services are available on request.</p>	Ongoing
	<p>4. NICU has a dedicated medical social worker to assist parents in the NICU during their stay as needed.</p>	
	<p>5. NICU also have the support of a Dietician, Physiotherapist and Speech and Language Therapists.</p>	
	<p>6. Reduced care parking rates are available for parents of babies in the NICU.</p>	
	<p>7. A new baby diary will be completed during the baby's time in the NICU.</p>	Quarter 3
	<p>8. Social and community support networks are provided for families as appropriate including the Irish Neonatal Health Alliance, Irish Premature Babies Association and La Leche League.</p>	Quarter 3
	<p>9. A proactive campaign of support, informing women that they can discuss any worries or concerns that they may have whilst their baby is in the neonatal unit will be promoted</p>	Ongoing
	<p>10. Parent's room available within the NICU to facilitate parents to stay overnight.</p>	
	<p>11. A parent's day room is available for use for feeding, expressing or relaxing.</p>	Quarter 4
	<p>12. A meal voucher for OLOLH Dining Area is available for parents whose babies are in the NICU.</p>	Compete in 2021
	<p>13. Feedback provided through parent satisfaction questionnaire.</p>	
<p>14. Selected for participation in the RCPI Leadership and Quality in Healthcare course for a project on Buccal Colostrum.</p>		
	<p>WHAT THIS MEANS FOR WOMEN</p>	
	<ul style="list-style-type: none"> • Women will know where they can access emotional support during the difficult time when their new infant baby is in the NICU. • Women will have access to information about their babies care. • Babies will receive up to date, evidenced-based care support networks and community supports will be shared with all women and families as appropriate. 	

INFORMATION

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>ACCESS TO INFORMATION: Access to Information: Facilitate timely access to information and parent education classes at relevant stage in pregnancy.</p>	<ul style="list-style-type: none"> Rotunda Maternity & Neonatal Information app - Rotundapp, (first of its kind in Irish maternity setting) and focuses on all aspects of pregnancy care. 	Launched in 2019
	<ul style="list-style-type: none"> Irish Medicines in Pregnancy Service provided by the Rotunda provides information on the safe use of all medications during pregnancy. 	Launched in December 2019
	<ul style="list-style-type: none"> Rotunda's Virtual Maternity Open Week - women can submit questions via the website and our team of experts will record answers, which will be posted on our social media channels. 	September 27 - October 3
	<ul style="list-style-type: none"> Learning hub has been created on the Rotunda website where women can access additional resources. It includes information on parent education, nutrition in pregnancy, breastfeeding and physiotherapy. 	Quarter 1 - 2020
	<ul style="list-style-type: none"> Parent education classes were video recorded and uploaded to the website: www.rotunda.ie/parent-education/resources 	Quarter 2 - 2020
	<ul style="list-style-type: none"> Interactive live Zoom sessions are held daily on pre-selected topics, which are gestation specific. 	Quarter 2 - 2020
	<ul style="list-style-type: none"> New interactive refresher antenatal class introduced. 	Quarter 2 - 2020
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Pregnancy related information is accessible to all women and their partners, which is relevant to their stage in pregnancy. Women have greater choice and can avail of the parent education classes at a time of their choosing. Class content is complemented with the information provided by other media: <ul style="list-style-type: none"> Rotunda Maternity & Neonatal Information app: Rotundapp; Rotunda's Maternity Information Pack is provided to all women at their booking visit. 	

APPOINTMENT SCHEDULING

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>ANTENATAL APPOINTMENTS: Women identified that the length of time waiting for review in the antenatal clinics was too long.</p>	<ul style="list-style-type: none"> Use of telemedicine for completion of booking visit history taking and some specialist maternity clinics introduced. 	Quarter 2 - 2020
	<ul style="list-style-type: none"> Restructure of subsequent antenatal clinic appointments over the extended working day. 	Quarter 2 - 2020
	<ul style="list-style-type: none"> Implement an electronic queue and appointment scheduling system in Outpatients. 	Quarter 1 - 2021
	<ul style="list-style-type: none"> Increase the provision of outreach community midwifery clinics based in Primary Care Centres. 	Ongoing
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Women will receive individual appointment times, which reduces the length of time they are waiting for review by the midwife and/or doctor. Improved patient experience with reduced waiting times and a more efficient service. Increased access to care close to home in community settings. 	

COMMUNICATION

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>DEBRIEFING: Women said that they would like the opportunity to discuss their labour and birth experience</p> <p>INTERACTIONS WITH STAFF: Women said that we could communicate better with them and involve them more in decision making about their care.</p>	<ul style="list-style-type: none"> The Rotunda Hospital is committed to open disclosure and to informing and supporting patients when things go wrong. We will continue to provide training on open disclosure to all staff. 	Ongoing
	<ul style="list-style-type: none"> All feedback is acknowledged, reviewed, responded to in a timely manner and learning derived from this feedback informs our quality improvement programmes. 	Ongoing
	<ul style="list-style-type: none"> Introduce a specialist postnatal service for women who have had a complicated labour, birth and postnatal experience. Women are seen at 2 weeks to assess their physical wellbeing and also to review the care provided and address any concerns they may have. 	Quarter 1 - 2020
	<ul style="list-style-type: none"> Develop a birth reflections service - a listening service that aims to explore and explain pregnancy and birth events in a safe environment with the woman and her partner. 	Quarter 4 - 2020
	<ul style="list-style-type: none"> The Rotunda Hospital recognises the importance of a good patient/staff relationship and is committed to working in partnership with women during their pregnancy journey. 	Ongoing
	<ul style="list-style-type: none"> Implement the National Healthcare Communications Programme to promote best practice in communication skills and improve the experience of women availing of our services. 	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 experience in a timely manner in a supported and safe environment. Women will have better interactions with staff as they will have received training on using a skilled, sensitive and patient-centred approach to all conversations with women and their partners. Women will be supported, encouraged and empowered to be more involved in the decision making about their care. 	

STAFFING LEVELS

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>STAFFING: Insufficient midwifery staff, especially on Delivery Suite and Postnatal Wards.</p>	<p>The Rotunda Hospital is committed to ensuring that there are sufficient staff available at the right time, with the right skills to deliver safe, high quality care.</p>	
	<ul style="list-style-type: none"> We will continue to engage with the RCSI Hospital Group/HSE and the National Women and Infants Health Programme to review and improve staffing levels, in accordance with internationally recognised frameworks. 	Ongoing
	<ul style="list-style-type: none"> Aim to increase access to Early Transfer Home and community midwifery services. 	Ongoing
	<ul style="list-style-type: none"> Introduction of ERAS to enable early discharge home for women after caesarean section with community midwifery follow up. 	Quarter 4 - 2020
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Each woman will receive one-to-one care for the duration of labour and birth. Women will receive the care, advice and support required during their stay on the postnatal ward. More community midwifery services enabling early discharge for women and newborns. 	

MENTAL HEALTH SUPPORT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>MENTAL HEALTH: Women said that they did not receive adequate information on the impact of pregnancy and motherhood on their mental health.</p>	<p>In 2020, the Rotunda Hospital developed a hub and spoke service within RCSI Hospital Group in accordance with the Perinatal Mental Health Programme.</p>	
	<ul style="list-style-type: none"> Introduce a mental health promotion support group for pregnant women. 	Quarter 4 - 2020
	<ul style="list-style-type: none"> Develop an 8 video series around mental health for new mothers - 'From Me to Mum'. 	Quarter 4 - 2020
	<ul style="list-style-type: none"> Undertake a longitudinal audit of self reported prevalence of traumatic birth at the Rotunda Hospital. 	Quarter 1 - 2021
	<ul style="list-style-type: none"> Develop a traumatic birth support service for antenatal and postnatal women at high risk of trauma and PTSD. 	Quarter 4 - 2020
	<ul style="list-style-type: none"> Develop a postnatal depression partner support service - linked to the Finglas clinic. 	Quarter 4 - 2020
	<ul style="list-style-type: none"> Develop a therapeutic postnatal depression group with HSE, Tusla, Barnardos and Better Finglas. 	Quarter 1 - 2020
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Women will have an opportunity to discuss their labour and birth experience in a timely manner in a supported and safe environment. Women can avail of the services of the multidisciplinary mental health support time during the antenatal and postnatal period. All women receive information at their booking visit and postnatally prior to discharge on how to access the mental health support service. 	

PHYSICAL INFRASTRUCTURE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>DELAYED ACCESS: Delayed access to Delivery Suite room.</p> <p>EMERGENCY & ASSESSMENT UNIT: Facilities for women experiencing early pregnancy problems.</p>	<p>The Rotunda Hospital is cognizant of the limitations of its current infrastructure with some inpatient areas dating back to 1757. We continue to work with the HSE, Department of Health and other key stakeholders to seek funding and approval to progress plans to develop a Critical Care Wing on the Parnell Square site. The long term plan is to relocate the Rotunda to the Connolly Hospital campus.</p>	
	<ul style="list-style-type: none"> The three storey extension includes a revamp of the existing delivery rooms. 	Completion in July 2021
	<ul style="list-style-type: none"> The 5 bed annexe will be converted into two additional delivery rooms - total of 11 room. 	Completion in July 2021
	<ul style="list-style-type: none"> The Emergency & Assessment Unit will be redeveloped as part of the three storey extension. This will included a designated waiting and clinical review area for women experiencing early pregnancy problems (separate to the EPAU Monday - Friday). 	Completion in July 2021
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Care can be provided in an appropriate clinical setting, which affords privacy and maintains the dignity of the woman. Women will have access to a Delivery Suite room more promptly, which will facilitate more timely access to an epidural, if required. Women experiencing early pregnancy problems awaiting review in the Emergency & Assessment Unit will have a designated waiting area. 	



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 breastfeeding.</p>	<p>The Rotunda Hospital is accredited as a 'Breastfeeding Friendly' Hospital. We recommend breastfeeding because it is the best start in life for babies. We provide care which is research based and recognised as best practice, so that pregnant women and new mothers receive the support they need to breastfeed successfully. We support informed decision making for women and we support mothers whatever decision they make about feeding their baby.</p>	
	<ul style="list-style-type: none"> All midwifery staff undertake the 20 hour Breastfeeding Course and regular refresher training. 	Ongoing
	<ul style="list-style-type: none"> All obstetric and neonatal NCHDs and maternity care assistants receive training on protecting, promoting and supporting breastfeeding. 	Ongoing
	<ul style="list-style-type: none"> We aim to provide at least 60 minutes of uninterrupted skin to skin contact immediately after birth. 	Ongoing
	<ul style="list-style-type: none"> Antenatal harvesting of colostrum is facilitated from 38 weeks' gestation. 	Ongoing
	<ul style="list-style-type: none"> Antenatal breastfeeding workshops and postnatal support service for mothers following discharge are provided. 	Ongoing
	<ul style="list-style-type: none"> The complement of Lactation Consultants was increased to 2 WTEs. 	Quarter 1 - 2020
	<ul style="list-style-type: none"> Introduce breastfeeding staff huddles on the postnatal wards. 	Quarter 2 - 2020
	<ul style="list-style-type: none"> Optimise staffing on the postnatal wards to allow support and care for women who choose to breastfeed. 	Ongoing
	<ul style="list-style-type: none"> Introduce new telehealth interactive antenatal breastfeeding workshops, which will include participation of partners. 	Quarter 3 - 2020
	<ul style="list-style-type: none"> Record informative videos on expressing breast milk to support mothers of babies in the Neonatal Unit. 	Quarter 4 - 2020
	<ul style="list-style-type: none"> Midwifery students have an elective placement with Lactation Consultants x 1 week. 	Quarter 3 - 2020
		<p>WHAT THIS MEANS FOR WOMEN</p>
<ul style="list-style-type: none"> All staff support and actively promote breastfeeding. The Lactation Consultants are available to assist women who require additional support and advice. Breastfeeding information is provided to women across various forums. Information is provided on national and local breastfeeding support groups. 		

Home Birth Service

Is it safe to plan a home birth for your first baby?

Yes, it is safe to plan a home birth for your first baby as long as you listen to the advice from your midwife, your GP and your hospital consultant obstetrician.

Data shows that first time mothers are four times more likely to transfer to hospital during labour (NPEU 2013). The reasons for transfer are to ensure a safe delivery for you and your baby.

You should be aware that the risk to your baby's well being doubles if you are a first time mother, giving birth at home. The key points from this study are available at: www.npeu.ie.uk.uk/download/files/birthplace@birthplace-key-findings.pdf

Risk factors to be considered when approving a home birth

The following risks, if present, may mean that you would not be considered suitable for a home birth:

- Previous or existing medical, surgical, mental health conditions
- Previous pregnancy and birth history that are outlined in the application questionnaire form
- Risks that may develop during your pregnancy
- Environmental risks such as distance from hospital, from midwife and history of support at home.

The application questionnaire form has an additional page to provide more details. Your midwife will discuss these with you, it is important to ask your midwife any questions you have.

You can also look for further information from the following web sites.

Useful web sites

Association for Improvements in Maternity Services - Ireland
www.aimsireland.ie

Community Midwives Association
www.communitymidwives.ie

Home Birth Association of Ireland
www.homebirth.ie

Health Service Executive
www.hse.ie

National Perinatal Epidemiology Centre
www.npeu.ie/npes/

Nursing and Midwifery Board of Ireland
www.nursingboard.ie

Royal College of Obstetricians and Gynaecologists
www.rcog.org.uk

Royal College of Physicians of Ireland
www.rcpi.ie

The Child and Family Agency
www.tusla.ie

The Department of Children and Youth Affairs
www.dca.gov.ie

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INFORMATION FOR EXPECTANT MOTHERS CHOOSING A HOME BIRTH

ABOUT THIS LEAFLET

This leaflet tells you about home births, how safe they are and factors that help to identify women suitable – and not suitable – for home birth. Together, you, your midwife and other medical advisors of your choice, will decide if a home birth is a safe option for you and your baby.

Your midwife will be happy to explain the medical terms within the leaflet. So if you are unclear about anything, ask.

Home birth can be a safe option for a healthy woman. You are considered healthy if you have no history of medical or surgical problems that might affect your pregnancy and no present or previous pregnancy complications.

Research shows that a planned home birth is a safe alternative to a planned hospital birth for some pregnant women.

A planned home birth is a safe alternative to a planned hospital birth for some pregnant women.

How many women have a home birth in Ireland?

In 2013, 290 women planned a home birth with the HSE Home Birth Service. This represents **less than 1 percent of all births** in the country. Factors that may influence a woman in choosing a home birth include:

- Availability of a midwife
- Support and comfort in the home
- Timely availability of emergency services
- Distance from a maternity hospital

Who will support me during labour and birth?

Professional support will be provided by your midwife. You may also choose to have your partner or whoever you decide to have with you in labour.

A second midwife, also funded by the HSE, will be present at the birth, to support the midwife during your labour and birth of your baby. Your midwife may arrange to introduce you to the second midwife during your pregnancy.

When might home birth not be a safe option?

Pregnancy and childbirth is a process where risks and safety may change at any stage. Midwives are trained to recognise signs of complications during pregnancy and labour. If complications arise during your pregnancy, labour or following the birth of your child, your midwife may advise you to transfer to hospital care. To view the most recent statistics on planned home birth in Ireland, visit: www.ucc.ie/en/npeu/publications/

While demand for home birth services is relatively low in Ireland, we know from the National Maternity Survey, 2020 that the experience of women who availed of this service is very positive. Women in the Supportive Care pathway should, where feasible, have the option to birth at home, with care provided by the community midwives team and the lead healthcare professional. The NWHP are working together with key stakeholders to progress home birth integration with the community midwifery and the wider maternity services. Care will be provided in line with agreed national standards, with clear care pathways identified for any change in the woman's risk profile.



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
HEALTH INFORMATION AND SUPPORT: Women experienced a high level of health information, professional support and autonomy in decision-making from their midwife.	The National Women and Infants Health Programme will work jointly with Community Services to: <ol style="list-style-type: none"> 1. Develop a communication plan to promote the service to women, GP's, acute maternity services and midwives. 2. Integrate the existing evidence based service in to the acute services setting as set out in the National Maternity Strategy. 3. Continue to deliver a dynamic and safe service that is responsive and flexible to healthcare reform and the needs of women and babies. 	Work ongoing and will continue 2020-2022
	WHAT THIS MEANS FOR WOMEN <ul style="list-style-type: none"> • Women will receive standardised information about the option to home birth from their GP and acute maternity services health professionals. • Women will have improved equity of access to safe home birth services. • Women will experience streamlined integrated care and flow of clinical information as required. 	



LABOUR AND BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
TRUST: Women reported exceptionally positive experiences and trust in continuity of midwifery care provided during labour and birth.	The National Women and Infants Health Programme will work jointly with Community Services to: <ol style="list-style-type: none"> 1. Sustain care provided to women in labour and delivery by continuing and enhancing the professional development of midwives. 2. Continue to listen and respond to women through the promotion of 'Your Service, Your Say' and the HSE Home Birth Service survey. 	Work ongoing and will continue 2020-2022
	WHAT THIS MEANS FOR WOMEN <ul style="list-style-type: none"> • Women will continue to be provided with safe quality evidence-based maternity care. • Women's voices will be consistently listened to by a responsive service and their feedback acted upon when service improvement is required. 	



SUPPORT WITH FEEDING AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
SUPPORT: Women experienced respect and support for their choice of feeding from their midwife.	The National Women and Infants Health Programme will work jointly with Community Services to: <ol style="list-style-type: none"> 1. Sustain respectful and collaborative care provided to women in infant feeding by continuing and enhancing the professional development of midwives. 2. Continue implementation of the WHO/UNICEF Baby Friendly Initiative to protect, promote and support breastfeeding amongst home birth women. 	Work ongoing and will continue through to 2022
	WHAT THIS MEANS FOR WOMEN <ul style="list-style-type: none"> • Women will continue to be provided with evidence based clinical care within a service that values women's choice, works in partnership with them and promotes breastfeeding initiation and support. 	



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>SUPPORT: Women expressed a high level of professional support and involvement in decision-making with their midwife.</p>	<p>The National Women and Infants Health Programme will work jointly with Community Services to:</p> <ol style="list-style-type: none"> 1. Continue the provision of accessible, timely and respectful care to women. 2. Engage with the Department of Health and key stakeholders in Community Care for the standardised provision of postnatal care to women and their babies opting for a home birth. 3. Build the professional capacity and service capability for community midwives. 4. Integrate the existing service into the acute services setting as set out in the National Maternity Strategy. 	Work ongoing and will continue 2020- 2022
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women and their babies will continue to receive safe evidence-based postnatal care at home. • Women will have choice in maternal and infant care in the immediate postnatal period and up to six weeks postpartum. • Women and babies will have full access to the schedule of care as set out by the Maternity and Infant Scheme. 	



OVERALL EXPERIENCE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>PARTNERSHIP: Women experienced exceptional levels of empowerment and partnership in decision making plus confidence and trust in their midwife.</p> <p>DIGNITY & RESPECT: Women consistently experienced dignity and respect at all stages of maternity care.</p>	<p>The National Women and Infants Health Programme will work jointly with Community Services to improve women's overall experience of homebirth care by implementing the quality improvement initiatives set out below:</p> <ol style="list-style-type: none"> 1. Specific clinical skills-based education programmes for midwives working in the home. 2. A communication plan to explain and promote the service to women, GPs, acute maternity and public health nursing services. 3. Safe, seamless integration of the service to the acute services setting whereby care to women and babies is uninterrupted and supported. 4. Establishment of a Clinical Advisory Group to augment existing clinical oversight and clinical support within the service. 5. Review of the existing policies, procedures and guidelines and continued acknowledgment of the need to respond to changes within national and international maternity policies and guidelines. 6. Expansion of midwifery peer review meetings throughout the country to promote a learning environment and enhance midwifery networks between community and acute-led services. 7. Continued use of HSE policies and guidelines as a benchmark for clinical audit of the service and be responsive to recommendations. 8. Promote the role of independent Advocacy Services as an assistance to women providing feedback. 9. Continue to acknowledge and support midwives as lone workers in the community through the implementation of the HSE Lone Working Policy (2018). 10. Continued promotion of and support for a woman centred Model of Care. 	Work commenced in 2020 and ongoing
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women are cared for by midwives who are supported in clinical practice. • Women have access to streamlined maternity services with seamless transfer of clinical information between community and maternity services leading to greater safety in care. • Women receive care within a service underpinned by robust clinical governance structures. • Women are supported to provide service feedback and are listened and responded to. 	

Community Healthcare Organisations (CHO)

CHO 1: Donegal, Sligo, Leitrim, Cavan, Monaghan Public Health Nursing Services

CHO 2: Galway, Roscommon, Mayo Public Health Nursing Services

CHO 3: Clare, Limerick and North Tipperary Public Health Nursing Services

CHO 4: Kerry, Cork Public Health Nursing Services

CHO 5: The South East Community Healthcare Public Health Nursing Services, Carlow, Kilkenny, Waterford, Wexford & South Tipperary

CHO 6: Dublin South East, Dun Laoghaire, Wicklow Public Health Nursing Services

CHO 7: Dublin West, Dublin South-West, Dublin South City, Kildare, West Wicklow Public Health Nursing Services

CHO 8: Meath, Louth, Longford, Westmeath, Laois, Offaly Public Health Nursing Services

CHO 9: Dublin North City & County Public Health Nursing Services

We would like to express our thanks to all the women who have provided feedback in the recent National Maternity Experience Survey (NMES). The findings of NMES 2020 tell us what matters to women and about the important improvements that can be made to improve womens experience of care in community services.

The findings of the survey highlighted that, 99% of women said that they had been visited at home by a public health nurse after their baby's birth, while 85% said that their baby had a received a 2-week check-up with their general practitioner. Of the women who responded 89%, said that they were always treated with respect and dignity while being cared for at home after the birth. The lowest-scoring question for this stage related to support for mental health. 29% of women said that their GP or practice nurse/midwife did not spend enough time talking with them about their mental health at their postnatal check-up.

Womens stories about positive experiences together with areas for improvement have been reviewed in detail to inform improvement priorities across community care. We commend the Directors of Public Health Nursing Services across Ireland who developed the comprehensive Quality Improvement Plans published in this report. We also welcome the engagement and support of the ICGP who have also developed a Quality Improvement Response detailing how they will engage GPs across Ireland in the next phase of the National Maternity Experience Programme 2020.

The Chief Officers of the CHOs were very encouraged by the feedback generated by the National Maternity Experience Survey 2020, particularly where women expressed their satisfaction with the overall support they received from their Public Health Nurse/GP in those vital early days. PHNs, GPs and all Community Care Staff across Ireland strive to provide a very unique service to women and infants guided by the most up-to-date information available using the new standardised National Healthy Childhood Programme for child developmental screening.

The Quality Improvement Plans published by each CHO highlight the implementation of The HSEs Nurture Infant Health and Wellbeing Programme, which aims to improve the health and wellbeing for babies, young children and families. Publications such as '*Caring for your Baby*' and '*Caring for your Child*' books given to every parent by the PHN at particular developmental stages are an invaluable resource. Access to the www.mychild.ie website is an excellent back up for parents and offers reassurance that parents can access reliable on-line information.

One example of feedback provided

“I struggled with breast feeding initially and my public health nurse could not have been better. She linked in with me almost everyday for the first week and gave me so much information on support groups etc.”

Womens stories, highlight excellence across community care and the need to strengthen support for breastfeeding. Improved support for breastfeeding in the community is a feature of each QIP published.

The promotion of mental health and well-being throughout pregnancy is identified in the NMES 2020 as a priority for improvement. Improved health information on mental health and well-being, the implementation of the HSEs Model of Care on Perinatal Mental Health and the promotion of social support groups for parenting and motherhood are outlined in both hospital and community QIPs.

The sudden COVID-19 pandemic posed particular challenges for all Community Care Services. In response to this some PHN services and GP practices have identified Telehealth as a technological solution to providing support to women in the early days of motherhood. Our Services have demonstrated resilience by adapting, innovating, and responding in real-time to a rapidly changing environment. This was possible due to the strong emphasis on team work in CHOs in which the HSE values in action were lived each day to deliver improved outcomes for women and patients.

We would like to once again thanks the women for participating in the NMES 2020. It is imperative that we pay particular attention to those areas where women are less satisfied and even dissatisfied with our services. Overleaf you will read details of quality improvement plans we are putting in place to address areas of concern. We are committed to improving womens experience of care in every CHO and in every service, our staff are taking a keen interest in the survey results and in translating them into service improvement.

Martina Queally

Chief Officer, on behalf of the Chief Officer Group, HSE



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Access to health information about the physical and mental health changes that occur during pregnancy needs to be improved.</p> <p>ANTENATAL EDUCATION: Access to antenatal educational classes needs to improve.</p>	<p>Donegal Public Health Nursing will work in partnership with Letterkenny University Hospital and Sligo University Hospital and key stakeholders to enhance the current provision of antenatal education services in Donegal Community Health Services.</p> <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Antenatal education will be made more accessible to women through social media platforms and adopts the recently launched National Standards for Antenatal Education encouraging the full engagement of women and their partners. In Donegal, the provision of antenatal education classes in the networks will resume when all Healthcare services reopen post-COVID-19. • The 'My Pregnancy' book will be provided to each woman when they first engage with antenatal services at Letterkenny University Hospital and Sligo University Hospital 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 will also be 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>Commenced in 2020 following the launch of the National Standards in Antenatal Education</p>



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>SUPPORT: Women said that they would like more support and help with feeding their baby after they have been discharged from hospital.</p> <p>HEALTH INFORMATION: Better access to health information on health and well-being including mental health.</p>	<p>Donegal Public Health Nursing Service is working together with local Maternity Hospitals and the National Healthy Childhood Programme to implement quality improvement initiatives to improve women’s experience of care in the home after birth, including better infant feeding support for women in the postnatal period.</p> <p>The Public Health Nursing service is implementing the new national Healthy Childhood Programme Child Health Record from 1st September 2020.</p> <ul style="list-style-type: none"> • PHNs have completed the requisite HSE Land modules and the clinical skills training to provide same, ie: <ul style="list-style-type: none"> – National Newborn Bloodspot module; – Developmental assessment and growth modules; – Child safety modules; – In-person clinical skills seminar was provided in August 2020, with final training sessions scheduled for September 2020, including motivational interviewing role-play. • PHNs will continue to promote the uptake of vaccinations at all preschool child developmental reviews. 	<p>Work commenced in 2020 and is ongoing</p>
<p>IMPROVING FEEDING: Support in the home during the postnatal phase.</p>	<ul style="list-style-type: none"> • Building the capacity of PHNs, promoting a consistent message and providing support for infant feeding in the postnatal phase: • All PHN nursing staff have completed the HSE training programme on: <ul style="list-style-type: none"> – Supporting Breastfeeding; – Breastfeeding Challenges; – The BOAT – Breastfeeding Observation Assessment Tool has been introduced as standard practice to provide professional assessment and guidance to breastfeeding mothers; – Approval for two Public Health Nursing Lactation Consultants are being sought; – 10 steps to successful breastfeeding (www.baby-friendly.ie), supporting skin-to-skin contact and responsive feeding will be actively promoted in Community Care. • The Public Health Nursing Service promotes breast-feeding through the direct provision of breastfeeding support groups and working with breast-feeding support organisations including La Leche League, Cuidiú and others. • Five PHNs across Donegal are trained as Lactation Consultants, providing expert advice to colleague PHNs in their work with breastfeeding mothers. • Improving health information for women in the home continues to be a key priority for the PHN team working across Donegal. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • The role of all PHNs and midwives in supporting women to breastfeed will be actively promoted, to increase support for women with breastfeeding in the home. • Lactation nurse specialists/local community support groups/Ask the Expert support Service will be available to women with more complex health needs or who require additional support with breastfeeding. • Health information will be provided to women about local feeding support groups available to them in the community, including local community support groups such as La Leche League/Cuidiú/parent and infant programmes and will be promoted to all. • Women will receive health information from their PHN about health and well-being after birth including the mental health changes that occur in the postnatal phase. • Women will receive the 'My Child: 0 to 2 years' book, which will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. 	



OVERALL EXPERIENCE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>QUALITY IMPROVEMENT INITIATIVES:</p> <p>Women said that being treated with dignity and respect impacts on their experience of care.</p> <p>Community Health Care Services in Donegal are implementing quality improvement initiatives to improve women's overall experience of maternity care including a continued focus on:</p> <ul style="list-style-type: none"> • Organisational culture. • Advocacy for Women in Maternity Care. • Encouraging women to give feedback about their experience. • Monitoring improvement initiatives on an ongoing basis. 	<p>Community Health Services in Donegal are implementing quality improvement initiatives to improve women's overall experience of maternity care.</p> <ul style="list-style-type: none"> • The new independent Patient Advocacy Service is being promoted in local Maternity Hospitals and women will be informed of the support available to them through the PAS, should they wish to make a complaint or address an advocacy-related issue about their maternity care. • Staff and Managers will participate in the educational programme on Patient Safety Complaints Advocacy, designed to build staff competency and skills in responding to healthcare complaints and advocacy related issues in 2021. • All staff have completed the HSE Land module Communicating Effectively through Open Disclosure. • All staff will complete the HSE Land Module 'Complaints Handling, guidance for Clinical Staff'. • The Values in Action Programme is actively promoted in Donegal Community Health Services and will continue to prioritise in 2020-21 as a way of promoting the HSE values of Dignity and Respect and Confidence and Trust in our healthcare Services. • The National Healthcare Communication Programme will be made available across CHO 1 in 2021 involved in the delivery of care in the home. • Calgary Cambridge Consultation Pocket guide circulated to all staff on 27th July 2020, to promote improved communication skills and a consistent approach to engaging with patients. • A communications plan, profiling how Community Healthcare Services in CHO 1 responded to the findings of the National Maternity Experience Survey 2020 will be promoted at local level. Women will be encouraged to give feedback on an ongoing basis. • The findings of the National Maternity Experience Survey 2020 and in particular the feedback received will be shared with all PHNs working across Donegal to share learning and to raise awareness of what matters to women who use our services. • Evaluation of the initiatives outlined above will be conducted to measure progress annually. • Quality Care Metric 'Maternal Health' will commence in Quarter 4 of 2020. 	<p>Work commenced in 2019 and ongoing</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be provided with better information about how to provide feedback about their experience. • Women will know about the new Independent Patient Advocacy Service and about how to make a complaint or a patient advocacy related issue. • Women will understand that their feedback makes a difference and that local community services are Listening, Responding and Improving Maternity Care Services for Women. 	



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>SUPPORT: Women said that they would like more support and help with feeding their baby after they have been discharged from hospital.</p> <p>HEALTH INFORMATION: Better access to health information on health and well-being including mental health.</p>	<p>The Public Health Nursing Service of Cavan-Monaghan is working in partnership with local Maternity Hospitals and key stakeholders to implement quality improvement initiatives to improve women’s experience of care in the home after birth, including better infant feeding support and mental health and well-being for women in the postnatal period.</p> <p>All Public Health Nurses in Cavan Monaghan have participated in the HSE National Healthy Childhood Programme. This Quality Implement Programme includes the use of standardised Child Health Records/Public Health Nursing manuals and associated training and timing of the core childhood developmental assessments. This training will be completed by the end of September 2020.</p> <ul style="list-style-type: none"> • All children under the care of the Public Health Nursing Service of Cavan-Monaghan will receive their core developmental assessments at the following time intervals 48-72 hours, 3 months, 9-11 months, 21-24 months and 3.8-4 years. • Improving health information for women in the home continues to be a key priority for the PHN teams working across Cavan Monaghan. • The Public Health Nursing Service of Cavan-Monaghan continue to: <ul style="list-style-type: none"> – promote the uptake of Primary Childhood immunisations at all core developmental assessments; – are involved in discharge planning and support of babies from the Special Care Baby Unit in Cavan General Hospital; – promote and signposting mother and toddler groups for women – however, this has been impacted due to COVID-19. 	<p>Work commenced in 2020 and is ongoing</p>
<p>IMPROVING FEEDING: Support in the home during the postnatal phase.</p>	<ul style="list-style-type: none"> • PHN staff are participating in the breastfeeding training programme developed by HSE National Healthy Childhood Programme. – This includes training and education on: <ul style="list-style-type: none"> – Supporting breastfeeding; – Breastfeeding challenges; – The BOAT Breastfeeding Observation Assessment Tool. • 10-steps to successful breastfeeding ie. supporting skin-to-skin contact and responsive feeding will be actively promoted and adapted for Community Settings • Cavan Monaghan PHN Services will seek the approval of a Lactation Consultant post to meet with the growing demands of the Service. 	<p>Work commenced in 2020 and is ongoing</p>
<p>PERINATAL MENTAL HEALTH: Promote, support and improve perinatal mental health.</p>	<p>Promoting support and improving care for women – Perinatal Mental Health:</p> <ul style="list-style-type: none"> • Training in Listening visits to offer support to Postnatal mothers who have been screened and identified as having mild postnatal depression –will be provided for Public Health Nurses in Cavan Monaghan. • Public Health Nurses in Cavan Monaghan will: <ul style="list-style-type: none"> – work collaboratively with Cavan and Monaghan hospital maternity services with regards to training on perinatal mental health; – receive updated training on Screening for Depression in women in the Antenatal and Postnatal period; – complete the HSEland module on Infant Mental Health; – work collaboratively with Cavan and Monaghan Hospital maternity Services in identifying mothers who would benefit from debriefing service post-birth of their babies; – explore the Solihull approach to parenting-promoting the benefits of attachment parenting and emotional well-being; – to have all permanent PHN posts filled to ensure mothers are supported on discharge from the maternity hospital. 	<p>Work commenced in 2020 and is ongoing</p>
<p>MIDWIFERY-LED UNIT</p>	<ul style="list-style-type: none"> • PHNs in Cavan Monaghan will collaborate with Cavan and Monaghan Maternity Hospital Services Midwifery-Led Unit in relation to ways of promoting the Midwifery-Led Unit Service in line with agreed referral criteria. 	<p>Work commenced in 2020 and is ongoing</p>



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>MIDWIFERY-LED UNIT</p>	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will feel supported following the birth of their baby. • Women will feel listened to concerning their birth experience. • The role of all PHNs and midwives in supporting women to breastfeed will be actively promoted, to increase support for women with breastfeeding in the home • Lactation nurse specialists/local community support groups/Ask the Expert support Service will be available to women with more complex health needs or who require additional support with breastfeeding. • Health information will be provided to women about local feeding support groups available to them in the community, including local community support groups such as La Leche League/parent and infant programmes in the region. • Women will receive health information from their PHN about health and well-being after birth including the mental health changes that occur in the postnatal phase. • Women will receive the 'My Child: 0 to 2 years' book, which will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. 	



OVERALL EXPERIENCE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>QUALITY IMPROVEMENT INITIATIVES: Women said that being treated with dignity and respect impacts on their experience of care.</p> <p>Community Health Services in Cavan Monaghan is implementing quality improvement initiatives to improve women's overall experience of maternity care including a continued focus on:</p> <ul style="list-style-type: none"> • Organisational culture. • Advocacy for Women in Maternity Care. • Encouraging women to give feedback about their experience. • Monitoring improvement initiatives on an ongoing basis. 	<p>Community Health Services in Cavan Monaghan is implementing quality improvement initiatives to improve women's overall experience of maternity care.</p> <ul style="list-style-type: none"> • The new independent Patient Advocacy Service is being promoted in local Maternity Hospitals and women will be informed of the support available to them through the PAS, should they wish to make a complaint or address an advocacy-related issue about their maternity care. • Staff and Managers in Community Health Services in Cavan Monaghan will participate in the educational programme on Patient Safety Complaints Advocacy, designed to build staff competency and skills in responding to healthcare complaints and advocacy related issues in 2021. • The Values in Action Programme is actively promoted in Community Health Services in Cavan Monaghan and will continue to prioritise in 2020-21 as a way of promoting the HSE values of Dignity and Respect and Confidence and Trust in our healthcare Services. • The National Healthcare Communication Programme will be made available across Community Health Services in Cavan Monaghan for PHNs involved in the delivery of care in the Home. • A communications plan profiling how Community Health Services in Cavan Monaghan responded to the findings of the National Maternity Experience Survey 2020 will be promoted at a local level. Women will be encouraged to give feedback on an ongoing basis. • The findings of the National Maternity Experience Survey 2020 and in particular the feedback received about Community Health Services in Cavan Monaghan will be shared with all PHNs working across community care to share learning and to raise awareness of what matters to women who use our services. • Evaluation of the initiatives outlined above will be conducted to measure progress annually. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be provided with better information about how to provide feedback about their experience. • Women will know about the new Independent Patient Advocacy Service and about how to make a complaint or a patient advocacy related issue. • Women will understand that their feedback makes a difference and that local community services are Listening, Responding and Improving Maternity Care Services for Women. 	<p>Work commenced in 2018 and ongoing</p>



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>HEALTH INFORMATION: Access to health information about the physical and mental health changes that occur during pregnancy needs to be improved.</p>	<p>The Public Health Nursing Service, Sligo, Leitrim/West Cavan (CHO 1) work in partnership with Sligo University Hospital and key stakeholders to enhance the current provision of antenatal education services in Sligo, Leitrim/West Cavan.</p> <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Antenatal education will be made more accessible to women through social media platforms and adopts the recently launched National Standards for Antenatal Education encouraging the full engagement of women and their partners. Antenatal Education Classes in Primary Care setting in Sligo and Leitrim are facilitated by PHNs in partnership with Sligo University Hospital Midwifery Services. These classes have ceased since 23rd March 2020, due to COVID-19 and will resume when all services can re-open. • The 'My Pregnancy' book will be provided to each woman when they first engage with antenatal services at Sligo University Hospital, 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 will also be promoted as the trusted source of information for parents. In particular, the breastfeeding support section will be promoted including the Ask our Expert service. • Public Health Nurses (4) were facilitated to attend specific training at University College Hospital Cork regarding Antenatal Education. The Antenatal Education class programme was reviewed and updated to meet best practice guidelines. Updated training was provided to all PHNs who participate in Antenatal Education. • Antenatal Breastfeeding classes commenced in 2018. • More emphasis on Information concerning Nutrition in pregnancy and Mental Health changes that may occur will be facilitated at Antenatal Education Classes. • All PHNs have been facilitated to complete HSELand training modules developed by National Healthy Childhood Programme. 	<p>Commenced in 2020 following the launch of the National Standards in Antenatal Education</p>



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>SUPPORT: Women said that they would like more support and help with feeding their baby after they have been discharged from hospital.</p> <p>HEALTH INFORMATION: Better access to health information on health and well-being including mental health.</p>	<p>The Public Health Nursing Service, Sligo, Leitrim/West Cavan work in partnership with other relevant community services and maternity services at Sligo University Hospital, Letterkenny University Hospital and Cavan General Hospital through the CHO 1 Child Health Steering Group Committee to implement quality improvement initiatives to improve women's experience of care in the home after birth, including better infant feeding support for women in the postnatal period.</p> <p>All PHNs in Sligo, Leitrim/West Cavan have participated in the HSE National Healthy Childhood Programme.</p> <ul style="list-style-type: none"> This programme has developed a standardised national Child Health Record/ Public Health Nursing manuals and associated training. In line with best practice the timing of the core childhood developmental assessments. To Support Implementation of best practice and quality improvement initiatives. The new Child Healthcare Record will be in use for all children born in Sligo, Leitrim/West Cavan from 1st October 2020. All Public Health Nurses will complete the requisite training modules including: <ol style="list-style-type: none"> National Newborn Bloodspot Screening Developmental assessment and growth; Child safety; and Face-to-face clinical skills training. This training will be completed by the end of September 2020. 	<p>Quality Improvement Projects implemented in 2020 and ongoing</p>
	<ul style="list-style-type: none"> All children under the care of the PHN will receive their core developmental assessments at the following time intervals 48-72 hours, 3 months, 9-11 months, 21-24 months and 3.8-4 years Improving health information for women in the home continues to be a key priority for the PHN teams working across CHO 1. A Lactation Consultant Public Health Nurse will be appointed. It is a temporary 1-year post. The Breastfeeding clinic established in Sligo Town to support new mothers requiring additional support postnatally. This service is currently suspended due to COVID-19. A Forum which consists of partners from La Leche League, Maternity Hospital Services, HEIs, and community services meets frequently to continue improvement projects relating to breastfeeding support for mothers across the region. Peer support for Breastfeeding is actively promoted in the region. The Triple P, a Parenting Programme is available and promoted to all families in Sligo, Leitrim/West Cavan. This programme is a multidisciplinary approach facilitated by HSE Health and well-being, Primary Care Services and HSE Psychology Services and Tusla. 	<p>Quality Improvement Projects implemented in 2020 and ongoing</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> The role of all PHNs and midwives in supporting women to breastfeed will be actively promoted, to increase support for women with breastfeeding in the home Lactation nurse specialists/local community support groups/Ask the Expert support Service will be available to women with more complex health needs or who require additional support with breastfeeding. This is very dependant on the appointment of the Lactation Consultant post. Health information will be provided to women about local feeding support groups available to them in the community, including local community support groups such as La Leche League/parent and infant programmes will be promoted. Women will receive health information from their PHN about health and well-being after birth including the mental health changes that occur in the postnatal phase Women will receive the 'My Child: 0 to 2 years' and 2-5 yearbooks, which will be actively promoted as part of the suite of health information provided to all parents. 	



OVERALL EXPERIENCE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>QUALITY IMPROVEMENT INITIATIVES:</p> <p>Women said that being treated with dignity and respect impacts on their experience of care.</p> <p>Sligo, Leitrim/West Cavan Public Health Nursing Services is implementing quality improvement initiatives to improve women’s overall experience of maternity care including a continued focus on:</p> <ul style="list-style-type: none"> • Organisational culture. • Advocacy for Women in Maternity Care. • Encouraging women to give feedback about their experience. • Monitoring improvement initiatives on an ongoing basis. 	<p>Sligo, Leitrim/West Cavan PHN Services is implementing quality improvement initiatives to improve women’s overall experience of maternity care.</p> <ul style="list-style-type: none"> • The new independent Patient Advocacy Service will be promoted and women will be informed of the support available to them through the PAS, should they wish to make a complaint or address an advocacy-related issue about their maternity care. • The National Healthcare Communication Programme will be made available across Sligo, Leitrim/West Cavan for PHNs involved in the delivery of care in the Home in 2021. • A communications plan, profiling how Sligo, Leitrim/West Cavan responded to the findings of the National Maternity Experience Survey 2020 will be promoted at a local level. Women will be encouraged to give feedback on an ongoing basis. • The findings of the National Maternity Experience Survey 2020 and in particular the feedback received about Sligo, Leitrim/West Cavan will be shared with all Public Health Nursing Services working across community care to share learning and to raise awareness of what matters to women who use our services. • Evaluation of the initiatives outlined above will be conducted to measure progress annually. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be provided with better information about how to provide feedback about their experience. • Women will know about the new Independent Patient Advocacy Service and about how to make a complaint or a patient advocacy related issue. • Women will understand that their feedback makes a difference and that local community services are Listening, Responding and Improving Maternity Care Services for Women. 	<p>Work commenced in 2019 and ongoing</p>



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>SUPPORT: Women said that they would like more support and help with feeding their baby after they have been discharged from hospital.</p> <p>HEALTH INFORMATION: Better access to health information on health and well-being including mental health.</p> <p>SOCIAL SUPPORT: Women said that they would like more information on social support networks.</p>	<p>Public Health Nurses (PHNs) in Galway/Mayo/Roscommon are working in partnership with the Nurture Programme to implement quality improvement initiatives to improve women’s experience of care in the home after birth, including better infant feeding support for women in the postnatal period.</p> <ul style="list-style-type: none"> All child health PHNs are delivering the HSE National Healthy Childhood Programme. The child health programme has been updated to bring it in line with the most up to date evidence on child health screening, immunisations and child health reviews. By the end of 2020 all child health PHNs in Galway, Mayo and Roscommon: <ul style="list-style-type: none"> will be using the standardised national child health record for all babies in the region; will have completed the blended learning training programme that underpins their practice; will be using the new PHN Practice Manual to support their delivery of the programme. PHNs will participate in the breastfeeding programme developed by the HSE National Healthy Childhood Programme. Empowering parents through the provision of better health information is a key priority for the PHNs in Galway, Mayo and Roscommon. PHNs provide parents with the ‘My Child: 0 to 2 years’ book at the primary visit that occurs within 72-hours of discharge from the hospital. PHNs will promote mother and toddler groups for specific groups who need additional or local supports. 	<p>Work commences 1st October 2020 and ongoing</p>
<p>PERINATAL MENTAL HEALTH: Promote, support and improve perinatal mental health.</p>	<p>In promoting supporting and improving perinatal mental health care for women the PHNs in CHO 2 Galway/Mayo/Roscommon will:</p> <ul style="list-style-type: none"> be familiar with the care pathways as outlined for women with moderate to severe mental illness as set out in the Specialist Perinatal Mental Health Model of Care for Ireland 2017; be familiar with the specialist perinatal mental health app; inform women of the Mental Health and Pregnancy Health Information Leaflets as appropriate; work collaboratively with maternity services with regards to training on perinatal mental health; complete the HSEland module on Infant Mental Health; and work collaboratively with local maternity services in identifying mothers who would benefit from debriefing service post-birth of their babies. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> The role of all PHNs and midwives in supporting women to breastfeed will be actively promoted, to increase support for women with breastfeeding in the home Health information will be provided to women about local feeding support groups available to them in the community. Women will receive information from their PHN about health and well-being after birth including the mental health changes that occur in the postnatal phase Women will receive the ‘My Child: 0 to 2 years’ book, which will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. 	<p>Work commences 1st October 2020 and ongoing</p>



OVERALL EXPERIENCE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>QUALITY IMPROVEMENT INITIATIVES: Women said that being treated with dignity and respect impacts on their experience of care.</p> <p>Community Health Care Services in Galway, Roscommon and Mayo are implementing quality improvement initiatives to improve women’s overall experience of maternity care including a continued focus on:</p> <ul style="list-style-type: none"> • Promoting dignity and respect for all. • Organisational culture. • Advocacy for Women in Maternity Care. 	<p>The Public Health Nursing Service in Galway, Mayo and Roscommon: Service is implementing quality improvement initiatives to improve women’s overall experience of maternity care.</p> <ul style="list-style-type: none"> • A communications plan, profiling how services responded to the findings of the National Maternity Experience Survey 2020 will be promoted at local level. Women will be encouraged to give feedback on an ongoing basis. • The findings of the National Maternity Experience Survey 2020 and in particular the feedback received about services will be shared with all PHNs working across community care to share learning and to raise awareness of what matters to women who use our services. • The new independent Patient Advocacy Service will be promoted and women will be informed of the support available to them through the PAS, should they wish to make a complaint or address an advocacy-related issue about their maternity care. <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be provided with better information about how to provide feedback about their experience. • Women will know about the new Independent Patient Advocacy Service and about how to make a complaint or a patient advocacy related issue. • Women will understand that their feedback makes a difference and that the PHN services are listening, responding and improving Maternity Care Services for Women. 	<p>Work commences 1st October 2020 and ongoing</p>



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Access to health information about the physical and mental health changes that occur during pregnancy needs to be improved.</p> <p>ANTENATAL EDUCATION: Access to antenatal educational classes needs to improve.</p> <p>ANTENATAL OPTIONS: Promote choice of maternity care options during the antenatal care phase.</p>	<p>The Public Health Nursing Service in Clare, Limerick and North Tipperary (CHO3) is working in partnership with local Maternity Hospitals and key stakeholders to enhance the current provision of antenatal education services in the Mid West.</p>	<p>Commenced in 2020 following the launch of the National Standards in Antenatal Education</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Antenatal education will be made more accessible to women through social media platforms and adopts the recently launched National Standards for Antenatal Education encouraging the full engagement of women and their partners. • The 'My Pregnancy' book will be provided to each woman when they first engage with antenatal services at local Maternity Hospitals, 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 will also be promoted as the trusted source of information for parents. In particular, the breastfeeding support section will be promoted including the Ask our Expert service. 	



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>SUPPORT: Women said that they would like more support and help with feeding their baby after they have been discharged from hospital.</p>	<ul style="list-style-type: none"> • Public Health Nursing in Clare, Limerick and North Tipperary are working together with local Maternity Hospitals to implement quality improvement initiatives to improve women's experience of care in the home after birth, including better infant feeding support for women in the postnatal period. 	Ongoing
	<ul style="list-style-type: none"> • All public Health Nurses in Clare, Limerick and North Tipperary have participated in the HSE National Healthy Childhood Programme (NHCP). This Quality Initiative includes the use of standardised Child Health Records, Public Health Nursing manuals and associated training. The standardised Child Health Record will be introduced in the Mid-West by end of Q4. 	Q4 2020
	<ul style="list-style-type: none"> • Women will receive the 'My Child: 0 to 2 years' book, which will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. 	Q4 2020
	<ul style="list-style-type: none"> • All PHN's in Clare, Limerick and North Tipperary will have completed the following (NHCP) training by December 2020. This includes: <ul style="list-style-type: none"> – National Newborn Bloodspot module; – Developmental assessment and growth modules; – Child safety modules; – Growth Monitoring; – Clinical Skills Training (face to face training). • Improving standardised health information for women in the home continues to be a key priority for the PHN teams working across Clare, Limerick and North Tipperary. The implementation of the NCHP will ensure all information is standardised. • The PHN Service will work closely with the Community Midwifery Service to ensure standardised care and smooth transition to PHN Service. • All PHN's work in partnership with the local Maternity Hospital in facilitating the discharge planning and support of babies from the Special Care Baby Unit's. • All PHN's are aware of local supports for parents and continue to signpost new parents to available supports in their area, however, some supports have been reduced due to COVID-19. 	Q4 2020



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Better access to health information on health and well-being including mental health.</p>	<ul style="list-style-type: none"> All PHNs in Clare, Limerick and North Tipperary will complete the infant mental health module on HSEland. 	Q4 2021
	<ul style="list-style-type: none"> All PHNs in Clare, Limerick & North Tipperary will work collaboratively with local Hospital Maternity services in identifying mother who would benefit from debriefing services following the birth of their baby. 	Ongoing
	<ul style="list-style-type: none"> All PHNs in Clare, Limerick and North Tipperary will continue to screen all postnatal mothers at each Core Check and contacts if required. 	Ongoing
	<ul style="list-style-type: none"> Directors of Public Health Nursing in Clare, Limerick and North Tipp will endeavour to have all permanent PHN posts filled to ensure mothers are supported on discharge from the maternity hospital. 	Ongoing
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Women will receive health information from their PHN about health and well-being after birth including the mental health changes that occur in the postnatal phase. All women will be referred to a relevant health professional where appropriate in a timely manner. 	
<p>IMPROVING FEEDING: Support in the home during the postnatal phase.</p>	<p>The PHN's in Clare, Limerick and North Tipperary will continue to build capacity in promoting a consistent message and providing support for infant feeding in the postnatal phase:</p>	Ongoing
	<p>The PHN service in Clare, Limerick and North Tipp will continue to provide support to women who wish to Breastfeed by ensuring that:</p> <ul style="list-style-type: none"> All PHN's have completed the HSEland training programme on Supporting Breastfeeding and Breastfeeding Challenges by December 2020. 	Q4 2020
	<ul style="list-style-type: none"> The BOAT – Breastfeeding Observation Assessment Tool is used as standard practice to provide professional assessment and guidance to breastfeeding mothers. 	Ongoing
	<ul style="list-style-type: none"> The Public Health Nursing Services promotes breast-feeding through the direct provision of breastfeeding support groups and working with breastfeeding support organisations including La Leche League, Cuidiù and others. 	Ongoing
	<p>There are 3 Lactation Consultants in a post in the Mid-West who will continue to:</p> <ul style="list-style-type: none"> Provide support to mother's who have difficulty with establishing breastfeeding. This support will be provided through domiciliary visits, clinic visits or telehealth. 	Ongoing
	<ul style="list-style-type: none"> Establish breastfeeding groups in each network (however this has been impacted by COVID-19). 	Ongoing
	<ul style="list-style-type: none"> Ensure PHN's have correct competencies to support breastfeeding mothers. 	Ongoing
	<ul style="list-style-type: none"> Work in partnership with local Maternity Hospitals to support mother's to establish breastfeeding while babies are in the Special Care Baby Unit. 	Ongoing
	<ul style="list-style-type: none"> Provide breast pumps to mothers with babies who are in the Special Care Baby Unit and have completed care needs. 	Ongoing
	<ul style="list-style-type: none"> Breastfeeding Project Plan for Limerick – an increase in the uptake of mothers who breastfeed by 2% every year. 8 PHNs across Clare, Limerick and North Tipperary are trained as Lactation Consultants, providing expert advice to colleagues PHN's in their work with breastfeeding mothers. 	Ongoing



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
IMPROVING FEEDING: Support in the home during the postnatal phase.	WHAT THIS MEANS FOR WOMEN <ul style="list-style-type: none"> The role of all PHNs and midwives in supporting women to breastfeed will be actively promoted, to increase support for women with breastfeeding in the home. Lactation nurse specialists/local community support groups/Ask the Expert support Service will be available to women with more complex health needs or who require additional support with breastfeeding. Health information will be provided to women about local feeding support groups available to them in the community, including local community support groups such as La Leche League/parent and infant programmes will be promoted to all. The PHN service will continue to provide ongoing support to those mothers who choose to bottle feed their babies in the home or clinic setting. 	
IMMUNISATIONS:	The Public Health Nursing Service of Clare, Limerick and North Tipperary will continue to: <ul style="list-style-type: none"> Promote the uptake of Primary Childhood Immunisations at all core developmental assessment. All PHN's in the Mid-West will receive an update on Immunisations from local vaccination team. WHAT THIS MEANS FOR WOMEN <ul style="list-style-type: none"> Women will receive the 'My Child: 0 to 2 years' book, which will provide information regarding the Primary childhood immunisation schedule that they can avail of and also the diseases which they prevent. Women will receive current information from the PHN service concerning a safe and effective way to protect their child from diseases. Women will have informed consent regarding their decision to vaccinate their child. 	Q2 2021



OVERALL EXPERIENCE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>QUALITY IMPROVEMENT INITIATIVES:</p> <p>Women said that being treated with dignity and respect impacts on their experience of care.</p> <p>Community Health Care Services in Clare, Limerick and North Tipperary are implementing quality improvement initiatives to improve women's overall experience of maternity care including a continued focus on:</p> <ul style="list-style-type: none"> • Promoting dignity and respect for all. • Organisational culture. • Advocacy for Women in Maternity Care. 	<ul style="list-style-type: none"> • PHN service in Clare, Limerick and North Tipperary are implementing quality improvement initiatives to improve women's overall experience of maternity care. 	Ongoing
	<ul style="list-style-type: none"> • The new independent Patient Advocacy Service is being promoted in local Maternity Hospitals and women will be informed of the support available to them through the PAS, should they wish to make a complaint or address an advocacy-related issue about their maternity care. 	Ongoing
	<ul style="list-style-type: none"> • All PHN's will be made aware of the Patient Advocacy Service. 	Q1 2021
	<ul style="list-style-type: none"> • All staff will have completed the HSELand module Communicating effectively through Open Disclosure by Q1 2021. 	Q1 2021
	<ul style="list-style-type: none"> • All staff will complete the HSELand Module Complaints Handling, guidance for Clinical Staff. 	Q1 2021
	<ul style="list-style-type: none"> • The Values in Action Programme is actively promoted in Community Health Services in Clare, Limerick and North Tipperary and will continue to prioritise in 2020-2021 as a way of promoting the HSE values of Dignity and Respect and Confidence and Trust in our Health Care Services. 	Ongoing
	<ul style="list-style-type: none"> • A communications plan, profiling how Community Healthcare Services in CHO 3 responded to the finding of the National Maternity Experience Survey 2020 will be promoted at a local level. Women will be encouraged to give feedback on an ongoing basis. 	Ongoing
	<ul style="list-style-type: none"> • The findings of the National Maternity Experience Survey 2020 and in particular the feedback received will be shared with all PHNs working across Clare, Limerick and North Tipperary to share learning and to raise awareness of what matters to women who use our services. 	Ongoing
	<ul style="list-style-type: none"> • Evaluation of the initiatives outlined above will be conducted to measure progress annually. 	Ongoing
	<p>WHAT THIS MEANS FOR WOMEN</p>	
<ul style="list-style-type: none"> • Women will be provided with better information about how to provide feedback about their experience. • Women will know about the new Independent Patient Advocacy Service and about how to make a complaint or a patient advocacy related issue. • Women will understand that their feedback makes a difference and that local community services are Listening, Responding and Improving Maternity Care Services for Women. 		



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Access to health information about the physical and mental health changes that occur during pregnancy needs to be improved.</p> <p>ANTENATAL EDUCATION: Access to antenatal educational classes needs to improve.</p>	<p>Public Health Nurse services in Cork in partnership with Cork University Maternity Hospital and key stakeholders are working together to enhance the current provision of antenatal education services in Cork.</p> <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Antenatal education will be made more accessible to women through social media platforms and adopts the recently launched National Standards for Antenatal Education encouraging the full engagement of women and their partners. Antenatal classes are facilitated by PHNs in the community Cork. Classes are also facilitated within Cork university maternity hospital. Parents have a choice of where to attend. • The 'My Pregnancy' book will be provided to each woman when they first engage with antenatal services at 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 will also be promoted as the trusted source of information for parents. In particular, the breastfeeding support section will be promoted including the Ask our Expert service. • Continue linkages with Health Education Institutions for the education of PHNs/RMs to facilitate antenatal class facilitation. 	<p>Work progressing following the launch of the National Standards in Antenatal Education and continuing in 2020-21</p>



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>SUPPORT: Women said that they would like more support and help with feeding their baby after they have been discharged from hospital.</p> <p>HEALTH INFORMATION: Better access to health information on health and well-being including mental health.</p>	<ul style="list-style-type: none"> • PHNs meet Performance Indicators consistently regarding the PHN home visits within 48 hours of discharge from the maternity hospital. • PHNs offer phone contact and at least 3 additional home visits to new mums after the primary visit. • PHN hold 'drop-in clinics' at designated times where mothers can attend with their babies and get support/advice on feeding/encouragement including baby weight check. • Babies are seen by PHN again at 3-month, 7-9 months. Lactation consultants work in the community in PHN areas in Cork. • Baby talk a support group for mothers and babies in an area in Cork, it is held 3 times yearly. The group is facilitated by a PHN and held weekly for 6 weeks, support includes debriefing regarding the experience of labour and delivery if mother's wish, support with feeding, child development, weaning, additional presentations may include, physio, first aid including baby CPR, a dental hygienist. • Interpretation services are made available for PHN visits when necessary. • Work on promoting the uptake of vaccinations continues including, up to date information for parents regarding the schedule of vaccinations, individual reminders from immunisation office around the time vaccination is due. Updates by infectious disease CNS for PHNs re immunisations, incidence/prevalence vaccination preventable diseases. Opportunistic maternal health promotion at each contact including, breast check, cervical smear, smoking cessation etc. <p>PHN services in Cork is working together with Cork University Maternity Hospital to implement quality improvement initiatives to improve women's experience of care in the home after birth, including:</p> <ul style="list-style-type: none"> • Timely, notification of births, including any maternal, neonate issues that need follow up post-discharge. • Requests for Neonatal blood spot screening the community. • Follow-up of mother's with a diagnosis of gestational diabetes by Diabetes Prevention CNS in the community. 	<p>Work ongoing and being advanced in 2020-21</p> <p>Ongoing</p>



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>SUPPORT: Women said that they would like more support and help with feeding their baby after they have been discharged from hospital.</p> <p>HEALTH INFORMATION: Better access to health information on health and well-being including mental health.</p>	<ul style="list-style-type: none"> • Deliver information to expectant mums regarding infant feeding during the antenatal period to encourage the decision to breastfeed. • Additional support groups for breastfeeding mothers. • Improved health information about infant health and progress. www.mychild.ie • Education and training of public health nurses as lactation consultants. • Development of Advanced Nurse Practitioner post for a lactation consultant. • Advise parents re mychild.ie for additional information. <p>The use of a standardised Child Health Records/Public Health Nursing manuals and associated training and timing of the core developmental assessments to:</p> <ul style="list-style-type: none"> • Ensure all children are assessed using the same evidence-based tools and records • Ensure that staff delivering this service are educated and guided to the same up-to-date standard. • Ensure children will be seen at a specific time that the evidence supports has the greatest impact on their early childhood development. <p>By 31st September 2020, all Public Health Nurses across Cork have completed in the blended learning programme developed by HSE National Healthy Childhood Programme in the following areas:</p> <ul style="list-style-type: none"> • Antenatal nutrition. • Feeding Support promoting breastfeeding, supporting mums with challenges in feeding and introducing family foods. • Delivering care in a partnership approach with parents. • Child Safety programme. • Growth monitoring for children. • Infant mental health. • Perinatal mental health. • Undertaking child health assessments at each key stage of development. <p>To Support Implementation of best practice and quality improvement initiatives:</p> <ul style="list-style-type: none"> • The new Child Healthcare Record will be in use for all children born in Cork receiving the child health service by 21st September 2020. • A child health training and development officer is in place for support training for staff. • All children under the care of the PHN/CMD will receive their core developmental assessments at the following time intervals 48-72 hours, 3-months, 9-11 months, 21-24-months and 3.8 – 4 years. • Support Groups in the Community –PHNs across Cork actively promote the role of parent and toddler groups and breastfeeding support groups in the community. The PHN teams in Cork run several feeding support groups for mothers and their babies. 	<p>Work commenced and ongoing 2020-22</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • The role of all PHNs and midwives in supporting women to breastfeed will be actively promoted, to increase support for women with breastfeeding in the home. • Lactation nurse specialists/local community support groups/Ask the Expert support Service will be available to women with more complex health needs or who require additional support with breastfeeding. • Health information will be provided to women about local feeding support groups available to them in the community, including local community support groups such as La Leche League/parent and infant programmes. • Women will receive health information from their PHN about health and well-being after birth including the mental health changes that occur in the postnatal phase. • Women will receive the 'My Child: 0 to 2 years' book, which will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. 	



OVERALL EXPERIENCE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>QUALITY IMPROVEMENT INITIATIVES: Women said that being treated with dignity and respect impacts on their experience of care.</p> <p>Public Health Nursing services continuing to improve women's overall experience of care in Cork by promoting:</p> <ul style="list-style-type: none"> • A healthy Organisational culture. • Advocacy for Women in Maternity Care. • By ensuring that feedback received informs quality improvement. 	<p>Public Health Nursing services in Cork endeavour to provide a quality service to mother's babies in their care. This is done, through staff induction, a commitment by management to continuous professional development, implementation of national policy. Feedback from service users through 'Your Service, Your Say' evaluations from service users following antenatal classes, breastfeeding support and mother and baby groups are used to improve the quality of the services that we deliver and to respond to the needs of women across the region.</p> <p>Public Health Nursing services Cork is implementing quality improvement initiatives to improve women's overall experience of maternity care.</p> <ul style="list-style-type: none"> • The findings and Quality Improvement Plans (QIPs) of the national maternity experience survey will be shared with the staff. • Evaluation of the QIP will be reviewed annually to review/monitor progress. • The new independent Patient Advocacy Service is being promoted in local Maternity Hospitals and women will be informed of the support available to them through the PAS, should they wish to make a complaint or address an advocacy-related issue about their maternity care. • The Values in Action Programme is actively promoted in PHN services Cork and will continue to be prioritised in 2020-21 as a way of promoting the HSE values of Dignity and Respect and Confidence and Trust in our healthcare Services. • The National Healthcare Communication Programme will be made available across Cork for PHNs involved in the delivery of care in the home. • A communications plan, profiling how Cork PHN service responded to the findings of the National Maternity Experience Survey 2020 will be promoted at a local level. Women will be encouraged to give feedback about their experience on an ongoing basis. • The findings of the National Maternity Experience Survey 2020 and in particular the feedback received about PHN services Cork will be shared with all PHNs working across community care to share learning and to raise awareness of what matters to women who use our services. • Evaluation of the initiatives outlined above will be conducted to measure progress annually. 	<p>Work is ongoing</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be supported and encouraged about how to provide feedback about their experience. • Women will know about the new Independent Patient Advocacy Service and about how to make a complaint or a patient advocacy related issue. • Women will understand that their feedback makes a difference and that local community services are Listening, Responding and Improving Maternity Care Services for Women. • Women will be provided with better information about how to provide feedback about their experience. • Women will know about the new Independent Patient Advocacy Service and about how to make a complaint or a patient advocacy related issue. • Women will understand that their feedback makes a difference and that local community services are Listening, Responding and Improving Maternity Care Services for Women. 	



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Access to health information about the physical and mental health changes that occur during pregnancy needs to be improved.</p> <p>ANTENATAL EDUCATION: Access to antenatal educational classes needs to improve.</p>	<p>Public Health Nurse services in Kerry (CHO 4) in partnership with University Hospital Kerry and key stakeholders are working together to enhance the current provision of antenatal education services in Kerry.</p> <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Antenatal education will be made more accessible to women through social media platforms and adopts the recently launched National Standards for Antenatal Education encouraging the full engagement of women and their partners. One to one classes provided in areas where required – teenage pregnancy; vulnerable clients. • The 'My Pregnancy' book will be provided to each woman when they first engage with antenatal services at 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 will also be promoted as the trusted source of information for parents. In particular, the breastfeeding support section will be promoted including the Ask our Expert service. • Continue linkages with Health Education Institutions for the education of PHNs/RMs to facilitate antenatal class facilitation. 	<p>Work progressing following the launch of the National Standards in Antenatal Education and continuing in 2020-21</p>



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>SUPPORT: Women said that they would like more support and help with feeding their baby after they have been discharged from hospital.</p> <p>HEALTH INFORMATION: Better access to health information on health and well-being including mental health.</p>	<p>Public health Nurses in Kerry are committed to the support and care of mother's in the postnatal period.</p> <ul style="list-style-type: none"> • PHNs meet Performance Indicators consistently regarding the PHN home visits within 48 hours of discharge from the maternity hospital. • PHNs offer phone contact and additional home visits to new mums after the primary visit as appropriate in care plans. • PHN hold 'drop-in clinics' at designated times where mothers can attend with their babies and get support/advice on feeding/encouragement including baby weight check. • Babies are seen by PHN again at 3-months, 7-9 months. Lactation consultants work in the community in PHN areas in Kerry. • 'Meet a Mum' support group for mothers and babies in areas of Kerry. The group is facilitated by a PHN and held weekly for 6 weeks, support includes debriefing regarding the experience of labour and delivery if mother's wish, support with feeding, child development, weaning, additional presentations may include, Physio, first aid including baby CPR, a dental hygienist. • Interpretation services are made available for PHN visits when necessary. • Work on promoting the uptake of vaccinations continues including, up to date information for parents regarding the schedule of vaccinations, individual reminders from immunisation office around the time vaccination is due. Updates by infectious disease CNS for PHNs re immunisations, incidence/prevalence vaccination preventable diseases and follow up on defaulter to ensure maximum opportunity given to parents to vaccinate their child. Opportunistic maternal health promotion at each contact including, breast check, cervical smear, smoking cessation etc. 	<p>Work ongoing and being advanced in 2020-21</p>



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>SUPPORT: Women said that they would like more support and help with feeding their baby after they have been discharged from hospital.</p> <p>HEALTH INFORMATION: Better access to health information on health and well-being including mental health.</p>	<p>PHN services in Kerry is working together with Kerry University Maternity hospital to implement quality improvement initiatives to improve women’s experience of care in the home after birth, including:</p> <ul style="list-style-type: none"> • Timely, notification of births, including any maternal, neonate issues that need follow up post-discharge. • Requests for Neonatal blood spot screening the community. • Deliver information to expectant mums regarding infant feeding during the antenatal period to encourage the decision to breastfeed. • Additional support groups for breastfeeding mothers. • Improved health information about infant health and progress. www.mychild.ie • Education and training of public health nurses as lactation consultants. • Development of ANP post for a lactation consultant. • Advise parents re mychild.ie for additional information. <p>The use of a standardised Child Health Records/Public Health Nursing manuals and associated training and timing of the core developmental assessments to:</p> <ul style="list-style-type: none"> • Ensure all children are assessed using the same evidence-based tools and records • Ensure that staff delivering this service are educated and guided to the same up-to-date standard. • Ensure children will be seen at a specific time that the evidence supports has the greatest impact on their early childhood development. <p>By 31st September 2020, all Public Health Nurses across Kerry have completed in the blended learning programme developed by HSE National Healthy Childhood Programme in the following areas:</p> <ul style="list-style-type: none"> • Antenatal nutrition. • Feeding Support promoting breastfeeding, supporting mums with challenges in feeding and introducing family foods. • Delivering care in a partnership approach with parents. • Child Safety programme. • Growth monitoring for children. • Infant mental health. • Perinatal mental health. • Undertaking child health assessments at each key stage of development. <p>To Support Implementation of best practice and quality improvement initiatives:</p> <ul style="list-style-type: none"> • The new Child Healthcare Record will be in use for all children born in Kerry receiving the child health service by 21st September 2020. • A child health training and development officer is in place for support training for staff. • All children under the care of the PHN/CMD will receive their core developmental assessments at the following time intervals 48-72 hours, 3-months, 9-11 months, 21-24-months and 3.8 – 4 years. • Support Groups in the Community – PHNs across Kerry actively promote the role of parent and toddler groups and breastfeeding support groups in the community. The PHN teams in Kerry run several feeding support groups for mothers and their babies and work with and liaise with La Leche League and Cuidiú breastfeeding support groups and advisers. 	<p>Work commenced and ongoing 2020-22</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • The role of all PHNs and midwives in supporting women to breastfeed will be actively promoted, to increase support for women with breastfeeding in the home. • Lactation nurse specialists/local community support groups/will be available to women with more complex health needs or who require additional support with breastfeeding. • Health information will be provided to women about local feeding support groups available to them in the community, including local community support groups such as La Leche League/parent and infant programmes. • Women will receive health information from their PHN about health and well-being after birth including the mental health changes that occur in the postnatal phase. • Women will receive the ‘My Child: 0 to 2 years’ book, which will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. 	



OVERALL EXPERIENCE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>QUALITY IMPROVEMENT INITIATIVES: Women said that being treated with dignity and respect impacts on their experience of care.</p> <p>Public Health Nursing services continuing to improve women's overall experience of care in Kerry By promoting:</p> <ul style="list-style-type: none"> • A healthy Organisational culture. • Advocacy for Women in Maternity Care. • By ensuring that feedback received informs quality improvement. 	<p>Public Health Nursing services in Kerry endeavour to provide a quality service to mother's babies in their care. This is done, through staff induction, the commitment by management to continuous professional development, implementation of national policy. Feedback from service users through 'Your Service, Your Say' evaluations from service users following antenatal classes, breastfeeding support and mother and baby groups is used to improve the quality of the services that we deliver and to respond to the needs of women across the region.</p> <p>Public Health Nursing services Kerry is implementing quality improvement initiatives to improve women's overall experience of maternity care.</p> <ul style="list-style-type: none"> • The findings and QIPs of the national maternity experience survey will be shared with the staff. • Evaluation of the QIP will be reviewed annually to review/monitor progress. • The new independent Patient Advocacy Service is being promoted in local Maternity Hospitals and women will be informed of the support available to them through the PAS, should they wish to make a complaint or address an advocacy-related issue about their maternity care. • The Values in Action Programme has actively promoted in PHN services Kerry and will continue to prioritise in 2020-21 as a way of promoting the HSE values of Dignity and Respect and Confidence and Trust in our healthcare Services. • The National Healthcare Communication Programme will be made available across Kerry for PHNs involved in the delivery of care in the home. • A communications plan, profiling how Kerry PHN service responded to the findings of the National Maternity Experience Survey 2020 will be promoted at a local level. Women will be encouraged to give feedback about their experience on an ongoing basis. • The findings of the National Maternity Experience Survey 2020 and in particular the feedback received about PHN services Kerry will be shared with all PHNs working across community care to share learning and to raise awareness of what matters to women who use our services. • Evaluation of the initiatives outlined above will be conducted to measure progress annually. 	<p>Work is ongoing</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be supported and encouraged about how to provide feedback about their experience. • Women will know about the new Independent Patient Advocacy Service and about how to make a complaint or a patient advocacy related issue. • Women will understand that their feedback makes a difference and that local community services are Listening, Responding and Improving Maternity Care Services for Women. • Women will be provided with better information about how to provide feedback about their experience. • Women will know about the new Independent Patient Advocacy Service and about how to make a complaint or a patient advocacy related issue. • Women will understand that their feedback makes a difference and that local community services are Listening, Responding and Improving Maternity Care Services for Women. 	



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>SUPPORT: Women said that they would like more support and help with:</p> <ul style="list-style-type: none"> • feeding their baby; • better information on health and well-being (including mental health after they have been discharged from the hospital). 	<p>The South East Community Healthcare (SECH) Public Health Nursing Service is working in partnership with local Maternity Hospitals including Early Transfer Home Teams and key stakeholders to implement quality improvement initiatives to improve women's experience of care in the home after birth, including better infant feeding support and mental health and well-being for women in the postnatal period.</p> <p>All SECH Public Health Nurses are actively involved in the HSE National Healthy Childhood Programme. As part of this programme implementation of the new standardised Child Health Records/ Public Health Nursing manuals and associated training and timing of the core childhood developmental assessments has begun.</p> <ul style="list-style-type: none"> • All children under the care of the SECH Public Health Nursing Service will receive their core developmental assessments at the recommended time intervals 48-72 hours, 3 months, 9-11 months, 21-24 months and 3.8-4 years. • All PHNs providing care to mothers and babies have completed the agreed training modules on HSEland <ul style="list-style-type: none"> – Developmental Assessment and Growth Modules; – National Newborn Bloodspot Module. • All PHNs have attended Child Health Record Workshops and the required Clinical Skills Update Training. • Improving health information for women continues to be a key priority for the PHN teams working across SECH. • The SECH Public Health Nursing Service continue to: <ul style="list-style-type: none"> – promote the uptake of Primary Childhood immunisations at all core developmental assessments; – are involved in discharge planning and support of babies from the Special Care Baby Units from referring maternity hospitals. 	<p>Work commenced in September 2020 and is ongoing allowing for delays due to the COVID-19 pandemic</p>
<p>IMPROVING FEEDING: Support in the home during the postnatal phase.</p>	<ul style="list-style-type: none"> • PHN staff will participate in the breastfeeding training programme developed by HSE National Healthy Childhood Programme once a national agreement has been reached with the INMO. This includes training and education on: <ul style="list-style-type: none"> – Supporting breastfeeding; – Breastfeeding Challenges; – The Breastfeeding Observation Assessment Tool (BOAT). • SECH PHN Services will as necessary seek the approval of a Lactation Consultant post to meet with the growing demands of the Service and introduce the BOAT Breastfeeding Observation Tool following the appointment of this lactation consultant. • All PHNs promote breastfeeding through the direct provision of one to one and PHN-led group breastfeeding support. Other and local groups such as La Leche League and Cuidiú provide support in some areas in the region. 	<p>Work ongoing 2020-22</p>
<p>PERINATAL MENTAL HEALTH: Promote, support and improve perinatal mental health.</p>	<p>Perinatal Mental Health. In SECH Public Health Nurses will:</p> <ul style="list-style-type: none"> • be familiar with the care pathways as outlined for women with moderate to severe mental illness as set out in the Specialist Perinatal Mental Health Model of Care for Ireland 2017; • be familiar will the specialist perinatal mental health App; • signpost women to the Mental Health and Pregnancy Health Information Leaflets as appropriate; • work collaboratively with Maternity services with regards to training on perinatal mental health; • complete the HSEland module on Infant Mental Health once national agreement; <i>and</i> • work collaboratively with local maternity services in identifying mothers who would benefit from debriefing service post-birth of their babies. 	



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>PERINATAL MENTAL HEALTH: Promote, support and improve perinatal mental health.</p>	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will feel supported following the birth of their baby. • Women will feel listened to concerning their birth experience. • The role of all PHNs and midwives in supporting women to breastfeed will be actively promoted, to increase support for women who breastfeed in the home. • Local community support groups and Ask our Breastfeeding Expert on www.mychild.ie will be available to women with more complex health needs or who require additional support with breastfeeding. • Health information will be provided to women about local PHN-led feeding support groups available to them in the community. La Leche League and Cuidiú contact details will be listed as potential supports for mothers where these groups exist in the region. • Women will receive health information from their PHN about health and well-being after birth including the mental health changes that occur in the postnatal phase. • Women receive the 'My Child: 0 to 2 years' book, which will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. 	



OVERALL EXPERIENCE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>QUALITY IMPROVEMENT INITIATIVES: Women said that being treated with dignity and respect impacts on their experience of care.</p> <p>Community Health Care Services in the South East are implementing quality improvement initiatives to improve women's overall experience of maternity care including a continued focus on:</p> <ul style="list-style-type: none"> • Promoting dignity and respect for all. • Organisational culture. • Advocacy for Women in Maternity Care. 	<p>SECH is implementing quality improvement initiatives to improve women's overall experience of maternity care.</p> <ul style="list-style-type: none"> • The new independent Patient Advocacy Service (PAS) is being promoted in Maternity Hospitals and women will be informed of the support available to them through the PAS, should they wish to make a complaint or address an advocacy-related issue regarding their maternity care. • Staff and Managers in SECH will participate in the educational programme on Patient Safety Complaints Advocacy, designed to build staff competency and skills in responding to healthcare complaints and advocacy related issues in 2021. • The National Healthcare Communication Programme will be made available across SECH for PHNs involved in the delivery of care in the Home. • A communications plan profiling how Community Health Services in SECH responded to the findings of the National Maternity Experience Survey 2020 will be promoted at a local level. Women will be encouraged to give feedback on an ongoing basis. • The findings of the National Maternity Experience Survey 2020 and in particular the feedback received about Community Health Services in SECH will be shared with all PHNs working across SECH community care to share learning and to maintain/ raise awareness of what matters to women who use our services. • Evaluation of the initiatives outlined above will be conducted to measure progress annually. 	<p>Work commenced in and ongoing 2020-21 allowing for delays due to the COVID-19 Pandemic</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be provided with better information about how to provide feedback about their experience. • Women will know about the new independent Patient Advocacy Service (PAS) and about how to make a complaint or raise patient advocacy related issue. • Women will understand that their feedback makes a difference and that local community services are Listening, Responding and Improving Maternity Care Services for Women. 	



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>SUPPORT: Give more support to first-time mums.</p> <p>FEEDING: Give more information on Breastfeeding and Jaundice.</p> <p>INFORMATION: Improve information and feeding supports at home.</p>	<p>There are community-based lactation consultants available across Community Healthcare East; in Dublin South East, Dun Laoghaire and Wicklow. Public Health Nurses and Lactation Consultants are adapting to use online platforms for feeding support in response to the current COVID-19 pandemic. In Dublin South-East a breastfeeding interest group runs every second month to enhance and standardise practice in the area. Scoping exercise to be conducted to establish PHNs educational needs concerning supporting feeding in the postnatal period and to inform the redevelopment of current educational programmes.</p> <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • The role of PHNs in supporting women to breastfeed will be actively promoted, to increase support for women with breastfeeding in the home. • Lactation consultants work alongside Public Health Nurses to expertly support women and babies with breastfeeding challenges in their homes and communities. • Lactation consultants/local community support groups/Ask the Expert support Service will be available to women with more complex health needs or who require additional support with breastfeeding. • Feeding support groups are moving to online platforms in response to COVID-19 to provide timely support to mothers. • A support group was commenced for all new parents in Dublin South East. • The 'My Child: 0 to 2 years' book is provided by PHNs at the primary postnatal visit and will be actively promoted as part of the suite of health information to improve consistency in postnatal guidance given to new parents. • Voluntary support groups within the community such as Cuidiú and LeLeche League are promoted so that women know how to access other community-based supports. • The aim is to improve the overall experience of women in receipt of postnatal care in the community. 	<p>Work Commenced Q3 – 2020</p>
<p>HEALTH INFORMATION: Better access to health information on health and well-being including mental health.</p>	<p>Community Healthcare East is working in conjunction with the National Healthy Childhood Programme to improve women's experience of care in the home after birth, to include communication skills and improved infant feeding support for women in the postnatal period.</p> <ul style="list-style-type: none"> • Women receive health information from their PHN about health and well-being after birth including the mental health changes that occur in the postnatal phase. All women are routinely screened for postnatal depression by their PHN and PHN can offer listening visits to vulnerable mothers. • Baby massage groups, for babies under 6-months, are run in Dublin South-East; plan to extend to Dun Laoghaire and Wicklow. • Skills-based training for PHNs will be undertaken in Q3 2020 in conjunction with the National Healthy Childhood Programme and the roll-out of the National Child Health record to build consistency in care provision and to promote high standards of postnatal care. • The 'My Child: 0 to 2 years' book is provided by PHNs at the primary postnatal visit and will be actively promoted as part of the suite of health information to improve consistency in postnatal guidance given to new parents. • New PHN Service leaflet has been launched to highlight the PHN service. All PHNs have new identity cards to be easily identifiable to new mothers and families during home visits. 	<p>Work Commenced Q3 - 2020</p>



OVERALL EXPERIENCE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>DIGNITY & RESPECT: Women said that being treated with dignity and respect, communications and giving feedback about their experience matters.</p>	<p>Community Healthcare East is implementing quality improvement initiatives to improve women's overall experience of postnatal care.</p> <ul style="list-style-type: none"> The new independent Patient Advocacy Service is being promoted in local Maternity Hospitals and women will be informed of the support available to them through the PAS, should they wish to make a complaint or address an advocacy-related issue about their maternity care. Staff and Managers in Community Healthcare East will participate in the educational programme on Patient Safety Complaints Advocacy, designed to build staff competency and skills in responding to healthcare complaints and advocacy related issues in 2021. The Values in Action Programme and The National Programme to Enable Cultures of Person-centredness are actively promoted in Community Healthcare East and will continue to be prioritised in 2020-21 as a way of promoting the HSE values of Dignity and Respect and Confidence and Trust in our healthcare Services. The National Healthcare Communication Programme will be made available across Community Healthcare East for PHNs involved in the delivery of care in the home. A communications plan, profiling how Community Healthcare East responded to the findings of the National Maternity Experience Survey 2020 will be promoted at a local level. Women will be encouraged to give feedback on an ongoing basis. The findings of the National Maternity Experience Survey 2020 and in particular the feedback received about Community Healthcare East will be shared with all PHNs working across community care to share learning and to raise awareness of what matters to women who use our services. Evaluation of the initiatives outlined above will be conducted to measure progress annually. 	<p>Work commenced and is ongoing</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> Women will be provided with better information about how to provide feedback about their experience. Women will know about the new Independent Patient Advocacy Service and about how to make a complaint or a patient advocacy related issue. Women will understand that their feedback makes a difference and that local community services in Community Healthcare East are Listening, Responding and Improving Maternity Care Services for Women. 	



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Access to health information about the physical and mental health changes that occur during pregnancy needs to be improved.</p> <p>ANTENATAL EDUCATION: Access to antenatal educational classes needs to improve.</p> <p>ANTENATAL OPTIONS: Promote choice of maternity care options during the antenatal care phase.</p>	<p>The Public Health Nursing Services, Kildare, West Wicklow and South Dublin in partnership with the Coombe Women & Infants University Hospital and key stakeholders are working together to enhance the current provision of antenatal education services in CHO 7.</p> <p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Antenatal education will be made more accessible to women through social media platforms and adopt the recently launched National Standards for Antenatal Education encouraging the full engagement of women and their partners. • Antenatal education is delivered by Public Health Nurses in the Kildare, West Wicklow and South Dublin Community Area. • A Parent Craft programme is delivered on the 2nd Saturday per month in Dublin West. The Coombe Women & Infants University Hospital midwifery staff work together with Public Health Nursing Staff to deliver the programme. • The 'My Pregnancy' book will be provided to each woman when they first engage with antenatal services at the Rotunda Maternity Hospital, the National Maternity Hospital, the Coombe Women & Infants University Hospital and Midlands Regional Hospital Portlaoise and other maternity units where mothers attend within the region, 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 will also be promoted as the trusted source of information for parents. In particular, the breastfeeding support section will be promoted including the Ask our Expert service. • The 'My Child: 0 to 2 years' book will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. • 'Making Every Contact Count' will be implemented as part of the Healthy Ireland implementation plan. Making Every Contact Count is aimed at enabling all healthcare professionals to empower their patients to make healthier lifestyle choices during each encounter with the healthcare service. 	<p>Work commenced in 2020 and will be ongoing in 2021</p>



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>SUPPORT: Women said that they would like more support and help with feeding their baby after they have been discharged from hospital.</p> <p>HEALTH INFORMATION: Better access to health information on health and well-being including mental health.</p>	<p>PHN Services in Kildare, West Wicklow and South Dublin work together with the National Women and Infants Programme and the Nurture Programme to implement quality improvement initiatives to improve women's experience of care in the home after birth, including better infant feeding support for women in the postnatal period and quality improvement initiatives.</p> <ul style="list-style-type: none"> All PHNs across CHO 7 are participating in the HSE National Healthy Childhood Programme. This programme has developed a standardised national Child Health Record/ Public Health Nursing manual and associated training. In line with best practice the timing of the core childhood developmental assessments have changed and PHNs will be implementing this change in 2020/2021. To support implementation of best practice and quality improvement initiatives, the new Child Healthcare Record will be in use for all children born in Kildare, West Wicklow and South Dublin, commencing in Q4 2020. Additional Public Health Nurses through the allocation of developmental posts will assist in developing a response to the growing demands of the service in this area. Improving health information for women in the home continues to be a key priority for the Public Health Nursing team working across the region. Women will receive the 'My Child: 0 to 2 years' book, which will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. PHN staff will participate in the breastfeeding blended learning programme developed by the HSE National Healthy Childhood Programme. A Public Health Nursing, Lactation Consultant will be available to provide specialist support to mothers who have difficulty with breastfeeding and to build the capacity of the wider PHN team in promoting best practice. PHNs will promote mother and toddler groups for specific groups who need additional or local supports. Perinatal Wellness week will take place in CHO 7, during October 2020. The week is called 'Mind Me: Wellness for New and Expectant Mums', the objective of the week is to raise awareness of perinatal mental health and pathways to care if an issue arises, while engaging mothers with a range of topics that can support them to be well over the perinatal period. 	<p>Work commenced in and will be ongoing in 2021</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> The role of all PHNs and midwives in supporting women to breastfeed will be actively promoted, to increase support for women with breastfeeding in the home. Lactation nurse specialists/local community support groups/Ask the Expert support Service will be available to women with more complex health needs or who require additional support with breastfeeding. Health information will be provided to women about local feeding support groups available to them in the community, including local community support groups such as La Leche League/parent and infant programmes. Women will receive health information from their PHN about health and well-being after birth including the mental health changes that occur in the postnatal phase. Women will receive the 'My Child: 0 to 2 years' book, which will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. 	



OVERALL EXPERIENCE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>CULTURE: Women said that being treated with dignity and respect impacts on their experience of care.</p> <ul style="list-style-type: none"> • Dignity and respect • Organisational culture • Advocacy for Women in Maternity Care. 	<p>CHO 7 is implementing quality improvement initiatives to improve women's overall experience of maternity care.</p> <ul style="list-style-type: none"> • The Director of Public Health Nursing will develop a strategic plan with key stakeholders including, HSE Health and Well-being to action areas concerning promoting health in the community 'MECC' and promoting the HSE organisational Values across the wider PHN team: 'Values in Action'. • The new independent Patient Advocacy Service is being promoted in local Maternity Hospitals and women will be informed of the support available to them through the PAS, should they wish to make a complaint or address an advocacy-related issue about their maternity care. • Staff and Managers in CHO 7 will participate in the educational programme on Patient Safety Complaints Advocacy, designed to build staff competency and skills in responding to healthcare complaints and advocacy related issues in 2021. • The Values in Action Programme will continue to prioritise in 2020-21 as a way of promoting the HSE values of Dignity and Respect and Confidence and Trust in our healthcare Services. • The National Healthcare Communication Programme will be made available across CHO 7 for PHNs involved in the delivery of care in the home. • A communications plan, profiling how CHO 7 responded to the findings of the National Maternity Experience Survey 2020 will be promoted at a local level. Women will be encouraged to give feedback on an ongoing basis. • The findings of the National Maternity Experience Survey 2020 and in particular the feedback received about CHO 7 will be shared with all PHNs working across community care to share learning and to raise awareness of what matters to women who use our services. • Evaluation of the initiatives outlined above will be conducted to measure progress annually. 	<p>Work commenced in and will be ongoing in 2021</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be provided with better information about how to provide feedback about their experience. • Women will know about the new Independent Patient Advocacy Service and about how to make a complaint or a patient advocacy related issue. • Women will understand that their feedback makes a difference and that PHN services are Listening, Responding and Improving Maternity Care Services for Women. 	



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>SUPPORT: Women said that they would like more support and help with:</p> <ul style="list-style-type: none"> • feeding their baby; • better information on health and well-being (including mental health after they have been discharged from the hospital). 	<p>The Public Health Nursing service in CHO 8, (Comprising of counties Meath, Louth, Longford, Westmeath, Laois and Offaly) is committed to providing an evidence-based quality service to all mothers and infants, all PHNs are active participants in the National Healthy Childhood Programme. Public Health Nurses are the only professionals mandated to visit new mothers within 72-hours of discharge from the Maternity Services. The CHO 8 PHN service is committed to improving the quality of the postnatal experience for all new mothers. By working collaboratively with local Maternity Hospitals and other relevant key stakeholders it is envisaged to improve postnatal service by:</p> <ul style="list-style-type: none"> • Improving communication through integrated working between maternity services and community care. • Working closely with midwifery colleagues to support the delivery of the 'Early Transfer Home' scheme as well as Midwifery-Led Care. • Ensuring the continuity of postnatal care and transition of care from the maternity service to the community. • Developing and improving practice through the sharing of findings from Audits/ Research between maternity and community services. • Promoting Professional Practice Development through the sharing of knowledge. <p>Optimal health and well-being of mothers and their infant is of paramount importance and referencing findings from this study the following steps are action to improve quality of care:</p> <ol style="list-style-type: none"> infant feeding and nutrition; better information on health and well-being including mental health. 	<p>Established in 2019 ongoing</p>
	<p>Infant feeding and nutrition</p> <ul style="list-style-type: none"> • Counties Longford and Westmeath set up a working group with all key stakeholders to support breastfeeding and artificial feeding in the community. Led by the ADPHN the group consists of Director of Midwifery, lactation consultant, dietician and voluntary services aiming to develop breastfeeding support for mothers in the community. • Maintain a dedicated nursing service to support the liaison of services from acute care to Primary Care. • Develop the role of the lactation consultant service and supporting community groups. 	<p>Ongoing</p>
	<ul style="list-style-type: none"> • Counties, Laois and Offaly intend to form an integrated working group between acute maternity services and primary care teams to review breastfeeding uptake and rates. • Lactation post to be pursued with the senior leadership team to support mothers in the community. 	<p>Ongoing</p>
	<ul style="list-style-type: none"> • Counties Louth and Meath in consultation with the NMPDU are actively pursuing dedicated development posts for our lactation consultants to: <ul style="list-style-type: none"> – Develop a community-based initiative to address the low rates of breastfeeding in Co Louth. – Maintain high levels of breastfeeding at 3-months in Co Meath. – Strengthen the current community-based initiatives already in place. 	<p>Established in 2019 ongoing</p>
	<p>Common goals in CHO 8</p> <ul style="list-style-type: none"> • Lactation consultants expected to strengthen the support available for complex cases, provide training, advice and supervision for PHNs. • Develop an online telehealth service for breastfeeding mothers. • Set-up and support local breastfeeding groups in partnership with local groups and national breastfeeding support agencies. • Participation in national and local events to support. • Encourage continuity of care transitioning from maternity service into the community. • Implementation of the Breastfeeding Observation Assessment Tool (BOAT across CHO 8. • Up-to-date nutritional information delivered by PHN in partnership with dieticians and other stakeholders for breastfeeding and artificial feeding. • Ensure consistency of information on all aspects of feeding and nutrition. • Set-up services to ensure access to standardised Weaning Programme. • Promote access to www.mychild.ie and recognised resources. 	<p>Initiated in 2020</p> <p>Various stages of action across CHO8</p>



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Better access to health information on health and well-being including mental health.</p>	<p>PHNs are the only health professional that are mandated to visit all new mothers and infants in their home within 72-hours of discharge from the maternity service. PHN not only provide a comprehensive Child Health Surveillance Programme that is research-based and focuses on infant mental health and early attachment (National Healthy Childhood Programme 2020) but they are uniquely placed as a formal source of social support to new mothers. The PHN is, therefore, able to provide new mothers with functional support which comprises of information, appraisal and emotional support which can help women in the transition to motherhood (Leahy-Warren 2016). Research supports the fact that women who are well supported in the early postnatal period are less likely to develop postnatal depression. The Research further identifies PHN as the primary source of formal social support for new mothers.</p> <ul style="list-style-type: none"> • PHNs to continue to provide formal support, particularly in the early postnatal period. This may include: <ul style="list-style-type: none"> – Providing parenting information/introducing them or facilitating local postnatal support groups/baby massage groups. – Providing appraisal to mothers through the use of methods such as Marte Meo, motivational interviewing or Solihull Methods. – Working collaboratively and in partnership with the parent. – PHN service will continue to make every effort to be available to mothers and infants impacted by COVID-19 restrictions. Telehealth services may also be used to provide support to parents during this time. – Concentration on providing extra communication with parents in the early days where a need is identified. – Referral to parenting support services as required. 	<p>Commenced 2020 and is ongoing</p>
	<ul style="list-style-type: none"> • Solihull Approach Training is planned for all PHNs in CHO 8 to promote the emotional health and well-being of children and families in our care. 	
	<ul style="list-style-type: none"> • All PHNs in CHO 8 will complete the HSELand Infant Mental Health Module. 	<p>Initial training to commence in 2020/2021</p>
	<ul style="list-style-type: none"> • Training for Screening of early identification of Antenatal and Postnatal Depression for PHNs planned for Counties Meath and Louth are ongoing on Clinical Nurse Midwifery Educational syllabus in the Midlands. 	
	<ul style="list-style-type: none"> • DPHN CHO 8 in conjunction with NMPDUs is facilitating several PHNs to access the Certificate in Perinatal Mental Health at Dundalk Institute of Technology DkIT. This course will enhance the HSELand 'Mind Mothers' e-learning package available to all PHNs and midwives. 	<p>Active recruitment to commence for enrolment 2021</p>
	<ul style="list-style-type: none"> • A Trauma-Informed Care group from across nursing academia and nursing services facilitated by NMPDU will inform public health nursing practice in Counties Meath and Louth. 	<p>To be rolled out mid-2021</p>
	<ul style="list-style-type: none"> • Domestic Violence training to be updated across the CHO. 	<p>Commenced September 2020</p>
	<ul style="list-style-type: none"> • PHN will continue to support new parents experiencing homelessness guided by the PHN/Homeless Health Link Flo Chart. 	<p>2021</p>
	<ul style="list-style-type: none"> • In CHO 8 DPHN Actively engage with Children and Young People Services Committees (CYPSC) and encourage PHN engagement with Tulsa's Parent Partnership and Family Support (PPFS) Early Years' Service Providers to address the need of young children and families. 	



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Better access to health information on health and well-being including mental health.</p>	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will receive improved care based on feedback from their experiences of community-based services. • The experiences of women will be heard, acknowledged and acted upon. • PHNs will be better able to understand and offer informed care to women who experience trauma in childbirth. • In general, women will be much better supported by breastfeeding in the community and have access to expert consultation as required. Better communication will offer consistency in information shared by all service providers. • PHN will be better informed in areas of Perinatal Mental health and Infant Mental Health enabling better support for mothers and infant health and well-being in the important early days. • All new parents will receive a copy of the 'My Child: 0 to 2 years' book as part of the 0 to 5 suite of health information available. 	<p>Public Health Nursing acknowledges that the HSE response to COVID-19 has a direct consequence for the improvement or progression of new services as indicated in this Quality Improvement Plan.</p>



CARE WHILE PREGNANT

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
HEALTH INFORMATION: Access to health information about the physical and mental health changes that occur during pregnancy needs to be improved.	The PHN Service, Lead by the Director of Public Health Nursing in Dublin North City and County in partnership with Rotunda Maternity Hospital and key stakeholders are working together to enhance the current provision of antenatal education services in the area (CHO 9).	Commenced in 2020 following the launch of the National Standards in Antenatal Education
	WHAT THIS MEANS FOR WOMEN <ul style="list-style-type: none"> Antenatal education will be made more accessible to women through social media platforms and adopts the recently launched National Standards for Antenatal Education encouraging the full engagement of women and their partners. Two area-based midwives from Dublin Community Services work in partnership with the Rotunda to promote best practice in Antenatal Care Education and to deliver Antenatal Care across the region. The HSE <i>mychild.ie</i> website will also be promoted as the trusted source of information for parents. In particular, the breastfeeding support section will be promoted including the Ask our Expert service. 	



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
HOLISTIC CARE: Providing standardised and holistic care to women and their babies.	Community Health Area for Dublin North City and County (DNCC) is working together with the HSE's Health & Well-being Division to implement the National Healthy Childhood Programme including the Nurture Infant Health and Well-being Programme.	Work Commenced Quarter 3 2020
SUPPORT: Promoting a standardised approach to improve support for mothers and their babies in the home.	This Quality Improvement Programme includes the use of a standardised Child Health Records/Public Health Nursing manuals and a suite of blended learning which will bring changes to the timing of some of the core developmental assessments to: <ul style="list-style-type: none"> Ensure all children are assessed using the same evidence-based tools and records; Ensure that staff delivering this service are educated and guided to the same up-to-date standard; Ensure children will be seen at a specific time that the evidence supports has the greatest impact on their early childhood development. 	
FEEDING SUPPORT: Women said that they would like more support and help with feeding their babies in the community.	By 21st September 2020, 270 Public Health Nurses across DNCC have completed the blended learning programme developed by HSE National Healthy Childhood Programme on the following areas: <ul style="list-style-type: none"> Antenatal nutrition; Feeding Support promoting breastfeeding, supporting mums with challenges in feeding and introducing family foods; Delivering care in a partnership approach with parents; Child Safety programme; Growth monitoring and healthy weight for children; Perinatal mental health; Undertaking child health assessments at each key stage of development. 	Ongoing



CARE IN THE HOME AFTER BIRTH

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>HEALTH INFORMATION: Better access to health information on health and well-being including mental health.</p> <p>SOCIAL SUPPORT: Promoting social support for motherhood.</p>	<p>To Support Implementation of best practice and quality improvement initiatives:</p> <ul style="list-style-type: none"> The National standardised Child Health Record will be in use for all children born in DNCC receiving the child health service from 21st September 2020. All children under the care of the PHN/CMD will receive their core developmental assessments at the following time intervals 48-72 hours, 3 months, 9-11 months, 21-24 months and 3.8 – 4 years. All professionals responsible for providing the child health screening service across DNCC will have completed the full HSE National Healthy Childhood Programme. A Child Health Programme Development Officer has been appointed to support the implementation of the National Healthy Childhood Programme across DNCC. Better infant feeding support for women in the postnatal period, that supports the mothers choice concerning infant feeding is being promoted through telehealth consultations. It is planned that a lactation nurse specialist is being appointed to build the capacity of staff and to provide support to mothers feeding their newborn babies. Social Support Groups in the Community – PHNs across DNCC actively promote the role of parent and toddler groups and breastfeeding and infant feeding support groups in the community. The PHN teams in DNCC run several feeding support groups for mothers and their babies. A postnatal support group in mental health and well-being is delivered in Finglas and is delivered in partnership between community services; HSE, TUSLA and the Rotunda Hospital. Women who would like to access this programme can participate in a six-week therapeutic support group. The PHN team in DNCC are developing a plan in 2020 to provide more standardised and best practice support for Mother and Toddlers groups across the region. Mother and Toddler Programmes such as the DNCC based traveller health programme, incredible years programme, PHN infant feeding groups and Preparing for Life are supported by PHNs to promote social support for motherhood. <p>WHAT THIS MEANS FOR WOMEN</p> <p>The role of all PHNs and midwives in supporting women to breastfeed will be actively promoted, to increase support for women with breastfeeding in the home.</p> <ul style="list-style-type: none"> Lactation nurse specialists/local community support groups/Ask the Expert support Service will be available to women with more complex needs or who require additional support with breastfeeding. Health information will be provided to women about local feeding support groups available to them in the community, including local community support groups and parent and infant programmes will be actively promoted. Women will receive health information from their PHN about health and well-being after birth including the mental health changes that occur in the postnatal phase. Women will receive the 'My Child: 0 to 2 years' book, which will be actively promoted as part of the suite of health information provided to parents of children 0 to 5 years. 	<p>Work commenced and ongoing 2020-22</p>



OVERALL EXPERIENCE

WHAT WOMEN SAID ABOUT THEIR EXPERIENCE OF MATERNITY CARE	LISTENING, RESPONDING & IMPROVING	TIMESCALE
<p>CULTURE: Women said that being treated with dignity and respect impacts on their experience of care.</p> <ul style="list-style-type: none"> • Dignity and respect • Organisational culture • Advocacy for Women in Maternity Care. 	<p>DNCC is implementing quality improvement initiatives to improve women's overall experience of maternity care.</p> <ul style="list-style-type: none"> • A communications plan, profiling how DNCC responded to the findings of the National Maternity Experience Survey 2020 will be promoted at the local level. Women will be encouraged to give feedback about their experience on an ongoing basis. • The findings of the National Maternity Experience Survey 2020 and in particular the feedback received about DNCC will be shared with all PHNs working across community care to share learning and to raise awareness of what matters to women who use our services. • Evaluation of the initiatives outlined above will be conducted to measure progress annually. • Women will be encouraged to give feedback about their experience of care on an ongoing basis and will know how to give feedback through the HSE 'Your Service, Your Say' process. • The new independent Patient Advocacy Service is being promoted in local Maternity Hospitals and women will be informed of the support available to them through the PAS, should they wish to make a complaint or address an advocacy related issue about their maternity care. 	<p>Work commenced in 2020 and ongoing</p>
	<p>WHAT THIS MEANS FOR WOMEN</p> <ul style="list-style-type: none"> • Women will be provided with better information about how to provide feedback about their experience. • Women will know about the new Independent Patient Advocacy Service and about how to make a complaint or a patient advocacy related issue. • Women will understand that their feedback makes a difference and that local community services are Listening, Responding and Improving Maternity Care Services for Women. 	

Acknowledgements

National Maternity Experience Survey, Programme Oversight Board

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Angela Fitzgerald	Deputy National Director of Acute Hospitals, HSE
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Trudi Mason	Project Officer, National Care Experience Programme, HIQA

HSE Core Team – National Care Experience Programme

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Angela Fitzgerald	HSE Director NCEP
Patrick Lynch	HSE Director NCEP
June Boulger	HSE Programme Manager NCEP
Angela Dunne	National Women and Infants Health Programme
Dr Peter McKenna	National Women and Infants Health Programme
Fiona Garvey	National Community Operations
Siobhan McArdle	National Community Operations
Yvonne Cantwell	HSE ICT
Ann Martin	HSE Communications
Sally Downing	HSE Communications
Elaine McGrath	NCEP Team
Bippy Murphy	Acute Operations
Tara Darcy	Acute Operations

Key nominees at CHO level

Key CHO nominee as nominated by Chief Officer for the National Maternity Experience Survey Programme

CHO 1	Edel McAweeney
CHO 2	Kathleen Malee
CHO 3	Grainne Ryan
CHO 4	Joanna McCarthy
CHO 5	Marie Hayes and Barbara Mc Mahon
CHO 6	Edel Maxwell
CHO 7	Anne Lynott
CHO 8	Jacqueline Austin
CHO 9	Goone Barry

Other key contacts at CHO level

Head of Service for Primary Care

CHO 1	Dermot Monaghan
CHO 2	Frank Murphy
CHO 3	Margaret Costello
CHO 4	Teresa O'Donovan
CHO 5	Anna Marie Lanigan
CHO 6	Loraine Kennedy
CHO 7	Mary O'Kelly
CHO 8	Joseph Ruane
CHO 9	Des O'Flynn

CHO QPS Primary Care nominee as nominated by CHO QPS Lead

Georgina Morrow
Siobhan Jordan
Noreen O'Regan
Marian Walsh
David Green
Claire McKenna
Paula Barron
Liz Scully
Siobhan Carrigan

Maternity Unit in Hospital Groups

Ireland East Hospital Group

National Maternity Hospital	Mary Brosnan
Wexford General Hospital	Helen McLoughlin
Midland Regional Hospital Mullingar	Marie Corbett
St Lukes Hospital Kilkenny	Paula Power

University Limerick Hospital Group

University Hospital Limerick	Eileen Ronan
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Saolta University Health Care Group

Mayo University Hospital	Andrea McGrail
Sligo University Hospital	Juliana Henry
University Hospital Galway	Helen Murphy
Portiuncula University Hospital	Deirdre Naughton
Letterkenny University Hospital	Evelyn Smith

Dublin Mid-Leinster Hospital Group

Midland Regional Hospital Portlaoise	Maureen Reviles
Coombe Women and Infants University Hospital	Ann MacIntyre

South/South West Hospital Group

University Hospital Kerry	Sandra O'Connor
University Hospital Waterford	Paula Curtin
South Tipperary University Hospital	Sinead Heaney
Cork University Hospital	Katie Bourke

RCSI Hospital Group

Cavan Monaghan Hospital	Georgina Crowe
Our Lady of Lourdes Hospital Drogheda	Grainne Milne

Rotunda Hospital Dublin

Fiona Hanrahan

Clinical Directors of Maternity Care

SSW HG	Prof John Higgins
The Rotunda Hospital Dublin	Dr Fergal Malone
The National Maternity Hospital, Dublin	Prof Shane Higgins
UL Hospital Group	Dr Mendinaro (Naro) Imcha
The Coombe University Women and Infants Hospital	Michael O'Connell
Galway University Hospital, Saolta Hospital Group	Prof John Morrison

Chief DON & Midwifery in Hospital Groups

Ireland East Hospital Group	Paul Gallagher
RCSI Hospital Group	Petrina Donnelly
University Limerick Hospital Group	Margaret Hennessy
Saolta University Health Care Group	Jean Kelly
	Siobhan Canny
South/South West Hospital Group	Bridie O Sullivan
Dublin Mid – Leinster Hospital Group	Eileen Whelan
Ireland East Hospital Group	Rachel Irwin
RCSI Hospital Group	Petrina Donnelly
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	Mary Jo Biggs
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	Fiona O’Riordan
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The Nurture Programme	Ann Pardy
National Breastfeeding Strategy	Laura McHugh
Healthy Ireland	Sarah McCormack
HSE Human Resources	Vera Kelly
National Acute Operations QPS	Margaret Brennan
National Community Operations QPS	JP Nolan
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National Clinical Director Primary Care	Dr David Hanlon
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Designated Midwife Officers in HSE Homebirth Service

HSE West CHO 2 and CHO 3

HSE South East, Carlow Kilkenny South Tipperary

HSE South, Cork Kerry

HSE Dublin North East

HSE Dublin Mid Leinster

Waterford

Carmel Cronolly

Michelle Waldron

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Denise Malone

Ann O'Byrne

Margaret Hanahoe

Janet Murphy

Notes

Abbreviations

used throughout this report

AMO – Community Medical Doctors
BAC – Birth After Caesarean
BFI – Baby-Friendly Initiative
BMI – Body Mass Index
BOAT – Breastfeeding Observational Tool
CHOs – Community Health Organisations
CNS – Clinical Nurse Specialist
EACH – European Association for Communication in Healthcare
ERCS – Elective Repeat Caesarean Section
FCC – Family Centred Care
FINE – Family & Infant Neurodevelopmental Education
GDM – Gestational Diabetes Mellitus
HDU – High Dependency Unit
HGs – Hospital Groups
ICMS – Integrated Community Midwifery Service
ICMS – Integrated Community Midwifery Service
ICU – Intensive Care Unit
IMIS – Irish Maternity Indicator System
LHF – Labour Hopscotch Framework
MECC – Make Every Contact Count
MLU – Midwifery-Led Unit
MOC – Model of Care
NCEC – National Clinical Effectiveness Committee
NCEP – National Care Experience Programme
NCPPN – National Clinical Programme for Neonatology
NE – Neonatal Encephalopathy
NHCP – National Healthcare Communication Programme
NMEP – National Maternity Experience Programme
NMES – National Maternity Experience Survey
NMPDU – Nursing and Midwifery Planning and Development Unit
NPEC – National Perinatal Epidemiology Centre
NWIHP – National Women and Infants Health Programme
PAS – Independent Patient Advocacy Service
PHNs – Public Health Nurses
PTO – Parents Time Out
RAMP – Registered Advanced Midwife Practitioner
SAFE – Situational Awareness For Everyone
SCBU – Special Care Baby Unit
TFI – Tobacco-Free Ireland
VBAC – Vaginal Birth after Caesarean section
VLBW – Very Low Birth Weight Infants
YSYS – Your Service, Your Say

Report information

This Report was co-ordinated and edited by June Boulger, Programme Manager – National Care Experience Programme, HSE with the support of Angela Dunne, National Lead Midwife, National Women and Infants Health Programme, HSE; Fiona Garvey, Quality and Patient Safety Officer, National Community Operations, HSE and Elaine McGrath, Senior Executive Officer, National Care Experience Programme, HSE.

